



## REQUEST FOR PROPOSALS

### 050-20 Near-Site Medical Services for City of Rome and Floyd County Georgia Governments

The City of Rome Georgia and Floyd County Georgia are requesting proposals from qualified firms to provide near-site medical services to City of Rome and Floyd County Government employees and their eligible dependents that are currently enrolled in the City of Rome and Floyd County Group Health Insurance Plans. It is the goal to continue to maintain or decrease health insurance cost by providing increased levels of health assessment screening, wellness programs and other services while improving the general health of employees and their dependents. It is the intention of the two governments that the firm have an existing near-site location fully equipped with all necessary office and medical equipment dedicated only to the employees of City of Rome and Floyd County and their eligible dependents, with the ability to start services within 90 days upon execution of the agreement. The City of Rome and Floyd County reserve the right to accept, reject, and/or negotiate any or all proposals as determined by them to be in the two local government's best interest. City of Rome and Floyd County intends that the successful firm be awarded a minimum of a one-year contract with the option to renew for up to three additional years, on an annual basis. Contract extensions would be mutually agreed upon by both parties.

Interested parties may receive a copy of the proposal package by logging on to the joint, City of Rome and Floyd County, Website at [www.romefloyd.com](http://www.romefloyd.com) or by contacting the City of Rome Purchasing Department.

All questions must be provided via email to Jackson Abercrombie, [jabercrombie@romega.us](mailto:jabercrombie@romega.us) by **5:00 on December 22, 2020**. All questions and answers will be posted as addendum on the City/County Website and the State of Georgia Procurement website. It is the responsibility of interested parties to visit one of the sites regularly during the proposal process to insure receipt of any additional information that may be made available.

Proposals shall be received until **4:00 p.m. on Tuesday, January 5, 2021** in the City of Rome Purchasing Department where all Proposals will be publicly opened and acknowledged.

CITY OF ROME, GEORGIA  
By: Becky Smyth  
Purchasing Director

## REQUEST FOR PROPOSALS

Near-Site Medical Service for the City of Rome and Floyd County, Georgia Government

### BACKGROUND:

The City of Rome and Floyd County Governments are currently self-insured entities with third party administrators for providing health insurance coverage to employees and their dependents. In an effort to control or reduce cost, while maintaining a high level of medical coverage, proposals are being requested for the location and operation of a near-site medical clinic. The clinic is intended to provide a variety of medical services that are being provided by our current near-site medical facility. It is the intention of the City of Rome and Floyd County to consider proposals based on convenience, quality and the number of services to be provided at a single location that would lead to the greatest overall health benefit for employees and their dependents.

### PROPOSAL SUBMITTAL:

Sealed proposals will be accepted by the City of Rome Purchasing Department, City Hall/Auditorium, **601 Broad Street, Rome Georgia 30161**. All proposals must be submitted by **Tuesday, January 5, 2021 at 4:00 pm** in accordance with the conditions and instructions provided herein. Proposals will be publicly opened and acknowledged and no proposals will be accepted after the stated time of acceptance. All proposals submitted become the property of the City of Rome and Floyd County Governments and will not be returned to the submitting firm. All proposals received must remain open for acceptance for no less than ninety (90) days. Proposals received after the deadline will not be considered under any circumstances and will be returned unopened to the submitting firm. Unsealed proposals, including facsimile proposals will not be considered.

It is the intention of the City and County that the firm have an existing near-site location fully equipped with all necessary office and medical equipment dedicated only to the employees of City of Rome and Floyd County employees and their eligible dependents, with the ability to start services within 90 days upon execution of the agreement.

### SCORABLE MANDATORY REQUIREMENTS:

After reviewing submittals, the City and County may elect to interview the most qualified firms. The successful firm is anticipated to be selected within 90 days of the submittal date. A contract should be executed within that timeframe. The submitting firm must provide a proposed timeline for the opening of clinic operations. Submit one (1) original and six (6) copies of the proposal and a thumb drive along with qualifications of the submitting firm/team with the required sections noted below. Include as attachments to your firm's qualifications any other relevant materials you would like to submit for consideration as part of your response.

Proposals must include the following information, which will be scored. The proposal judged in each category as the best will receive the maximum points and others assigned percentages of the maximum. The proposals will be ranked from highest scoring to lowest based on:

- a) History and experience of the firm – Describe the firm's history, the qualifications of the principals and specific expertise in all professional areas as requested by this solicitation. This should include a list of similar established clinic operations, location, name and contact person managing each operation. (10 points)

- b) Approach to the project – How does your firm propose to provide all the services and meet all responsibilities as outlined in the **RFP 050-20** (10 points)
- c) Project personnel – Provide names, resumes and experience of persons who will be working on the project including listing of similar projects on which they have worked and their role in each project. (10 points)
- d) Time schedule – Provide a comprehensive schedule of all tasks necessary to be performed before the clinic could become operational and an associated timeline for each task. Proposals that can provide the complete task/timeline schedule will be awarded. (10 points)
- e) Budget – Provide a cost for each service listed as part of this proposal request, as well as, individual annualized cost for each proposed professional and support staff position. Be specific and include a proposed compensation schedule. (10 points)
- f) References – Provide references for at least three (3) current clinic operations of a similar nature and size. (10 points)
- g) Provide examples of any clinics that are in the process of becoming or have become operational within the last 24 months. (10 points)
- h) Location – Accessibility and parking of large vehicles (i.e. Fire trucks, dump trucks, tandem trucks with trailers, garbage trucks. (10 points)

**EVALUATION AND SELECTION PROCESS:**

Proposals will be evaluated by a committee consisting of key City of Rome and Floyd County staff. Committee members will review the proposals individually and collectively to determine total points and rank them accordingly. The top three proposals, as ranked by the review committee, will be invited to interview with the review committee, and a selection will be made from the interview process. It is the policy of the City of Rome and Floyd County to prohibit discrimination against any person or business in pursuit of business opportunities on the basis of race, color, sex, religion, national origin, or geographic location and to conduct its contracting and purchasing programs so as to prevent such discrimination. Submittal must describe the firm's plan to utilize disadvantaged, minority-owned and woman owned business enterprises in executing the project, if any. Proposed staff and team members must be the actual project resources who will serve the City of Rome and Floyd County on this project. Indicate professional registrations, licenses and other pertinent information to demonstrate the team meets local, State, and Federal requirements.

**AWARD:**

The successful firm, if a contract is awarded, will be required to sign a contract that is all inclusive of services to be provided. The contract will outline the cost for each service to be provided, length of the contract, contract renewal or extension provisions if any, hours of operations, staffing, etc. The contract, if awarded, will be awarded to the firm considered to be the most advantageous to the City of Rome and Floyd County as set forth in the evaluation criteria. All items and service must meet or exceed requested services as stated by the proposal request. The two governments reserves the right to waive any technicalities and to accept or reject any proposal in its entirety or to accept any portion thereof if it is determined that either method results in lower cost, better service, final satisfaction, or is otherwise determined to be in the best interest of the two governments.

SCOPE OF SERVICES:

The City of Rome and Floyd County Government seek a firm to offer:

Near-site medical services to its approximately 1500 employees and their eligible dependents to include but not limited to:

- Primary care
- Health risk assessments
- Call support
- Immunizations, injections
- New hire physicals to include public safety (police and fire department physicals)
- Exams and screenings, including new hire, random and required drug testing
- Prescriptions
- Pharmaceuticals
- Disease management and primary care case management
- X-Rays

NEAR-SITE HEALTHCARE:

- Health risk assessments
- Job injury services including the treatment of injuries and case management as allowed by the Workers Compensation Laws of the State of Georgia.
- The provider will work within or hand in hand with the City of Rome and Floyd County existing Wellness Program structure to provide educational, intervention and incentive programs.
- Required drug testing and employment physicals for positions that fall under the regulations of: Federal Motor Carrier Safety Administration, Federal Transit Administration, United States Coast Guard, and positions deemed Safety Sensitive by City of Rome and Floyd County.

NOTE: The services to be considered and offered may be tiered as followed:

1. Primary Care
2. Occupational Health
3. Pharmacy
4. Drug/Alcohol Testing
5. Wellness Program Coordination

The firm submitting a response should provide a complete and detailed plan explaining how they will work with the two governments regarding site designation, to making ready a facility, to opening the clinic and state the expected number of work days required to open the clinic after an award is made. The responding firm must comply with all guidelines and regulations set forth in the Health Insurance Portability and Accountability Act (HIPPA) and Clinical Laboratory Improvement Act (CLIA).

SUBMITTAL REQUIREMENTS:

Each submitting firm must submit one (1) original and six (6) copies of their Proposal and a thumb drive, enclosed in a sealed envelope or box, addressed to Becky Smyth, Purchasing Director, in person at 601 Broad Street or mailed to 601 Broad Street, Rome, Georgia, 30161, and labeled “050-20 NEAR-SITE MEDICAL SERVICES FOR CITY OF ROME AND FLOYD COUNTY GOVERNMENTS”. Proposals shall be received until 4:00 p.m. Tuesday, January 5, 2021 in the City of Rome Purchasing Department at

City Hall, 601 Broad Street, Rome, Georgia 30161, at which time and place all proposals will be publicly opened and acknowledged.

**All questions must be sent via email to Jackson Abercrombie, [jabercrombie@rome.ga.us](mailto:jabercrombie@rome.ga.us). All questions and answers will be posted as addendum on the City of Rome and Floyd County website and the State of Georgia Procurement website. It is the responsibility of interested parties to visit one of the sites regularly during the proposal process to insure receipt of any additional information that may be made available.**

All proposals must include clear, concise and comprehensive explanations of all areas that information has been requested, as well as, all documents that are provided must have all information required including a signature of a company officer. The submitting firm must detach all documents requiring signatures and include them in the proposal package. The proposal should be formatted in a manner that is consistent with the request for information in this proposal solicitation.

Proposals must contain the following information and signed documents:

- 1) Executed Submitting Firm Declaration
- 2) Executed Affidavit of Non-Collusion
- 3) Executed Certificate of Non-Discrimination
- 4) Request for Taxpayer I.D. Number
- 5) Georgia Security and Immigration Compliance Act Affidavits
- 6) Subcontractor Affidavit
- 7) Completed Drug-Free Certificate
- 8) SAVE Affidavit
- 9) E-Verify Affidavit
- 10) Description of the Scope of Services to be provided, consistent with this request, including any substantial differences between the Services Requested and those Proposed.
- 11) The firm's statement of qualifications and experience.
- 12) Cost proposal for services that is detailed sufficiently to determine the value of the work to be performed. The firm will be expected to provide a minimum of 40 hours of clinic operations per week. The firm shall provide an all-inclusive cost per hour for services rendered during clinic operating hours and a complete fee schedule of all services to be provided. Pricing should be submitted in an Excel spreadsheet format on a flash drive.

#### QUALIFICATIONS AND EXPERIENCE:

Proposals must provide the following information to establish the qualifications and experience of the Bidder:

- 1) A brief description of the firm, including a short history of the company, a complete description of the operating organization of the firm. A complete summary of typical professional, technical, and support staff, the resources that are available to the company pertinent to the proposal, and the number of years the company has been in existence. Provide the name and state of the firm incorporation and the type.
- 2) Certification that the firm or its officers or any predecessor companies are not under any part of the Bankruptcy Act nor have filed under the Bankruptcy Act within the previous seven years.

- 3) Certification that the firm awarded or its successor will honor the proposal submitted for the purposes of this RFP.
- 4) Provide a listing of a least three current locations that similar services are being provided with emphasis on service similar in scope and size to that requested by the City of Rome and Floyd County.
- 5) Provide references from each of the entities listed. Provide the name of a contact person with a telephone number/email or other contact information.
- 6) Provide a summary of qualifications, specific and general, of the company and the resume of the managing and professional staff to be assigned to the project.
- 7) Provide an outline of the proposed organizational structure to be used by your firm with a description of each person's role in development and delivery of the proposed services. Explain if sub-contractors will be used and for what purpose.

COST PROPOSAL:

The cost proposal should include an hourly billing rate schedule for all staff positions that are anticipated to be involved in the project. The Proposal should state any service that will not be provided but may be necessary to complete all activities as required by this Requests for Proposal. Invoicing should not be submitted more frequently than monthly and will be billed for already provided services.

Additional services to be provided:

It is our desire to use Health Risk Assessments as a baseline for addressing medically “at risk” employees along with the use of biometric data modeling. The following summarizes what tests/guidelines are currently being performed.

- Comprehensive Chemistry Profile (Cholesterol Level, LDL, HDL, Triglycerides, Total)
- Lipid Profile
- CBC Series
- Thyroid Profile for all employees over the age of 35 and all certified firefighters no matter the age
- Blood Pressure
- Body Mass Index
- Use of Nicotine Products
- Age
- Family/personal history of Coronary disease
- TSH
- PSA (For males >40 or in an “at risk” category)
- Pricing Schedule for services

Service Types:

- Recruit Physical – Non-Public Safety
- Complete Physical – Public Safety
- Physical – DOT
- Limited Physical
- Titers
- Hepatitis B Vaccination
- Flu Shot

EKG  
Stress Test  
Chest X-Ray  
Pulmonary Function Test  
Audiogram  
Vision Test  
Vital Signs  
PPD (TB Skin Test)  
CBC with diff  
Urine Dip  
CMP (Comprehensive Metabolic)  
Lipid Profile  
Respiratory Questionnaire  
Breath Alcohol Test  
Drug Screen Panel 9  
Drug Screen Panel 10  
DOT Drug Screen (NIDA 5)  
Spirometry  
Lift Test  
Dexterity Test  
Psychological Profile

DELIVERY OF SERVICE:

In order for the City of Rome and Floyd County Government to fully understand your services, please answer the following questions thoroughly and as succinctly as possible:

Primary Care:

1. How are appointments scheduled?
2. Is the appointment scheduling process available online?
3. Describe the types of problems that can be addressed near-site.
4. Describe the medications to be administered near-site.
5. What if a disease escalates?
6. Will your physician(s) have hospital privileges? If so, where?
7. Describe the primary care case management process.
8. What if the medical team is not available on the day the care is needed?
9. What if a problem occurs after hours?

Workers' Compensation:

1. Describe the types of problems that can be addressed near-site.
2. What if a medical problem escalates?
3. Describe the role of the near-site physician in conjunction with the City of Rome and Floyd County Job Injury case management services.
4. What if the medical team is not available on the day that the accident happens?
5. What if a problem occurs after hours?
6. How is case management triggered?
7. Describe the process for determining fitness for duty.

## COMMUNICATION PLAN AND MEMBER SERVICES

Please provide a proposed communication plan for introducing the near-site healthcare and wellness program and reference the ongoing communication process. Outline your company's responsibilities in these processes. Please include copies of your educational materials and timelines for distribution.

1. How can employees communicate with the medical team?
2. How do you determine locations of service and standard hours of operation for member services?
3. Will you utilize existing resources for clinics?
4. Is your health risk assessment available both on-line and off-line?
5. Can your website be linked with the City of Rome and Floyd County websites?
6. Describe your ability to communicate with an employee population that is geographically dispersed. Provide examples.
7. Will you provide bi-lingual communication? If so, what?
8. Discuss the frequency and type of communications that eligible persons will receive throughout the program period.
9. How can an employee access your company for Member Services after hours?
10. Provide your website address and any access codes needed to explore your services.
11. Are you willing for the City of Rome and Floyd County to use its own branding in communication and program materials?

## IDENTIFICATION OF HIGH-RISK INDIVIDUALS:

Understanding that there are a variety of methodologies for implementing an HRA/targeted intervention process, please explain in detail the HRA/targeted intervention model that your organization would recommend be implemented. Explain the rationale behind your recommendation. Please keep in mind that this needs to be a confidential process following all HIPPA guidelines.

1. How would your company identify high-risk members? (i.e. health risk assessments, member service calls, medical claims data, pharmacy claims, etc.)
2. Please describe your methodology for tracking and intervening with high-risk members on an on-going basis.
3. Do you classify members by severity of risk for complication? Please elaborate.
4. What Health Risk Assessment (HRA) do you use and how long have you used it? List all risk factors you identify in your profile. Please provide a sample HRA in your response.
5. How often do you recommend distributing the HRA?
6. Please describe turnaround time for each of the following areas:
  - a. Providing the HRA results to individuals
  - b. Contacting individuals for possible interventions
  - c. Providing the City of Rome and Floyd County with individual group summary report of the initial HRA results
7. Please describe how your organization would provide a system to assist HRA participants' in completion of their questionnaires and in the interpretation of their personal file.
8. What level of participation can we expect in years one, two and three of this program?
9. Describe how your organization will set and reach participation goals.
10. Do you recommend using incentives? If so, please describe the incentives your organization recommends.



11. Please describe your plan to involve new employees in the HRA process.
12. Please describe your capabilities to update an individual's HRA record while conducting follow-up calls.
13. How does your HRA monitor and report individual change from year to year?

INTERVENTION:

Please describe a typical intervention conversation.

1. Are intervention conversations monitored for quality assurance? How?
2. Describe the process for engaging the targeted individual.
3. Describe the process for persons you are unable to reach.
4. Describe and provide samples of any support materials used with the intervention.
5. Describe the process for documentation and tracking of each conversation.
6. Describe and provide samples of any management reports on intervention activity.
7. How do you link near-site or community programs (Employee Assistance Program, wellness screenings, etc.?)
8. Describe your methods of ensuring confidentiality of caller information.
9. Indicate what type of provider interventions and education your Plan provides and the results of these interventions.

MEASUREMENT TOOLS AND RESULTS:

Provide a copy of your quality assurance program. This should include standards and measurement criteria for near-site healthcare activities, costs, outcomes, HRA, disease management, member services, member intervention, and educational materials.

1. How would you propose measuring the outcomes and successes of the overall program?
2. Describe your standard management reports. Describe your custom reporting capabilities and the associated costs. Please provide a recommendation and examples of reports that you would provide the City of Rome and Floyd County governments (reports would be coded and maintained separately for each governmental agency).
3. Please provide examples of the following reports:
  - a. Near-Site Healthcare Activity
  - b. HRA and Member Profile
  - c. Member Participation
  - d. Member Intervention
  - e. Financial Summary/Savings
  - f. Are management reports available online?
4. Describe how your Plan specifically evaluates the effectiveness of primary care case management. Include any results of the evaluation as an attachment.
5. Provide all clinical indicators used to track the success of the program and the results, if any, by year since the inception of the program. Please include the following:
  - a. Program outcomes
  - b. Utilization Measures (List Measures)
  - c. Member satisfaction
  - d. Changes in the Cost of Care
  - e. Productivity/Absenteeism (list Indicators)

6. Describe specifically how records for individuals with both personal health and job injury clinic experience will be managed.

HIPPA COMPLIANCE:

1. Is your firm HIPPA compliant?
2. Describe your system for the assurance of personal health data security.
3. Have your network security systems ever been breached? Describe.

Proposed Program Costs:

It is the City of Rome and Floyd County's intention to provide near-site health care and Population Health Management services including Health Risk Assessment to every employee and their dependents that are currently covered on our fully insured medical plan.

1. Please include the following in your detailed pricing proposal:
  - a. Baseline fees
  - b. Indicate all payment terms and conditions
  - c. Number of year's baseline fees is guaranteed
  - d. Do you offer any performance guarantees?
2. Indicate outcome measures you are willing to use and performance standards you are willing to guarantee including financial penalties for non-performance.
3. The successful firm will be required to sign this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. and Georgia Department of Labor Rule 300-10-1-.02, stating affirmatively that the individual, firm, or corporation which is contracting with the City of Rome and Floyd County Government, Rome, Georgia has registered with and is participating in a federal work authorization program in accordance with the applicability provisions and deadlines established in O.C.G.A. and Georgia Department of Labor Rule 300-10-1-.02. The undersigned contractor further agrees that, should it employ or contract with subcontractors in connection with the physical performance of services pursuant to the contract with the City of Rome and Floyd County governments of which this affidavit is a part, the undersigned contractor will secure from such subcontractors similar verification and compliance with O.C.G.A. and Georgia Department of Labor Rule 300-10-1-.02 through the subcontractor's execution of the subcontractor affidavit required by the Georgia Department of Labor Rule 300-10-1-.08 or a substantially similar subcontractor affidavit. The undersigned contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the City of Rome at the time the subcontractor is retained to perform such service.

EEV Company Identification Number: \_\_\_\_\_

By: Authorized Officer or Agent \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Contractor Name

\_\_\_\_\_  
Title of Authorized Officer or Agent of Contractor

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent

ADDITIONAL INFORMATION ABOUT CITY OF ROME AND FLOYD COUNTY GEORGIA  
WORKFORCE:

1. City of Rome and Floyd County wants to continue a near-site health and wellness center in order to lower health care costs, provide a convenient, cost effective benefit and to improve the quality of life for Floyd County employees.
2. The City of Rome has 569 full time employees, 72 part time employees with the average age of 45 years old and approximate average salary of \$32,350.00 annually. The employee population demographics are 79.7% male and 20.3% female. Floyd County is an organization with 665 full time employees with a median age of 47 years old and an approximate median income of \$30,000.00 annually. Women constitute 61% of the County workforce.
3. City of Rome and Floyd County provide healthcare services near-site such as biometric screening, pre-employment drug testing, lab work, HRA's, mammograms, angio screens and smoking cessation classes.
4. City of Rome's group health plan is with Anthem and Floyd County's group health plan is with Cigna.
5. Anthem is the third-party administrator for City of Rome group health claims. Cigna is the claims administrator for the medical program for Floyd County
6. City of Rome and Floyd County health carriers provide disease management and other health intervention services to both entities.
7. City of Rome turnover rate is approximately 1.71%. The annual turnover rate for Floyd County is approximately 6.05%.
8. City of Rome and Floyd County administer FMLA internally through the Human Resources Departments. Mutual of Omaha administers short term and long term disability for both entities.
9. City of Rome and Floyd County pharmacy benefits are imbedded in medical plan providers, Cigna and Anthem. Both have generic formulary at current Wellness Center as well.
10. Floyd County healthcare data warehousing is provided by a vendor independent of Cigna. The goal is to maintain data in a secure, confidential, and easily accessible manner.
11. City of Rome and Floyd County currently provide non-smoking incentives in the form of premium discounts.
12. City of Rome and Floyd County use biometric screening, data mining, etc. to determine population risk profiles.

13. Floyd County has data that measures how service vendors are performing with respect to improving population health status, reducing disease prevalence and achieving other health/condition improvements.
14. City of Rome has disease management programs through group health carrier, Anthem, current Wellness Clinic, and contracted Wellness Program provided by Garner and Glover. Floyd County Disease Management provides a Disease Management Program that includes asthma, pulmonary disease, congestive heart failure, diabetes, and coronary artery disease.
15. The City of Rome has approximately 1,200 covered lives under current group health program. 551 eligible employees and retirees, 649 eligible dependents and approximately 106 children age six years old and under. Floyd County has 665 eligible employees, 361 eligible spouses and the number of children under six years old is unknown.
16. City of Rome and Floyd County have prioritized the functions of a near-site wellness center below, in descending order of importance.
  - 1 Primary care
  - 2 Occupational Health
  - 3 Onsite Pharmacy
  - 4 Risk Identification/stratification services (HHRA, biometrics, data mining)
  - 5 Near-site personalized coaching
  - 6 Near-site absence management services
  - 7 Individually tailored health improvement programs that recognize the unique health history, profile and risks uniquely by patient
  - 8 Personal Health Record (integrated with HHRA and auto-populated)
  - 9 Integrator of multiple vendors/programs
  - 10 Executive Dashboard/Performance Reporting
  - 11 Employee Communication Services
  - 12 Electronic Medical Record (for better clinician interactions)
  - 13 Promoting greater adherence to evidence-based medicine for your population
  - 14 Health content, e-Portal, incentive tracking tools
17. City of Rome and Floyd County both have an Employee Assistance Program (EAP).
18. City of Rome and Floyd County Wellness Center will be available to retirees under the age of 65.
19. For City of Rome, Anthem and the Wellness Program Coordinator, through Garner and Glover, provides disease management literature, data, and programs to control identified disease. Cigna provides disease management, literature, and data for Floyd County.
20. A 24 hour “call a nurse”/telemedicine support line is available through Cigna and Anthem.
21. It is the desire of City of Rome and Floyd County that the RFP respondents provide a turn-key proposal. Turn-key would include building space, etc. ready to operate at the beginning of the contract.

REQUIRED MINIMUM INSURANCE COVERAGE:

- Require \$2,000,000 Minimum Liability Coverage
- Require that City of Rome and Floyd County governments be named as “additional insured” on that general liability policy
- Require that City of Rome and Floyd County be named additional insured on any professional liability coverage that company has in place, if applicable

FOR PHYSICIAN(S):

- Require \$1,000,000 minimum Medical Malpractice coverage
- Require that City of Rome and Floyd County be named as additional insured on that policy
- If the physician is part of a clinic (e.g. Longstreet Clinic), then require that City of Rome and Floyd County be named as additional insured on the clinic’s general liability policy

ADDITIONAL RECOMMENDATIONS:

- Include a hold harmless agreement in the contract that City of Rome and Floyd County are not responsible for damage to their equipment used or stored at our clinic location
- Include a statement that City of Rome and Floyd County reserve the right to review insurance coverage for and make determinations about sufficiency of coverage prior to the contract award

SUBMITTING FIRM DECLARATION

The firm understands, agrees and warrants:

- That the firm has carefully read and fully understands the full scope of the request for proposal.
- That the firm has the capability to successfully undertake and complete the responsibilities and obligations in said proposal.
- That the submitting firm has liability insurance and a declaration of insurance form is included in the proposal package.
- That this proposal may be withdrawn by requesting such withdrawal in writing at any time prior to **January 5, 2021 at 4:00 p.m.** but may not be withdrawn after such date and time.
- That City of Rome and Floyd County Georgia Governments reserve the right to reject any or all proposals and to accept that proposal which will, in their opinions, best serve the public interest.
- That City of Rome and Floyd County Governments reserve the right to waive any technicalities and formalities in the bidding.
- That by submission of this proposal the firm acknowledges that City of Rome and Floyd County Government have the right to make any inquiry or investigation it deems appropriate to substantiate or supplement information supplied by the firm.
- If a partnership, a general partner must sign.
- If a corporation, the authorized corporate officer(s) must sign and the corporate seal must be affixed to this bid.

Firm Name: \_\_\_\_\_

_____	_____
Name	Title

_____	_____
Name	Title

AFFIX CORPORATE SEAL (If Applicable)

CERTIFICATE OF NON-DISCRIMINATION

In connection with the performance of work under this contract, the firm agrees as follows: The firm agrees not to discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, ancestry or disability. The firm shall take affirmative action to insure that employees are treated without regard to their race, creed, color, sex, national origin, ancestry or disability. Such action shall include, but not be limited to the following: employment, upgrading, demotion, transfer, recruiting or recruitment, advertising, lay-off or termination, rates of pay or other compensation and selection for training, including apprenticeship.

In the event of the firm's non-compliance with this non-discrimination clause, the contract may be canceled or terminated by City of Rome and Floyd County. The firm may be declared, by the City of Rome and Floyd County, ineligible for further contracts with the City of Rome and Floyd County until satisfactory proof of intent to comply shall be made by the vendor.

The firm agrees to include this non-discrimination clause in any sub-contracts connected with the performance of this agreement.

---

FIRM

---

SIGNATURE

---

TITLE

NON-COLLUSION AFFIDAVIT

The following affidavit is to accompany the Proposal:

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Owner, Partner or Officer of Firm \_\_\_\_\_

Company Name, Address, City and State \_\_\_\_\_

Being of lawful age, being first duly sworn, on oath says that he/she is the agent authorized by the firm to submit the attached proposal. Affidavit further states as proposing firm, that they have not been a party to any collusion among other firms in restraint of competition by agreement to submit at a fixed price or to refrain from providing a proposal; or with any office of the City of Rome/Floyd County or any of their employees as to quantity, quality or price in the prospective contract; or any discussion between firms and any official of the City of Rome and Floyd County or any of their employees concerning exchange of money or other things of value for special consideration in submitting a sealed proposal for:

FIRM NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

NOTARY PUBLIC



**Request for Taxpayer  
 Identification Number and Certification**

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; height: 20px;"> </td> <td style="width:15%; height: 20px;"> </td> <td style="width:15%; height: 20px;"> </td> <td style="width:15%; height: 20px;"> </td> <td style="width:15%; height: 20px;"> </td> <td style="width:15%; height: 20px;"> </td> </tr> <tr> <td align="center">-</td> <td align="center">-</td> <td align="center">-</td> <td align="center">-</td> <td align="center">-</td> <td align="center">-</td> </tr> </table>							-	-	-	-	-	-
-	-	-	-	-	-							
<b>or</b>												
<b>Employer identification number</b>												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; height: 20px;"> </td> <td style="width:15%; height: 20px;"> </td> <td style="width:15%; height: 20px;"> </td> <td style="width:15%; height: 20px;"> </td> <td style="width:15%; height: 20px;"> </td> <td style="width:15%; height: 20px;"> </td> </tr> <tr> <td align="center">-</td> <td align="center">-</td> <td align="center">-</td> <td align="center">-</td> <td align="center">-</td> <td align="center">-</td> </tr> </table>							-	-	-	-	-	-
-	-	-	-	-	-							

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/tw9](http://www.irs.gov/tw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Georgia Security and Immigration Compliance Act Affidavits

The City of Rome, Georgia and Contractor agree that compliance with the requirements of O.C.G.A. Sec. 13-10-91 and Rule 300-10-.02 of the Rules of the Georgia Department of Labor are conditions of this Agreement for the physical performance of services.

The Contractor represents that it employs:

\_\_\_\_\_ 500 or more employees;

\_\_\_\_\_ 100 or more employees; or

\_\_\_\_\_ fewer than 100 employees

(Contractor must initial appropriate category).

The Contractor further agrees that its compliance with the requirements of O.C.G.A. Sec 13-10-91 and DOL Rule 300-10-1-.02 is attested to on the executed Contractor Affidavit and Agreement attached hereto as EXHIBIT A.

If employing or contracting with any subcontractor(s) in connection with this Agreement, Contractor further agrees:

1. To secure from the subcontractor(s) such subcontractor(s) indication of the employee number category applicable to the subcontractor(s); and
2. To secure from the subcontractor(s) an affidavit attesting to the subcontractor's compliance with O.C.G.A. Sec. 13-10-91 and DOL Rule 30-10-1-.02; such affidavit being in the form attached hereto and referenced as EXHIBIT A-1; and To submit such subcontractor affidavit(s) to the County when the subcontractor's is retained, but in any event, prior to the commencement of work by the subcontractor(s)
3. The failure of Contractor to supply the affidavit of compliance at the time of execution of this Agreement and/or the failure of Contractor to continue to satisfy the obligations of O.C.G.A Sec. 13-10-91 and DOL Rule 300-10-1-1.02 as set forth in this Agreement during the term of the Agreement shall constitute a material breach of the contract. Upon notice of such breach, Contractor shall be entitled to cure the breach within ten days, upon providing satisfactory evidence of compliance with the terms of this Agreement and State law. Should the breach not be cured, the County shall be entitled to all available remedies, including termination of the contract and damages.

SEE AFFIDAVITS ON FOLLOWING PAGES

Georgia Security and Immigration Compliance Act Affidavits

CONTRACTOR AFFIDAVIT & AGREEMENT

EXHIBIT A

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A § 13-10-91, stating affirmatively that the individual, firm or corporation which is contracting with [Owner], has registered and is participating in a federal work authorization program\* [an electronic verification of work authorization program operated by the U.S.

Department of Homeland Security or any equivalent federal work authorization program operated by the U.S. Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. § 13-10-91.

The undersigned further agrees that should it employ or contract with any subcontractor(s) for the physical performance of services pursuant to the contract with [Owner], the Contractor will secure from the subcontractor(s) verification of compliance with O.C.G.A §13-10-91 on the attached Subcontractor Affidavit. (EXHIBIT A-1). The contractor further agrees to maintain records of such compliance and shall provide a copy of each such verification to [Owner], at the time the subcontractor(s) is retained to perform such services.

\_\_\_\_\_

BY: Authorized Officer or Agent Date

[Contractor Name]

\_\_\_\_\_

Title\_\_\_\_\_

Printed Name

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_

\* The applicable federal work authorization program as of the effective date of the statute is the Basic Pilot program of the Systematic Alien Verification for Entitlements (SAVE) Program Office of U.S. Citizenship and Immigration Service (USCIS). Georgia Security and Immigration Compliance Act Affidavits

SUBCONTRACTOR AFFIDAVIT

EXHIBIT A-1

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of [Owner], has registered and is participating in a federal work authorization program\* [and electronic verification of work authorization program operated by the U.S. Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration of Reform and Control Act of 1986 (IRCA), in accordance with the applicability provisions and deadlines established in O.C.G.A. § 13-10-91.

\_\_\_\_\_  
BY: Authorized Officer or Agent Date

[Contractor Name]

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

\*The applicable federal work authorization program as of the effective date of the statute is the Basic Pilot program of the Systematic Alien Verification for Entitlements (SAVE) Program office of U.S. Citizenship and Immigration Service (USCIS).

**CITY OF ROME/FLOYD COUNTY**  
**DRUG-FREE WORKPLACE CERTIFICATE**

By signature on this certificate, the Bidder certifies that the provisions of O.C.G.A. Section 50-24-1 through 50-24-6 related to the “Drug-Free Workplace Act” will be complied with in full. The Bidder further certifies that:

1. A drug-free workplace will be provided for the Bidder’s employees during the performance of the contract; and
2. Each contractor who hires a subcontractor to work in a drug-free workplace shall secure from that subcontractor the following written certification: “As part of the subcontracting agreement with (contractor’s name), (subcontractor’s name) certifies to the contractor that a drug-free workplace will be provided for the subcontractor’s employees during the performance of this contract pursuant to O.C.G.A. Section 50-24-3(b)(7).”

By signature on this certificate, the Bidder further certifies that it will not engage in the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana during the performance of the contract.

Submitting Firm: \_\_\_\_\_

By: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

CITY OF ROME, GEORGIA

SAVE COMPLIANCE AFFIDAVIT

O.C.G.A § 50-36-1(e) (2) Affidavit

By executing this affidavit under oath, as an applicant for a (n) Contract or Services, as referenced O.C.G.A. C. § 50-36-1, from the City of Rome, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United State citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.  
My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e) (1), with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name of Applicant Printed

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

CITY OF ROME, GEORGIA  
**E-VERIFY COMPLIANCE AFFIDAVIT**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the City of Rome, Georgia has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A., § 13-10-91 (b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification number  
(Not Required if Less than 10 Employees)

\_\_\_\_\_  
Signature (if less than 10 employees)

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Contractor

\_\_\_\_\_  
Name of Project

\_\_\_\_\_  
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city) \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: