

ESCAMBIA COUNTY FLORIDA

REQUEST FOR PROPOSAL

Escambia County Community Corrections: Temporary Staffing for Psychiatry Services

Solicitation Identification Number PD 15-16.068

Proposals Will Be Received Until: **3:00 p.m. CDT, Tuesday, July 12, 2016**

A **Mandatory** Pre-Solicitation Conference will begin in the Escambia County Jail, Main Lobby, 2935 North L Street, Pensacola, Florida 32501 on Tuesday, June 28, 2016 beginning at 10:00 a.m. CDT. **Proposals received from any firm(s) not attending a mandatory pre-solicitation conference will be returned unopened.**

Office of Purchasing, Room 11.101
213 Palafox Place, Pensacola, FL 32502
Matt Langley Bell III Building
Post Office Box 1591
Pensacola, FL 32597-1591

Attention: Paul R. Nobles, CPPO, CPPB, FCN, FCCM

Board of County Commissioners

Grover Robinson, IV, Chairman
Wilson B. Robertson, Vice Chairman
Steven Barry
Douglas Underhill
Lumon J. May

From:
Claudia Simmons
Purchasing Manager

All requests for assistance should be made in writing when possible. Responses will be provided to all known submitters in writing. No verbal responses will be provided.

Assistance:

Paul R. Nobles, CPPO, CPPB, FCN, FCCM
Senior Purchasing Coordinator
Office of Purchasing
Matt Langley Bell III Building
213 Palafox Place
2nd Floor, Room 11.101
Pensacola, FL 32502
T: 850.595.4918
F: 850.595.4805
e-mail: prnobles@myescambia.com

NOTICE

It is the specific legislative intent of the Board of County Commissioners that NO CONTRACT under this solicitation shall be formed between Escambia County and the awardee vendor until such time as the contract is executed by the last party to the transaction.
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SPECIAL ACCOMMODATIONS:

Any person requiring special accommodations to attend or participate, pursuant to the Americans with Disabilities Act, should call the Office of Purchasing, (850) 595-4980 at least five (5) working days prior to the solicitation opening. If you are hearing or speech impaired, please contact the Office of Purchasing at (850) 595-4684 (TTY).

**ESCAMBIA COUNTY FLORIDA
REQUEST FOR PROPOSALS
PROPOSER'S CHECKLIST**

**Escambia County Community Corrections: Temporary Staffing for Psychiatry
Services**

SPECIFICATION PD 15-16.068

HOW TO SUBMIT YOUR PROPOSAL:

- Please review this document carefully. Offers that are accepted by the county are binding contracts. **INCOMPLETE PROPOSALS ARE NOT ACCEPTABLE.** All documents and submittals shall be received by the office of purchasing on or before date and hour for specified for receipt. Late proposals will be returned unopened.

*** Documents submitted with Proposal are to be on the forms provided in the Request for Proposals and photocopies of other required documents**

THE FOLLOWING DOCUMENTS SHALL BE RETURNED WITH PROPOSAL:

- Solicitation and Offer Form, With Original Signature (pg 3)
- Certificate of Authority to do Business from the State Of Florida (Information Can Be Obtained at <http://www.sunbiz.org/search.html>)
- Letter From Insurance Carrier as to Capacity to Provide a Certificate Of Insurance as Specified In the "Insurance Requirements" (pg 13)
- Sworn Statement Pursuant To Section 287.133 (3)(A), Florida Statutes, On Entity Crimes (pgs 5 & 6)
- Drug-Free Workplace Form (pg 7)
- Information Sheet For Transactions And Conveyances Corporate Identification (pg 8 & 9)

BEFORE YOU SUBMIT YOUR PROPOSAL, HAVE YOU:

- Placed your proposal with all required submittal items in a sealed envelope clearly marked for specification number, project name, name of proposer, and due date and time of proposal receipt?

THE FOLLOWING SUBMITTALS ARE RETURNED UPON NOTICE OF AWARD:

- Certificate Of Insurance

HOW TO SUBMIT A NO PROPOSAL:

- If you do not wish to propose at this time, please remove the solicitation, offer and award form from the proposal solicitation package and enter no proposal in the "**REASON FOR NO PROPOSAL**" block, your company's name, address, signature, and return the solicitation, offer and award form in a sealed envelope. This will ensure your company's active status in our bidder's list.

This Form Is For Your Convenience To Assist In Filling Out Your Proposal Only.

Do Not Return With Your Proposal

REQUEST FOR PROPOSAL UNIFORM CONTRACT FORMAT

- Request for Proposals - Title Page
- Proposers Checklist
- Table of Contents
- Solicitation and Proposal Form
- Sworn Statement Pursuant to Section 287.133 (3)(a), Florida Statutes, on Entity Crimes
- Drug-Free Workplace Form
- Information Sheet for Transactions and Conveyances and Corporate Identification
- General Terms and Conditions (By Reference)
- Special Terms and Conditions (Include Indemnification, Safety and Insurance)

Part A Summary

Part I General Information

- 1-1 Purpose
- 1-2 Objective
- 1-3 Issuing Officer
- 1-4 Contract Consideration
- 1-5 Rejection
- 1-6 Inquiries
- 1-7 Addenda
- 1-8 Schedule
- 1-9 Proposal Content and Signature
- 1-10 Negotiations
- 1-11 Recommended Proposal Preparation Guidelines
- 1-12 Prime Contract Responsibilities
- 1-13 Disclosures
- 1-14 Delays
- 1-15 Work Plan Control
- 1-16 Method of Payment

Part II Information Required from Contractors

- 2-1 Proposal Format and Content
- 2-2 Introduction
- 2-3 Understanding the Project
- 2-4 Methodology Used for the Project
- 2-5 Management Plan for the Project
- 2-6 Experience and Qualifications
- 2-7 Cost Proposal

Part III Criteria for Selection

Part IV Scope of Work

SIGN AND RETURN THIS FORM WITH YOUR PROPOSAL

SOLICITATION AND OFFER FORM

SUBMIT OFFERS TO:

CLAUDIA SIMMONS

Purchasing Manager, Purchasing

Office of Purchasing, 2nd Floor, Room 11.101

213 Palafox Place, Pensacola, FL 32502

Post Office Box 1591, Pensacola, FL 32597-1591

Phone No: (850)595-4980 Fax No: (850) 595-4805

ESCAMBIA COUNTY FLORIDA

Request for Proposal

Escambia County Community Corrections:

Temporary Staffing for Psychiatry Services

SOLICITATION NUMBER: PD 15-16.068

SOLICITATION

MAILING DATE: **Monday, June 13, 2016**

MANDATORY PRE-PROPOSAL CONFERENCE: A **Mandatory** Pre-Solicitation Conference will begin in the Escambia County Jail, Main Lobby, 2935 North L Street, Pensacola, Florida 32501 on Tuesday, June 28, 2016 beginning at 10:00 a.m. CDT. **Proposals received from any firm(s) not attending a mandatory pre-solicitation conference will be returned unopened.**

OFFERS WILL BE RECEIVED UNTIL: **3:00 p.m. CDT, Tuesday, July 12, 2016** and may not be withdrawn within **90** days after such date and time.

POSTING OF SOLICITATION TABULATIONS

Solicitation tabulations with recommended awards will be posted for review by interested parties at the County Office of Purchasing and will remain posted for a period of two (2) business days. Failure to file a protest in writing within two (2) business days after posting of the solicitation tabulation shall constitute a waiver of any protest relating to this solicitation. All protests must be filed with the Office of Purchasing. They will be handled according to the Escambia County Purchasing Ordinance.

OFFER (SHALL BE COMPLETED BY OFFEROR)

FEDERAL EMPLOYER IDENTIFICATION NUMBER OR S.S. NUMBER:

REASON FOR NO OFFER:

VENDOR NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY, ST. & ZIP: _____

PHONE NO.: (____) _____

BID BOND ATTACHED \$ N/A

EMAIL: _____

FAX NO.: (____) _____

TOLL FREE NO.: (____) _____

I certify that this offer is made without prior understanding, agreement, or connection, with any Corporation, firm or person submitting an offer for the same materials, supplies, or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this offer and certify that I am authorized to sign this offer for the offeror and that the offeror is in compliance with all requirements of the solicitation, including but not limited to certification requirements. In submitting an offer to Escambia County Florida, the offeror agrees that if the offer is accepted, the offeror will convey, sell, assign or transfer to Escambia County Florida all rights title and interest in and to all causes of action it may now or hereafter acquire under the Anti-trust laws of the United States and the State of Florida for price fixing relating to the particular commodities or services purchased or acquired by Escambia County Florida. At the County's discretion such assignment shall be made and become effective at the time the _____

NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER
(TYPED OR PRINTED)

**

SIGNATURE OF PERSON AUTHORIZED TO SIGN OFFER
(MANUAL)

**** Failure to execute this Form binding the bidder/proposer's offer shall result in this bid/proposal being rejected as non-responsive.**

Description	Cost
Psychiatrist	\$
Psychiatric ARNP (Advanced Registered Nurse Practitioner)	\$

PD 15-16.068, Escambia County Community Corrections: Temporary Staffing for
Psychiatry Services

**SWORN STATEMENT PURSUANT TO SECTION 287.133(3)(a), FLORIDA STATUTES, ON ENTITY
CRIMES**

1. This sworn statement is submitted to _____
(print name of the public entity)
- by _____
(print individual's name and title)
- for _____
(print name of entity submitting sworn statement)

whose business address is

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

(If the entity has no FEIN, include the Social Security Number of the Individual
signing this sworn statement: _____)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), **Florida Statutes**, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision or any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), **Florida Statutes**, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), **Florida Statutes**, means:
- a. A predecessor or successor of a person convicted of a public entity crime; or
 - b. An entity under the control any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

PD 15-16.068, Escambia County Community Corrections: Temporary Staffing for Psychiatry Services

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

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

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

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

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

(signature)

Sworn to an subscribed before me this _____ day of _____, 20_____

Personally known _____
OR produced identification _____

Notary Public - State of _____

My commission expires _____

(Type of identification)

(Printed typed or stamped commissioned name of notary public)

Drug-Free Workplace Form

The undersigned vendor, in accordance with Florida Statute 287.087 hereby certifies that _____ does:

Name of Business

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, employee assistance programs and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in Paragraph 1.
4. In the statement specified in Paragraph 1, notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of Paragraphs 1 through 5.

Check one:

_____ As the person authorized to sign this statement, I certify that this firm complies fully with above requirements.

_____ As the person authorized to sign this statement, this firm **does not** comply fully with the above requirements.

Offeror's Signature

Date

**Information Sheet
for Transactions and Conveyances
Corporation Identification**

The following information will be provided to the Escambia County Legal Department for incorporation in legal documents. It is, therefore, vital all information is accurate and complete. Please be certain all spelling, capitalization, etc. is exactly as registered with the state or federal government.

(Please Circle One)

Is this a Florida Corporation:

Yes or No

If not a Florida Corporation,

In what state was it created: _____

Name as spelled in that State: _____

What kind of corporation is it:

"For Profit" or "Not for Profit"

Is it in good standing:

Yes or No

**Authorized to transact business
in Florida:**

Yes or No

State of Florida Department of State Certificate of Authority Document
No.: _____

Does it use a registered fictitious name:

Yes or No

Names of Officers:

President: _____ Secretary: _____

Vice President: _____ Treasurer: _____

Director: _____ Director: _____

Other: _____ Other: _____

Name of Corporation (As used in Florida):

(Spelled exactly as it is registered with the state or federal government)

Corporate Address:

Post Office Box: _____

City, State Zip: _____

Street Address: _____

City, State, Zip: _____

(Please provide post office box and street address for mail and/or express delivery; also for recorded instruments involving land)

(Please continue and complete page 2)

PD 15-16.068, Escambia County Community Corrections: Temporary Staffing for
Psychiatry Services

Page 2 of 2
Corporate Identification

Federal Identification Number: _____
(For all instruments to be recorded, taxpayer's identification is needed)

Contact person for Company: _____ **E-mail:** _____

Telephone Number: _____ **Facsimile Number:** _____

Name of individual who will sign the instrument on behalf of the company:

(Upon Certification of Award, Contract shall be signed by the President or Vice-President. Any other officer shall have permission to sign via a resolution approved by the Board of Directors on behalf of the company. Awarded Consultant shall submit a copy of the resolution together with the executed contract to the Office of Purchasing)

(Spelled exactly as it would appear on the instrument)

Title of the individual named above who will sign on behalf of the company:

END

(850) 488-9000 Verified by: _____ Date: _____

(Revised 9/18/09)

ESCAMBIA COUNTY , FLORIDA GENERAL TERMS and CONDITIONS

The following General Terms and Conditions are incorporated by reference and have the same legal effect as if printed in its entirety.

A full textual copy of these conditions may be obtained by visiting the Office of Purchasing Home Page (see Bid Information), by telephoning the Office of Purchasing at (850) 595-4980 or by Fax at (850) 595-4805.

NOTE: Any and all Special Terms and Conditions and specifications referenced within the solicitation which vary from these General Terms and Conditions shall have precedence. Submission of the Solicitation, Offer and Award Form and Bid/Proposal Form(s) in accordance with these General Terms and Conditions and Special Terms and Conditions constitutes an offer from the offeror. If any or all parts of the offer are accepted by Escambia County Florida, an authorized representative of the county shall affix his signature hereto, and this shall then constitute a written agreement between parties. The conditions incorporated herein become a part of the written agreement between the parties.

Bid Information See Home Page URL: <http://www.myescambia.com>
Click on **ON-LINE SOLICITATIONS**

1. **Sealed Solicitations**
2. **Execution of Solicitation**
3. **No Offer**
4. **Solicitation Opening**
5. **Prices, Terms and Payment**
 - 5.01 **Taxes**
 - 5.02 **Discounts**
 - 5.03 **Mistakes**
 - 5.04 **Condition and Packaging**
 - 5.05 **Safety Standards**
 - 5.06 **Invoicing and Payment**
 - 5.07 **Annual Appropriations**
6. **Additional Terms and Conditions**
7. **Manufacturers' Name and Approved Equivalents**
8. **Interpretations/Disputes**
9. **Conflict of Interest**
 - 9.01 **County Procedure on Acceptance of Gifts**
 - 9.02 **Contractors Required to Disclose any Gift Giving**
 - 9.03 **Gratuities**
10. **Awards**
11. **Nonconformance to Contract Conditions**
12. **Inspection, Acceptance and Title**
13. **Governmental Restrictions**
14. **Legal Requirements**
15. **Patents and Royalties**
16. **Price Adjustments**
17. **Cancellation**
18. **Abnormal Quantities**
19. **Advertising**
20. **Assignment**
21. **Liability**

ESCAMBIA COUNTY , FLORIDA GENERAL TERMS and CONDITIONS

The following General Terms and Conditions are incorporated by reference (continued).

22. **Facilities**
23. **Distribution of Certification of Contract**
24. **The Successful Bidder(s) must Provide**
25. **Addition/deletion of Items**
26. **Ordering Instructions**
27. **Public Records**
28. **Delivery**
29. **Samples**
30. **Additional Quantities**
31. **Service and Warranty**
32. **Default**
33. **Equal Employment Opportunity**
34. **Florida Preference**
35. **Contractor Personnel**
36. **Award**
37. **Uniform Commercial Code**
38. **Contractual Agreement**
39. **Payment Terms/Discounts**
40. **Improper Invoice; Resolution of Disputes**
41. **Public Entity Crimes**
42. **Suspended and Debarred Vendors**
43. **Drug-Free Workplace Form**
44. **Information Sheet for Transactions and Conveyances**
45. **Copies**
46. **License and Certifications** - For access to Certification/Registration Form for doing Business in Florida go to the Department of State, Division of Corporations,
[URL:http://ccfcorp.dos.state.fl.us/corpweb/inquiry/search.html](http://ccfcorp.dos.state.fl.us/corpweb/inquiry/search.html)
47. **Execution of Contract**
48. **Purchase Order**
49. **No Contingent Fees**
50. **Solicitation Expenses**
51. **On-Line Auction Services**

SPECIAL TERMS AND CONDITIONS

The Board of County Commissioners, Escambia County, Florida, invites your company to submit a sealed offer on the item(s) as listed in this solicitation request.

All terms and conditions below are a part of this request, and no offer will be accepted unless all these conditions have been complied with. The County reserves the right to waive informalities in any offer; to reject any or all offers, in whole or in part, and/or to accept the offer(s) that in its judgment is from the lowest and most responsible and responsive offeror(s)

Instructions to Offerors

1. GENERAL INFORMATION

All offers to be considered shall be in the possession of the Office of Purchasing prior to the time of the solicitation closing. Offers may be mailed to 213 Palafox Place, Room 11.101, Pensacola, Florida 32502 or delivered to the Office of Purchasing, 2nd floor, Room 11.101, Matt Langley Bell, III Bldg., 213 Palafox Place, Pensacola, Florida 32502, in a sealed envelope clearly marked:

Specification Number PD 15-16.068, Escambia County Community Corrections: Temporary Staffing for Psychiatry Services, Name of Submitting Firm, Time and Date due.

Note: If you are using a courier service; Federal Express, Airborne, UPS, etc., you must mark airbill and envelope or box with Specification Number and Project Name.

Regardless of the method of delivery, each offeror shall be responsible for his offer(s) being delivered on time as the County assumes no responsibility for same. Offers offered or received after the time set for solicitation closing will be rejected and returned unopened to the offeror(s).

The following policy will apply to all methods of source selection:

2. CONDUCT OF PARTICIPANTS

After the issuance of any solicitation, all bidders/proposers/protestors or individuals acting on their behalf are hereby prohibited from **lobbying** as defined herein or otherwise attempting to persuade or influence any elected County officials, their agents or employees or any member of the relevant selection committee at any time during the **blackout period** as defined herein; provided, however, nothing herein shall prohibit bidders/proposers/protestors or individuals acting on their behalf from communicating with the purchasing staff concerning a pending solicitation unless otherwise provided for in the solicitation or unless otherwise directed by the purchasing manager.

Definitions

Blackout period means the period between the time the bids/proposals for invitations for bid or the request for proposal, or qualifications, or information, or requests for letters of interest, or the invitation to negotiate, as applicable, are received at the Escambia County Office of Purchasing and the time the Board awards the contract and any resulting bid protest is resolved or the solicitation is otherwise canceled.

Lobbying means the attempt to influence the thinking of elected County officials, their agents or employees or any member of the relevant Selection Committee for or against a specific cause related to a pending solicitation for goods or services, in person, by mail, by facsimile, by telephone, by electronic mail, or by any other means of communication.

Sanctions

The Board may impose any one or more of the following sanctions on a nonemployee for violations of the policy set forth herein:

- (a) Rejection/disqualification of submittal
- (b) Termination of contracts; or
- (c) Suspension or debarment as provided in Sec. 46-102 of the Escambia County Code of Ordinances.

This policy is not intended to alter the procedure for Protested Solicitations and Awards as set forth in the Sec. 46-101 of the Escambia County Code of Ordinances.

SCOPE OF WORK SUMMARY

The Escambia County Corrections Department is seeking the services of a firm or individual to supply staff to perform the listed psychiatric services. Staff must include a licensed, board certified, qualified psychiatrist. It is preferred, but not required, that a psychiatric ARNP also be provided. Services would be performed at the Escambia County Jail, 2935 North L Street, Pensacola, Florida 32501. The Escambia County Jail's Inmate Medical Section is currently responsible for the physical and mental health of approximately 1,500 inmates. The selected contractor will be working with the jail's current medical staff and would be under the direction of the Medical Director.

3. AWARD

Award shall be made on an "all-or-none total" basis.

4. QUESTIONS

All questions shall be directed to Paul R. Nobles, CPPB, CPPO, Senior Purchasing Coordinator, Telephone#: (850) 595-4918, Email prnobles@myescambia.com.

Written questions must be received no later than 5:00 p.m. CDT, Thursday, June 30,

2016.

5. **PROPOSAL FORMS**

This Solicitation contains a Solicitation, Offer and Proposal Form which shall be submitted in a sealed envelope with Original signatures in indelible ink signed in the proper spaces. Responses on vendor forms will not be accepted.

6. **MANDATORY PRE-SOLICITATION CONFERENCE AND WALKTHROUGH**

A **Mandatory** Pre-Solicitation Conference will be held in the Escambia County Jail, Main Lobby, 2935 North L Street, Pensacola, Florida 32501 on Tuesday, June 28, 2016 beginning at 10:00 a.m. CDT.

Proposals received from any firm(s) not attending a mandatory pre-solicitation conference will be returned unopened.

7. **COUNTY INSURANCE REQUIRED**

The contractor shall procure and maintain the following described insurance, except for coverages specifically waived by the County. Such policies shall be from insurers with a minimum financial size of VII according to the latest edition of AM Best Rating Guide. An A or better Best Rating is "preferred"; however, other ratings if "Secure Best Ratings" may be considered. Such policies shall provide coverages for any or all claims which may arise out of, or result from, the services, work and operations carried out pursuant to and under the requirements of the contract documents, whether such services, work and operations be by the contractor, its employees, or by subcontractor(s), or anyone employed by or under the supervision of any of them, or for whose acts any of them may be legally liable.

The contractor shall require, and shall be responsible for assuring throughout the time the agreement is in effect, that any and all of its subcontractors obtain and maintain until the completion of that subcontractor's work, such of the insurance coverages described herein as are required by law to be provided on behalf of their employees and others.

The required insurance shall be obtained and written for not less than the limits of liability specified hereinafter, or as required by law, whichever is greater.

These insurance requirements shall not limit the liability of the contractor.

The County does not represent these types or amounts of insurance to be sufficient or adequate to protect the contractor's interests or liabilities, but are merely minimums.

Except for workers compensation and professional liability, the contractor's insurance policies shall be endorsed to name Escambia County as an additional insured to the extent of its interests arising from this agreement, contract or lease.

The contractor waives its right of recovery against the County, to the extent permitted

PD 15-16.068, Escambia County Community Corrections: Temporary Staffing for
Psychiatry Services

by its insurance policies.

The contractor's deductibles/self-insured retentions shall be disclosed to the County and may be disapproved by the County. They shall be reduced or eliminated at the option of the County. The contractor is responsible for the amount of any deductible or self-insured retention.

Insurance required of the contractor or any other insurance of the contractor shall be considered primary, and insurance of the county, if any, shall be considered excess, as may be applicable to claims obligations which arise out of this agreement, contract or lease.

Workers Compensation Coverage

The contractor shall purchase and maintain workers compensation insurance for all workers compensation obligations imposed by state law and with employers liability limits of at least \$100,000 each accident and \$100,000 each employee/\$500,000 policy limit for disease, or a valid certificate of exemption issued by the state of Florida, or an affidavit in accordance with the provisions of Florida Workers Compensation law.

Contractor shall also purchase any other coverages required by law for the benefit of employees.

General, Professional and Excess or Umbrella Liability Coverage

The contractor shall purchase and maintain coverage on forms no more restrictive than the latest editions of the commercial general liability policies of the insurance services office.

Minimum limits of \$1,000,000 per occurrence for all liability must be provided, with excess or umbrella insurance making up the difference, if any, between the policy limits of underlying policies (including employers liability required in the workers compensation coverage section) and the total amount of coverage required.

General Liability Coverage - Occurrence Form Required

Coverage A shall include bodily injury and property damage liability for premises, operations, products and completed operations, independent contractors, contractual liability covering this agreement, contract or lease, broad form property damage coverages, and property damage resulting from explosion, collapse or underground (x,c,u) exposures.

Coverage B shall include personal injury.

Coverage C, medical payments, is not required.

Professional Liability/Malpractice

The contractor shall purchase and maintain professional liability or malpractice insurance with minimum limits of \$1,000,000 per occurrence.

If a claims made form of coverage is provided, the retroactive date of coverage shall be no later than the inception date of claims made coverage, unless the prior policy was

PD 15-16.068, Escambia County Community Corrections: Temporary Staffing for
Psychiatry Services

extended indefinitely to cover prior acts.

Coverage shall be extended beyond the policy year either by a supplemental extended reporting period (erp) of as great duration as available, and with no less coverage and with reinstated aggregate limits, or by requiring that any new policy provide a retroactive date no later than the inception date of claims made coverage.

Excess or Umbrella Liability Coverage (If required to meet Policy limits)

Umbrella liability insurance is preferred, but an excess liability equivalent may be allowed. Whichever type of coverage is provided, it shall not be more restrictive than the underlying insurance policy coverages. Umbrella coverage shall drop down to provide coverage where the underlying limits are exhausted.

Evidence/Certificates of Insurance

Required insurance shall be documented in certificates of insurance. If and when required by the County, certificates of insurance shall be accompanied by documentation that is acceptable to the County establishing that the insurance agent and/or agency issuing the certificate of insurance has been duly authorized, in writing, to do so by and on behalf of each insurance company underwriting the insurance coverages(s) indicated on each certificate of insurance.

New certificates of insurance are to be provided to the County at least 30 days prior to coverage renewals. Failure of the contractor to provide the County with such renewal certificates may be considered justification for the County to terminate this agreement, contract or lease.

Certificates should contain the following additional information:

1. Indicate that Escambia County is an additional insured on the general liability policy.
2. Include a reference to the project and the Office of Purchasing number.
3. Disclose any self-insured retentions in excess of \$1,000.
4. Designate Escambia County as the certificate holder as follows:
Escambia County
Attention: Paul R. Nobles, CPPO, CPPB, FCN, FCCM
Senior Purchasing Coordinator
Office of Purchasing, 2nd FL, Room 11.101
P.O. Box 1591
Pensacola, FL 32597-1591
Fax (850) 595-4805
5. Indicate that the County shall be notified at least 30 days in advance of cancellation.

Receipt of certificates or other documentation of insurance or policies or copies of

PD 15-16.068, Escambia County Community Corrections: Temporary Staffing for Psychiatry Services

policies by the county, or by any of its representatives, which indicate less coverage than required does not constitute a waiver of the contractor's obligation to fulfill the insurance requirements herein.

If requested by the County, the contractor shall furnish complete copies of the contractor's insurance policies, forms and endorsements, and/or such additional information with respect to its insurance as may be requested.

For commercial general liability coverage the contractor shall, at the option of the County, provide an indication of the amount of claims payments or reserves chargeable to the aggregate amount of liability coverage.

8. INDEMNIFICATION

Contractor agrees to save harmless, indemnify, and defend County and their agents, officers and employees from any and all claims, losses, penalties, interest, demands, judgments, and costs of suit, including attorneys' fees and paralegals' fees, for any expense, damage or liability incurred by any of them, whether for personal injury, death, property damage, direct or consequential damages, or economic loss, including environmental impairment, arising directly or indirectly on account of or in connection with the Work done by Contractor under this Agreement or by any person, firm or corporation to whom any portion of the Work is subcontracted by Contractor or resulting from the use by Contractor, or by any one for whom Contractor is legally liable, of any materials, tools, machinery or other property of County. County and Contractor agree the first \$100.00 of the Contract Amount paid by County to Contractor shall be given as separate consideration for this indemnification, and any other indemnification of County by Contractor provided for within the Contract Documents, the sufficiency of such separate consideration being acknowledged by Contractor by Contractor's acceptance and execution of the Agreement. The Contractor's obligation shall not be limited by, or in any way to, any insurance coverage or by any provision in or exclusion or omission from any policy of insurance. The Contractor agrees to pay on behalf of Escambia County, as well as provide a legal defense for the County, both of which will be done only if and when requested by the County, for all claims made. Such payment on the behalf of the County shall be in addition to any and all other legal remedies available to the County and shall not be considered to be the County's exclusive remedy.

9. TERMINATION

The purchase order or contract will be subject to immediate termination if either product or service does not comply with specifications as stated herein or fails to meet the county's performance standards. In the event that any of the provisions of the contract are violated by awarded vendor, Escambia County may serve written notice upon the awarded vendor of its intention to terminate the contract. Such notice is to state the reason(s) for such intention to terminate contract. The liability of the vendor for any and all such violation(s) shall not be affected by any such termination and his surety, if any, shall be forfeited.

10. TERMINATION (PUBLIC RECORDS REQUEST)

If the contractor refuses to allow public access to all documents, papers, letters, or other material subject to the provisions of Chapter 119, Florida Statutes, and made or received by the contractor in conjunction with this agreement then the county may, without prejudice to any right or remedy and after giving the contractor and his surety, if any, seven (7) days written notice, during which period contractor still fails to allow access, terminate the employment of the contractor and take possession of the site and of all materials, equipment, tools, construction equipment and machinery thereon, owned by the contractor, and may finish the project by whatever method it may deem expedient. In such case, the contractor shall not be entitled to receive any further payment until the project is finished. Reasonable terminal expenses incurred by the county may be deducted from any payments left owing the contractor (excluding monies owed the contractor for subcontract work.)

PART A SUMMARY

Contractor shall provide all psychiatric services for Escambia County Jail. This includes inpatient and outpatient psychiatric services, after hours and weekends (on call). The contractor shall provide psychiatric assessment and medication management as well as consultation to the Licensed Mental Health Counselors. The contractor will have both direct and indirect contact with the patients (inmates) and will be responsible for documenting all encounters accordingly in the client's medical record. All medications must be ordered through the electronic medical record system and expertise in these areas shall be included as an important selection criteria.

PART I GENERAL INFORMATION

1-1 PURPOSE

The Escambia County Corrections Department is seeking the services of a firm or individual to supply staff to perform the listed psychiatric services. Staff must include a licensed, board certified, qualified psychiatrist.

1-2 OBJECTIVE

The Primary objective of The RFP is the selection of the most qualified and experienced Contractor to provide a Escambia County Community Corrections: Temporary Staffing for Psychiatry Services that is most advantageous to the County.

1-3 ISSUING OFFICER

The project Director shall be Jack R. Brown, County Administrator. The liaison officer shall be Whitney Lucas, Corrections Financial Manager. The contracting agency shall be the Escambia County Board of Commissioners, c/o the Office of Purchasing, P.O. Box 1591, Pensacola, Florida, 32597-1591.

1-4 CONTRACT CONSIDERATION

It is expected that the contract shall be a Unit Price Contract after negotiation.

PD 15-16.068, Escambia County Community Corrections: Temporary Staffing for Psychiatry Services

1-5 REJECTION

The right is reserved by the Board of County Commissioners to accept or reject any or all proposals or to waive any informality, existing in any proposal, or to accept the proposal which best serves the interest and intent of this project and is from the most responsive and responsible proposer.

1-6 INQUIRIES

Questions regarding this Request for Proposal shall be directed to Paul R. Nobles, CPPO, CPPB, FCN, Senior Purchasing Coordinator, Office of Purchasing, Telephone (850) 595-4918, email prnobles@myescambia.com.

1-7 ADDENDA

Any changes made in the Request for Proposal shall be brought to the attention of all of those who have provided the proper notices of interest in performing the services.

1-8 SCHEDULE

The following schedule shall be adhered to in so far as practical in all actions related to this procurement:

Mailing date of proposals	Monday, June 13, 2016
Mandatory Pre-Solicitation Conference	Tuesday, June 28, 2016 beginning at 10:00 a.m. CDT.
Final Date for Questions	5:00 p.m. CDT, Thursday, June 30, 2016
Date for Responses to Questions	Wednesday, July 6, 2016
Proposals Due	3:00 p.m. CDT, Tuesday, July 12, 2016
Proposal Review Meeting	1:30 p.m. CDT, Tuesday, July 19, 2016
1 st Negotiations Meeting	9:00 a.m. CDT, Friday, July 22, 2016
2 nd Negotiations Meeting, if required	11:30 a.m. CDT, Monday, July 25, 2016
Board of County Commissioners approval	Thursday, August 18, 2016

1-9 PROPOSAL CONTENT AND SIGNATURE

One (1) Original and One (1) CD of the proposal shall be required with the original having been signed by a company official with the power to bind the company in its proposal, and shall be completely responsive to the RFP for consideration.

1-10 NEGOTIATIONS

The contents of the proposal of the successful firm shall become a basis for contractual negotiations.

1-11 RECOMMENDED PROPOSAL PREPARATION GUIDELINES

All contractors shall provide a straight forward and concise description of their ability to meet the RFP requirements. There shall be avoidance of fancy bindings and promotional material within. The proposal shall clearly show the technical approach to include work tasks, estimated time phasing and the proposed approach rational. The County discourages overly lengthy or costly proposals.

1-12 PRIME CONTRACT RESPONSIBILITIES

The selected contractor shall be required to assume responsibility for all services offered in his proposal. The selected contractor shall be the sole point of contact with regard to contractual matters including payments of any and all changes resulting from the contract.

1-13 DISCLOSURE

All information submitted in response to this RFP shall become a matter of public record, subject to Florida Statutes regarding public disclosure.

1-14 DELAYS

The Project Director reserves the right to delay scheduled due dates if it is to the advantage of the project.

1-15 WORK PLAN CONTROL

Control of the work plan to be developed under the RFP shall remain totally with the Escambia County Board of Commissioners.

1-16 METHOD OF PAYMENT

Payment schedule and basis of payment shall be negotiated.

PART II INFORMATION REQUIRED FROM CONTRACTORS

ALL PROPOSALS SHALL INCLUDE THE FOLLOWING: TECHNICAL AND COST PROPOSAL

2-1 PROPOSAL FORMAT AND CONTENT

The County discourages overly lengthy and costly proposals, however, in order for the County to evaluate proposals fairly and completely, proposers should follow the format set out herein and provide all of the information requested.

2-2 INTRODUCTION (TAB A)

Proposals shall include the complete name and address of their firm and the name, mailing address, and telephone number of the person the County should contact regarding the proposal.

Proposals shall confirm that the firm will comply with all of the provisions in this RFP; and, if applicable, provide notice that the firm qualifies as a County proposer, as follows:

- Certificate of Authority to do Business from the State Of Florida, information can be obtained at <http://www.sunbiz.org/search.html>)
- Letter From Insurance Carrier as to Capacity to Provide a Certificate Of Insurance as Specified In the "Insurance Requirements"
- Sworn Statement Pursuant To Section 287.133 (3)(A), Florida Statutes, On Entity Crimes
- Drug-Free Workplace Form
- Information Sheet for Transactions and Conveyances Corporate Identification

2-3 COST PROPOSAL (TAB B)

SOLICITATION AND OFFER FORM (with original signature)

Proposer's cost proposals shall include an itemized list of all direct and indirect costs associated with the performance of this contract, including, but not limited to, total number of hours at various hourly rates, direct expenses, payroll, supplies, overhead assigned to each person working on the project, percentage of each person's time devoted to the project, and profit.

2-4 EXPERIENCE AND QUALIFICATIONS (TAB C)

Provide an organizational chart specific to the personnel assigned to accomplish the work called for in this RFP; illustrate the lines of authority; designate the individual responsible and accountable for the completion of each component and deliverable of the RFP.

Provide a narrative description of the organization of the project team.

Provide a personnel roster that identifies each person who will actually work on the contract and provide the following information about each person listed;

- [a] title,
- [b] resume,
- [c] include any professional designations and affiliations, certifications and licenses, etc.

Provide reference names and phone numbers for similar projects your firm has completed

2-5 UNDERSTANDING OF THE PROJECT (TAB D)

Proposers shall provide a comprehensive narrative statement that illustrates their understanding of the requirements of the Scope of Work.

Vendors are required to submit proposals upon the following expressed conditions:

- (a) Vendors shall thoroughly examine the specifications, schedule instructions and other contract documents. Once the award has been made, failure to read all specifications, instructions, and the contract documents, of the County shall not be cause to alter the original contract or for a vendor to request additional compensation.
- (b) Vendors shall make all investigations necessary to thoroughly inform themselves regarding facilities and locations for delivery of services. No pleas of ignorance by the vendor of conditions that exist or that may hereafter exist as a result of failure or omission on the part of the vendor to make the necessary examinations and investigations, or failure to fulfill in every detail the requirements of the contract documents, will be accepted as a basis for varying the requirements of the County or the compensation to the vendor.

PD 15-16.068, Escambia County Community Corrections: Temporary Staffing for Psychiatry Services

- (c) Vendors are advised that County contracts are subject to all legal requirements provided for in the County, State and Federal Statutes.

2-6 REFERENCES (TAB E)

Provide at least five appropriate references of past similar projects. Provide the following information per each project:

- a. Entity Name
- b. Contact Name & Title
- c. Current Telephone Number
- d. Current Email Address
- e. Year Completed
- f. Brief description of the services

2-8 METHODOLOGY USED FOR THE PROJECT (TAB F)

Proposers shall provide a comprehensive narrative statement that sets out the methodology they intend to employ and that illustrates how their methodology will serve to accomplish the work and meet the County's needs.

PART III CRITERIA FOR SELECTION

Credentials	30%
Rates	25%
On call and hours availability	25%
Correctional healthcare experience	20%

PART IV SCOPE OF WORK

The Escambia County Corrections Department is seeking the services of a firm or individual to supply staff to perform the listed psychiatric services. Staff must include a licensed, board certified, qualified psychiatrist. It is preferred, but not required, that a psychiatric ARNP also be provided. Services would be performed at the Escambia County Jail, 2935 North L Street, Pensacola, Florida 32501. The Escambia County Jail's Inmate Medical Section is currently responsible for the physical and mental health of approximately 1,500 inmates. The selected contractor will be working with the jail's current medical staff and would be under the direction of the Medical Director.

It is the responsibility of the temporary staffing agency to provide the Escambia County Jail with personnel who meet the following criteria:

- Possess current state license in good standing

PD 15-16.068, Escambia County Community Corrections: Temporary Staffing for Psychiatry Services

- Possess current CPR certification
- Possess proof of pre-employment screening to include a TB skin test or chest x-ray, professional references, criminal background check, and drug screening.

The temporary staffing agency shall provide a licensed, qualified Psychiatrist. It is preferred (though not required for this contract) that the temporary staffing agency also provide a licensed, qualified Psychiatric ARNP. The Psychiatrist and Psychiatric ARNP would render psychiatric services to the Escambia County Jail on an hourly basis.

General Description:

The Psychiatrist and/or Psychiatric ARNP report directly to the Medical Director. Contractor shall provide all psychiatric services for Escambia County Jail. This includes inpatient and outpatient psychiatric services, after hours and weekends (on call). The Temporary Staffing Agency shall provide psychiatric assessment and medication management as well as consultation to the Licensed Mental Health Counselors. The Psychiatrist and/or Psychiatric ARNP provided by the temporary staffing agency will have both direct and indirect contact with the patients (inmates) and will be responsible for documenting all encounters accordingly in the client's medical record. All medications must be ordered through the electronic medical record system.

Services

Psychiatrist:

1. The Psychiatrist /Psychiatric ARNP will provide clinical expertise in evaluation of the entire range of psychiatrically ill patients and comprehensive psychiatric treatment , using the fundamental modalities of therapy currently available
2. Admissions and discharges to/from the inpatient unit.
3. Psychiatric Clinic: Assessment and treatment of those patients with psychotic disorders (i.e. Schizophrenia, Schizoaffective, Major Depression with psychosis, Bipolar with psychosis, etc.) and other disorders as deemed appropriate by the psychiatrist.
4. Assessment and treatment of those patients with non-psychotic illnesses (i.e. Major Depression, Generalized Anxiety, PTSD, Bipolar, etc.) in the absence of the Psychiatric ARNP.
5. Medication management
6. Daily inpatient rounds
7. Receive call 24/7 (can be split with the psychiatric ARNP if provided)
8. Ensure accurate and timely documentation of all encounters (both direct and indirect) with all patients
9. Review all outside medical records to determine what (if any) psychotropics should be continued
10. Other duties as required

Psychiatric ARNP

1. Complete bio/psycho/socials
2. Clinic: Assessment and treatment of those patients with non-psychotic illnesses as deemed appropriate by the psychiatrist (i.e. Major Depression, Generalized Anxiety, PTSD, Bipolar, etc.).
3. Receive call 24/7 (can be split with the psychiatrist)
4. Medication management
5. Admissions and discharges to/from the inpatient unit in the absence of the psychiatrist
6. Assessment and treatment of those with psychotic illness in the absence of the psychiatrist
7. Ensure accurate and timely documentation of all encounters (both direct and indirect) with all patients
8. Review all outside medical records to determine what (if any) psychotropics should be continued in the absence of the psychiatrist
9. Other duties as required

Expectations:

1. All new psychiatric patients booked at Escambia County Jail need to receive a timely psychiatric evaluation by a Psychiatrist or a Psychiatric Nurse Practitioner within 24 hours.
2. Basic medical Screening (complete history and physical exam, no laboratory studies) on all inmates with a psychiatric medical condition presenting to the infirmary.
3. Basic medical screening exam to include basic laboratory studies and 4 point of care testing on patients presenting to the infirmary with a perceived psychiatric medical condition *without* a documented psychiatric history in order to exclude organic causes (4 point of care testing includes: accucheck, B-OHB, 12 lead ECG and EtCO₂).
4. Basic lab studies will include a CBC, Basic Metabolic Panel (BMP), Liver Function tests to include Albumin, Urine analysis (micro and macro analysis), Urine drug screen (UDS), serum Drug Screen (SDS) and ethanol level. Laboratory studies may be deferred if the inmate presents with a psychiatric complaint, a documented previous history and normal medical history and physical exam.
5. Medication monitoring specifically drug levels need to be performed periodically to ensure therapeutic levels e.g. Lithium and renal function.
6. Biweekly monitoring of all Psychiatric patients on Tricyclic – Antidepressants. This will include a 12 lead ECG and a brief review of systems (ROS)

PD 15-16.068, Escambia County Community Corrections: Temporary Staffing for Psychiatry Services

7. Any psychiatric patient who presents with an acute psychosis, acute behavioral disorder, altered mental status, delirium or suicidal ideations needs to be evaluated emergently by a Psychiatrist or Psychiatric ARNP. A basic set of laboratory studies and 4 point of care testing will need to be STAT ordered and reviewed by the Psychiatrist or Psychiatric ARNP in a timely fashion. If available an I-STAT will need to be performed.
8. The Psychiatrist or Psychiatric ARNP needs to be responsive by phone 24/7.

The temporary staffing agency must comply with all Florida Model Jail Standards (FMJS) and accreditation requirements set forth by the Florida Corrections Accreditation Commission (FCAC) and the National Commission on Correctional Healthcare (NCCHC).

Upon completion of a contract, the contractor will have at least one (1) psychiatrist (required) and preferably at least one (1) psychiatric ARNP available immediately to report to the Escambia County Jail to complete fingerprints, background checks, and training. The temporary staffing agency must be able to meet the medical labor demands of the Escambia County Corrections Health Services Department.

The Temporary Staffing Agency shall provide both hourly rates for the contract for the following positions:

1. Psychiatrist
 2. Psychiatric ARNP
- The psychiatrist should not exceed 30 hours per week
The psychiatric ARNP should not exceed 30 hours per week
The psychiatrist and Psychiatric ARNP will be expected to provide a timesheet approved by an authorized member of the Escambia County Jail's medical team.

The temporary staffing agency shall provide on call rates for the contract for the following positions:

1. Psychiatrist
 2. Psychiatric ARNP
- For the purpose of this solicitation, on call hours are those spent providing medical direction or consultation outside of normal working hours.

The temporary staffing agency shall ensure that the agency staff adheres to all Escambia County Jail's Health Services Section policies and procedures.

The temporary staffing agency shall ensure that the Health Services Administrator, Detention Commander, or designee is provided the information needed to have the NCIC/FCIC background check conducted prior to any new contractor staff being assigned to work at the Escambia County Jail.

PD 15-16.068, Escambia County Community Corrections: Temporary Staffing for Psychiatry Services

All persons assigned to work at the Escambia County Jail shall remain employed by the Temporary Staffing Agency. The Temporary Staffing Agency will provide workers' compensation coverage for all persons assigned to work at the Escambia County Jail and the Temporary Staffing Agency will provide payment and benefits directly to the individuals providing services at the Escambia County Jail. Such pay and benefits shall be agreed upon by the contractor and the individual Psychiatrist and Psychiatric ARNP assigned to the Escambia County Jail. Escambia County will pay the temporary staffing agency directly and any dispute regarding wages or benefits shall be between the Psychiatrist and Psychiatric ARNP assigned to the Escambia County Jail and the contractor.

Links:

Florida Model Jail Standards: http://www.flsheriffs.org/our_program/florida-model-jail-standards/

Florida Corrections Accreditation Commission: <http://flaccreditation.org/smccorrections.htm>

National Commission on Correctional Health Care: <http://www.ncchc.org/standards-resources>