

OCCUPATIONAL MEDICINE CENTERS of AMERICA

Quality healthcare at a reasonable cost

Date: April 14, 2015

Title: Occupational Health Services

RFP NO: 4313-12-IS

Robert Warren Enterprises, Inc
Dba: Occupational Medicine Centers of America

Main First Responder Office
12014 Miramar Parkway
Miramar, FL 33025
(954) 438-6228 main (954) 437-1079 fax

Satellite Office
140 South Federal Highway
Dania Beach, FL 33004
(954) 265-3406 main (954) 437-1079 fax

Dr. Robert W. Fleigelman, President
James D. Edwards, Administrator
(954) 438-6228 ext. 206

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March 20, 2015

City of Hollywood, Florida
Solicitation # 4453-15-RD**RFP CHECKLIST**

Please check each line item after the completion of the appropriate item.

✓ I verify that the signature on page number one (1) is the signature of the person authorized to bind the agreement. (Preferably in blue ink)

✓ I acknowledge reading and signing the Hold Harmless Statement.

✓ I have included all information, certificates, licenses and additional documentation as required by the City in this RFP document.

✓ I have checked for any addendums to this RFP, and will continue to check for any addendums up to the due date and time of this RFP.

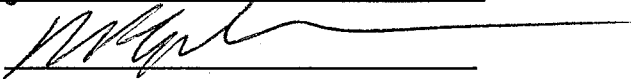
✓ I have submitted one (1) original and eight (8) copies of the entire proposal with addendums.

✓ I have verified that the outside address label of my RFP package is clearly marked to include my company's name, address, RFP number and date of RFP opening.

N/A I have read and completed (if applicable) the "Disclosure of Conflict of Interest".

✓ I am aware that a Notice of Intent to award this RFP shall be posted on the City's website at www.hollywoodfl.org and on the Procurement Services bulletin board in room 303 at City Hall, and that it is my responsibility to check for this posting. Also, I have provided my email address, as the City, at its discretion, may provide me information by such means regarding this procurement process.

✓ I have submitted all supporting documentation for local preference eligibility, which must be received with the RFP package prior to the RFP opening date and time (if applicable).

NAME OF COMPANY: Occupational Medicine Centers of America (OMCA)PROPOSER'S NAME: Robert W. Fleigelman MD.PROPOSER'S AUTHORIZED SIGNATURE: DATE: 4/14/15

OCCUPATIONAL MEDICINE CENTERS of AMERICA

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Letter of Transmittal

Robert Warren Enterprises is a local subchapter S. Corp. entirely owned by Robert Fleigelman, M.D. d/b/a/ Occupational Medicine Centers of America (OMCA). Dr. Fleigelman has been practicing in the South Broward area for more than 30 years. He is the Medical Director for OMCA which has provided pre-employment and annual physicals to the cities of Pembroke Pines, Miramar and Cooper City, as well as the United States Secret Service, United States Army Reserve, the Seminole Police and Fire and the Broward Sheriff's Office. OMCA with offices in **Hollywood** and Miramar has been doing workers' compensation treatment for over 500 different companies that include all the cities listed above, as well as the **City of Hollywood**. Dr. Fleigelman is the only Occupational Medicine physician in the Memorial Healthcare System and is Chief of the Department of Family Practice at Memorial Regional and Memorial Regional South.

OMCA offers a unique opportunity for the City of Hollywood. Our pre-employment physicals are more in depth than by any other provider. Our goal is to identify pre-existing medical conditions in order that the new employee is not placed in a position without the city being aware of any accommodations that may be needed. In addition, by identifying all the pre-existing conditions, a basis is established for evaluation of any future workers' compensation claims. Our providers are trained to review the history form in depth, and to ask questions in different ways that sometimes reveal medical conditions not identified on the form. The goal is to ensure the capability of the employee to meet the essential functions of the job, as well as their general safety.

All records are electronically scanned and saved. They can be transferred electronically, by paper, or by CD. Annual physicals are recorded on personal discs that are given to the employee for their records if requested. The employee brings the disc with him on each of his annual visits and the disc is updated. This gives the employee their own health record as well as being able to give this information to any other personal physician they see. This prevents the need for duplication of testing and saves the City money on general health insurance claims.

Our specialty is First Responders. We are members of NFPA and adhere to their guidelines. We do specialty exams on Hazmat, SWAT, and Dive Teams. We particularly like to deal with health maintenance and life style changes as they are related to annual physicals. If we could prevent one responder from developing hypertension, the city and the responder both enjoy the benefit.

We look forward to providing these services for the City of Hollywood.

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AUTHORIZED REPRESENTATIVES:

Dr. Robert Fleigelman – President

Mr. James D. Edwards, MBA - Administrator

Mr. Harold Pinas – Clinical Supervisor

Ms. Ada Folguiera – Billing Manager

Mr. Vejay Balgobin – Network Administrator

All can be reached at our administrative office at:

12014 Miramar Parkway

Miramar, FL 33025

(954) 438-6228 Ext 201

OCCUPATIONAL MEDICINE CENTERS of AMERICA

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Profile of Proposer

Occupational Medicine Centers of America is a local medical provider of occupational medicine services. There are offices in the Hollywood and Miramar areas of south Florida. Unlike other centers that do primarily urgent care services, we solely are dedicated to occupational medicine.

For the City of Hollywood employees, the primary point of service will be our Hollywood office located at 3705 Garfield Street. For the convenience the physicals can be done at any of our offices since the records are electronically stored on our main server. All of our offices are similarly equipped for exams, blood collection, hearing and vision screening, breath alcohol testing, and urine drug collections. Cardiac stress testing is only done at our Miramar office.

Presently OMCA has only two Physicians and two physician assistants. We have five full time and one part time medical assistants, all of whom are certified for drug collections and breath alcohol testing. The office manager is a nurse and the administrator hold a MBA in management with an emphasis in human resources. All the healthcare providers have been doing the same services as outlined in this RFP for the city of Pembroke Pines, City of Miramar, City of Cooper City, and the U.S. Secret Service. All of our employees undergo pre-employment drug testing as well as background checks as is necessary to hold the security clearance level we have with the government. All of our records are stored electronically and are backed up nightly on two different servers located offsite. The system that we have in place with the above mentioned municipalities and governmental agencies works to minimize the number of visits to the office as well as organizing the paperwork and billing procedures. Billing can be customized to whatever subdivisions needed by the City of Hollywood.

As an added convenience the forms that the employees or applicant needs to complete can be found on our website at omcausa.com. This saves time in the office and has proven to be beneficial in providing more accurate information at the time of the exam.

OCCUPATIONAL MEDICINE CENTERS of AMERICA

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Profile of Proposer

WHO WE ARE AND WHY ARE WE DIFFERENT

OMCA does not have stockholders dictating policy.

We are a local Occupational Medicine practice service Broward and Miami Dade counties.

In our centers we deliver personal high quality care. Unlike larger corporations that have “revolving doors” where patients are treated as quickly as possible and discharged without them knowing their condition; OMCA takes the time to do it right and to communicate this to the patient and the employer.

All of our services are provided by expert practitioners that are well versed in occupational medicine. Most of our staff of medical experts has over five years experience with the company. Two of our primary physicians have been with OMCA for over fifteen years. Our range of expertise is from licensed practical nurses to radiology technicians to medical assistants. Each staff member is cross trained to ensure of the broad range of services offered.

WHAT DO WE DO?

We here at OMCA are able to perform the following services:

Audiogram (soundproof booth)

Titmus Testing

Pulmonary Function Testing

Cardiac Stress testing

EKG

All levels of physicals

All urine drug testing services including MRO onsite

Breath Alcohol testing

All Vaccines of any type

Health Risk Assessments

Fit for Duty exams

Worker's Compensation

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WHERE ARE WE?

OMCA'S first responder office is conveniently located on the border of Dade and Broward counties in Miramar, Florida. It is ½ mile from the Florida Turnpike and one mile from I-75. It is ½ mile from the Miramar park of Commerce and located in the Flamingo Park of Commerce.

Occupational Medicine Centers of America (Main Office)

12014 Miramar Parkway, Miramar, Florida 33025

(P) 954-438-6228 (F) 954-437-1079

5600 sq ft

Can perform all services mentioned above

OMCA'S Hollywood office is located on the campus of Memorial Regional Hospital in Hollywood, Florida. It is 1 mile from I-95 and 1 mile from State Road 7.

Occupational Medicine Centers of America

3705 Garfield St. Hollywood, Florida 33021

(P) 954-985-3406 (F) 954-967-2984

1000 sq ft

Can perform all services listed above EXCEPT audiogram (sound booth), titmus testing, and stress tests.

Soon to relocate to 140 Federal Highway, Dania Beach, FL 33004 (Stirling Rd and US 1)

STAFF

Supervisory Personnel

James Edwards (MBA, RT)	Administrator	Miramar Office	(954) 438-6228 ext 206
Harold Pinas (RN)	Clinical Supervisor	Miramar office	(954) 438-6228 ext 203
Ada Folgueira	Billing Manager	Miramar Office	(954) 438-6228 ext 208
Dr. Robert W. Fleigelman	Medical Director	Both Offices	(954) 328-0786 (cell)

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City of Pembroke Pines

Auruora Gonzales (Pre-Employment)
954-450-6919

Chief Dan Giustino (Police)
954-431-2466

Sergeant House (Special Entry and Dive Team Physicals)
954-431-2705

United States Secret Service

Ritz Copping (Annual and pre-employment Physicals)
305-863-5000

City of Miramar

Capt Huff (Fire)
954-602-3833

Sheron Hading (HR-Risk)
954-602-3813

City of Pembroke Pines

Chief John Penick
954-682-6502

Seminole Tribe

Eva Cain
863-983-2150

Cindy McFarlane
954-967-5100 ext 10417

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Summary of Qualifications

The main point of contact at the Hollywood office is Ms. Marisol Batista (954-256-3406). She is well known to the City of Hollywood as the coordinator for the City's Workers' Compensation cases seen there in Hollywood office. She is well organized and very personable. She is also a certified Medical Assistant but mostly works at the front desk where she has found her niche as well as being a superb coordinator scheduling appointments and maintaining the charts and following up on any loose ends. She has been with OMCA for the past nine years.

Our administrator is Mr. James Edwards (954-438-6228), James is a registered RT and has his MBA in management with a human resource background. He has been with OMCA three years and has a wealth of knowledge from being in the urgent care and occupational medicine clinical realm for the past twelve years.

Our clinical supervisor is Mr. Harold Pinas (954-438-6228). Harold is also an RN. He is very well versed in all types of medical situations and is very precise and competent in all types of clinical physical exams. Harold has been with OMCA for nine years.

The physicians in our Hollywood offices are Dr. Robert Fleigelman and Dr. Jozef Hudec. Dr. Fleigelman started OMCA after being Medical Director for the Memorial Occupational Medicine program and for Memorial South. He is a member of the American College of Occupational Medicine, and the only Occupational Medicine Physician on staff at any of the Memorial Healthcare System Hospitals. He is also a certified MRO.

Dr. Hudec is also a certified MRO and has been with the company for the past twelve years. He is well-versed in Occupational Medicine as well.

We use a two step approach to our physical process. The first visit is for the Medical Assistant to place the PPD and to withdraw any applicable blood work the employees might need. Then on the second visit, the physical is done allowing the practitioner to have the results from the previous visit. If the physical cannot be scheduled to allow the PPD reading to be accurate, the employee is required to return for that reason only. This system has worked with all the employer physicals we have done to date and is the most efficient process known.

Question and Answers for Bid #RFP-4453-15-RD - Occupational Health Services

Overall Bid Questions

Question 1

Should there be a FEE STRUCTURE associated with RFP-4453-15-RD? (Submitted: Mar 27, 2015 5:13:02 PM EDT)

Answer

- The fee structure document will be issued as an addendum on BidSync. (Answered: Apr 2, 2015 8:18:20 AM EDT)

Question Deadline: Mar 30, 2015 7:00:00 AM EDT

FEE STRUCTURE**A. PRE-PLACEMENT PHYSICALS**

Note: The undersigned proposer will provide, on the specified forms, all of the specified examinations, services, and reports for the following at the stated firm unit price.

	Est. Annual Qty.	Description	Unit Cost	Est. Annual Cost
1.	45	Group I-A - Police Officers, including urine drug & nicotine screen, regular work hours Monday through Friday	\$ <u>295</u>	\$ <u>13275</u>
2.	25	Group I-B - Firefighters, including urine drug & nicotine screen, regular work hours Monday through Friday	\$ <u>295</u>	\$ <u>7375</u>
3.	60	Group II - Applicants, as stated herein, regular work hours, Monday through Friday	\$ <u>195</u>	\$ <u>11700</u>
4.	50	Group III - Applicants, as stated herein, regular work hours, Monday through Friday	\$ <u>195</u>	\$ <u>9750</u>
5.	20	Group IV - Applicants, as stated herein, regular work hours, Monday through Friday	\$ <u>195</u>	\$ <u>3900</u>
6.	30	Drug Screen Only	\$ <u>25</u>	\$ <u>750</u>
TOTAL COST OF SERVICES - ITEM A				\$ <u>46750</u>

The City of Hollywood does not warrant or guarantee either a minimum or maximum number of pre-employment physicals that will be conducted for any Group I, II, III or IV during any twelve (12) month period.

FEE STRUCTURE**B. Hazardous Materials (Haz Mat) Team Physicals**

Note: The undersigned proposer will provide, on the specified forms, all of the specified examinations, services, and reports for the following at the stated firm unit price.

	Est. Annual Qty.	Description	Unit Cost	Est. Annual Cost
1.	25	Complete HAZ Mat Physicals	\$ <u>425</u>	\$ <u>10625</u>
		TOTAL COST OF SERVICES – ITEM B		\$ <u>10625</u>
		GRAND TOTAL – ITEMS A AND B		\$ <u>57375</u>

FEE STRUCTURE**ADDITIONAL SERVICES – AS NEEDED**

(Prices for additional services will not be considered in the evaluation process)

	Description	Unit Cost
1.	Tetanus/Diphtheria Vaccination	\$ <u>40</u>
2.	Tuberculosis Test	\$ <u>20</u>
3.	Tuberculosis Positive Testing including follow-up x-ray	\$ <u>50</u>
4.	Hepatitis A Vaccination (scheduled)	\$ <u>110</u>
5.	Hepatitis B Vaccination	\$ <u>75</u>
6.	Hepatitis B Antigen Testing	\$ <u>25</u>
7.	Hepatitis C Test	\$ <u>40</u>
8.	HIV Testing	\$ <u>35</u>
9.	Diphtheria	\$ <u>40</u>

*Includes all other ancillary services or tests that may be a part of infectious disease service.

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Project Understanding, Proposed Approach, and Methodology

We use a two step approach at OMCA for our performing physicals. The first visit is for the Medical Assistant to place the PPD and to obtain any applicable blood work the applicant/employee might need. Then on the second visit, the physical is performed allowing the practitioner to review results with the patient. This system has worked with all the employer physicals we have done to date and is the most efficient process.

All physicals can be performed at the Hollywood office. The only element that has to be performed in our Miramar office is the cardiac stress test, if needed. The employee can choose either clinic to perform the physical or a combination of either at their convenience. Both clinics' personnel are well-versed in doing these physical exams and the components involved.

At the conclusion of the physical the appropriate Hollywood papers are completed and forwarded to the designated area. Subsequently the information is scanned into our electronic filing system.

March 20, 2015City of Hollywood, Florida
Solicitation # 4453-15-RD**HOLD HARMLESS AND INDEMNITY CLAUSE**

(Company Name and Authorized Representative's Name)

, the contractor, shall indemnify, defend and hold harmless the City of Hollywood, its elected and appointed officials, employees and agents for any and all suits, actions, legal or administrative proceedings, claims, damage, liabilities, interest, attorney's fees, costs of any kind whether arising prior to the start of activities or following the completion or acceptance and in any manner directly or indirectly caused, occasioned or contributed to in whole or in part by reason of any act, error or omission, fault or negligence whether active or passive by the contractor, or anyone acting under its direction, control, or on its behalf in connection with or incident to its performance of the contract.

 Robert W. Fleigelman
SIGNATURE PRINTED NAME

Omca 4/14/15
COMPANY OF NAME DATE

Failure to sign or changes to this page shall render your bid non-responsive.

March 20, 2015

City of Hollywood, Florida
Solicitation # 4453-15-RD**NONCOLLUSION AFFIDAVIT**STATE OF: FloridaCOUNTY OF: Broward, being first duly sworn, deposes and says that:

- (1) He/she is Robert W. Fleigelman of OmCA, the Bidder that has submitted the attached Bid.
- (2) He/she has been fully informed regarding the preparation and contents of the attached Bid and of all pertinent circumstances regarding such Bid;
- (3) Such Bid is genuine and is not a collusion or sham Bid;
- (4) Neither the said Bidder nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Bidder, firm or person to submit a collusive or sham Bid in connection with the contractor for which the attached Bid has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Bidder, firm or person to fix the price or prices, profit or cost element of the Bid price or the Bid price of any other Bidder, or to secure an advantage against the City of Hollywood or any person interested in the proposed Contract; and
- (5) The price or prices quoted in the attached Bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(SIGNED)


President
Title**Failure to sign or changes to this page shall render your bid non-responsive.**

March 20, 2015

City of Hollywood, Florida
Solicitation # 4453-15-RD**SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a) FLORIDA
STATUTES ON PUBLIC ENTITY CRIMES**THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR
OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS

1. This form statement is submitted to City of Hollywood, Florida
by Robert W. Flugelman President for OMCA
(Print individual's name and title) (Print name of entity submitting sworn statement)
whose business address is 12014 Miramar Parkway Miramar FL 33025
and if applicable its Federal Employer Identification Number (FEIN) is 59-3405157 If the entity has no FEIN,
include the Social Security Number of the individual signing this sworn statement.

2. I understand that "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 with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misinterpretation.

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 a federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that "Affiliate," as defined in paragraph 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of a public entity crime, or
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that "person," as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

☒ Neither the entity submitting sworn statement, nor any of its officers, director, 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, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

March 20, 2015

City of Hollywood, Florida
Solicitation # 4453-15-RD

_____ 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, but the Final Order entered by the Hearing Officer in a subsequent proceeding before a Hearing Officer of the State of the State of Florida, Division of Administrative Hearings, determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the Final Order).

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

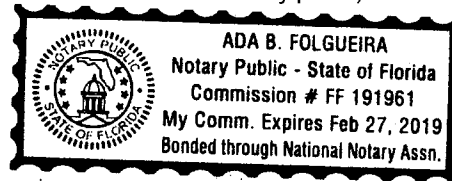
[Signature]
(Signature)

Sworn to and subscribed before me this 13 day of April, 2015.

Personally known Robert W. Fleegleman

Or produced identification _____ Notary Public-State of Florida

(Type of identification) _____ my commission expires 02/27/15
(Printed, typed or stamped commissioned name of notary public)



Failure to sign or changes to this page shall render your bid non-responsive.

March 20, 2015

City of Hollywood, Florida
Solicitation # 4453-15-RD**CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER
RESPONSIBILITY MATTERS**

The applicant certifies that it and its principals:

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

Applicant Name and Address:

OMCA
12014 Miramar Parkway
Miramar FL 33025

Application Number and/or Project Name:

Occupational Health Services 4453-15-RD

Applicant IRS/Vendor Number: 59-3405157

Type/Print Name and Title of Authorized Representative:

Robert W. Fleigelman, President

Signature: [Signature] Date: 4/14/15

Failure to sign or changes to this page shall render your bid non-responsive.

March 20, 2015

City of Hollywood, Florida
Solicitation # 4453-15-RD**DRUG-FREE WORKPLACE PROGRAM**

IDENTICAL TIE BIDS - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

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, and 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 subsection (1).
4. In the statement specified in subsection (1), notify the employee 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 abuse 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 these requirements.

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



VENDOR'S SIGNATURE

Robert W. Fleigelman

PRINTED NAME

OMCA

NAME OF COMPANY



City of Hollywood, Florida

PROCUREMENT SERVICES RM. 303
P. O. Box 229045 ZIP 33022-9045

NOTICE TO PROPOSERS

NOTICE IS HEREBY GIVEN, that the City Commission of the City of Hollywood, Florida is advertising for Sealed Request for Proposals, which will be received by the City Clerk of the City of Hollywood, Florida until **3:00 P.M., April 14, 2015**, at which time they will be opened and publicly read in the Procurement Services Division, Room 303, City Hall, 2600 Hollywood Boulevard, Hollywood, Florida. FOR: **Occupational Health Services**

RFP NO. 4453-15-RD
ADDENDUM NO. 1

Questions submitted in regards to the above RFP and corresponding answers:

Q1: May mobile vans be used to conduct exams?

A1: **Only if the mobile vans are available whenever an examination is needed.**

Q2: May exams be scheduled for consecutive days each month?

A2: **No, examinations are scheduled as needed, this would not provide the flexibility that we need.**

Q3: Page 25, c; May exams be performed by Nurse Practitioners or Physician Assistants?

A3: **Yes, and the forms regarding the results of the physical must be signed by a physician, certified advance registered nurse practitioner or physician assistant.**

All other specifications, terms & conditions remain the same.

MAILED RFP'S

If you have already submitted your printed Request for Proposals, it will be retained in the City Clerk's Office until the Proposal opening time and date. If you wish to pick up your RFP that has already been submitted, you can do so by showing proper identification, in the Office of the City Clerk, 2600 Hollywood Blvd, Room 221, Hollywood, Florida 33020.

Please sign and return with your RFP.

COMPANY NAME: OMCA

PROPOSER'S SIGNATURE [Signature]

Dated this 1st day of April, 2015

March 20, 2015

City of Hollywood, Florida
Solicitation # 4453-15-RD**SOLICITATION, GIVING, AND ACCEPTANCE OF GIFTS POLICY**

Florida Statute 112.313 prohibits the solicitation or acceptance of Gifts. - "No Public officer, employee of an agency, local government attorney, or candidate for nomination or election shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the public officer, employee, local government attorney, or candidate would be influenced thereby." The term "public officer" includes "any person elected or appointed to hold office in any agency, including any person serving on an advisory body."

The City of Hollywood policy prohibits all public officers, elected or appointed, all employees, and their families from accepting any gifts of any value, either directly or indirectly, from any contractor, vendor, consultant, or business with whom the City does business.

The State of Florida definition of "gifts" includes the following:

- Real property or its use,
- Tangible or intangible personal property, or its use,
- A preferential rate or terms on a debt, loan, goods, or services,
- Forgiveness of indebtedness,
- Transportation, lodging, or parking,
- Food or beverage,
- Membership dues,
- Entrance fees, admission fees, or tickets to events, performances, or facilities,
- Plants, flowers or floral arrangements
- Services provided by persons pursuant to a professional license or certificate.
- Other personal services for which a fee is normally charged by the person providing the services.
- Any other similar service or thing having an attributable value not already provided for in this section.

Any contractor, vendor, consultant, or business found to have given a gift to a public officer or employee, or his/her family, will be subject to dismissal or revocation of contract.

As the person authorized to sign the statement, I certify that this firm will comply fully with this policy.


SIGNATURE

Robert W. Fleigelman
PRINTED NAME

OMCA
NAME OF COMPANY

President
TITLE

Failure to sign this page shall render your bid non-responsive.

Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Robert Warren Enterprises, Inc

2 Business name/disregarded entity name, if different from above
Occupational Medicine Centers of America, Dba

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC
☐ C Corporation
☒ S Corporation
☐ Partnership
☐ Trust/estate
☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ **S**
Note. 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.
☐ Other (see instructions) ▶

4 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) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
12014 Miramar Parkway

6 City, state, and ZIP code
Miramar, Florida 33025

7 List account number(s) here (optional)

8 Requester's name and address (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.

Social security number								
				-				

or

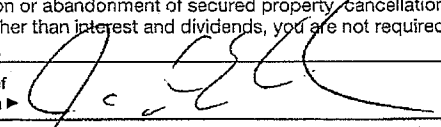
Employer identification number								
5	9		-	3	4	0	5	1 5 7

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.

Sign Here Signature of U.S. person ▶  Date ▶ **1/2/2015**

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/fw9.

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.

1122 CONTROL NO. 182566 31 2011



PRINT DATE: 9/15/14

<u>Business Name:</u>	OCCUPATIONAL MEDICINE CENTERS
<u>Business Location:</u>	3705 GARFIELD ST
<u>Business Class:</u>	PHYSICIAN
<u>Tax Basis:</u>	2 - 4 WORKERS
<u>Receipt Number:</u>	15 00008550
<u>Receipt Year:</u>	10/01/14
<u>Expiration Date:</u>	09/30/15

NEW CHARGES: (Itemized Below)	347.00
Base Fee	347.00
Additional Charges:	

Comments:

TOTAL NEW CHARGES:	347.00
Penalty Amount:	.00
Previous Balance Due:	.00
TOTAL AMOUNT PAID:	347.00

PURSUANT TO STATE LAW, THE LOCAL BUSINESS TAX IS LEVIED ON THE PRIVILEGE OF DOING BUSINESS WITHIN A CITY'S LIMITS, AND IS NON-REGULATORY IN NATURE. ISSUANCE OF A LOCAL BUSINESS TAX RECEIPT BY THE CITY OF HOLLYWOOD DOES NOT MEAN THAT THE CITY HAS DETERMINED THAT THE EXISTING OR PROPOSED USE OF A LOCATION IS LAWFUL. ISSUANCE OF A LOCAL BUSINESS TAX RECEIPT DOES NOT LEGALIZE OR CONDONE THE NATURE OF THE BUSINESS BEING CONDUCTED IF CONTRARY TO ANY LOCAL STATE OR FEDERAL LAWS OR REGULATIONS.

FOIN	LAST	FIRST	MIDDLE
10	LAST	FIRST	MIDDLE
11	LAST	FIRST	MIDDLE

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 - 954-831-4000

VALID OCTOBER 1, 2014 THROUGH SEPTEMBER 30, 2015

DBA: OCCUPATIONAL MEDICINE CENTERS OF AMERICA
Business Name:

Receipt #: 321-2118
Business Type: CLINICS/HOSPITALS (CLINICS/OCCUPATIONAL MEDIC)

Owner Name: ROBERT W FLEIGELMAN
Business Location: 3705 GARFIELD ST
HOLLYWOOD

Business Opened: 07/01/1998
State/County/Cert/Reg: ME-25703
Exemption Code:

Business Phone: 954-438-6228

Rooms

Seats

Employees

Machines

Professionals

For Vending Business Only						
Number of Machines:				Vending Type:		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
33.00	0.00	0.00	0.00	0.00	0.00	33.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

ROBERT W FLEIGELMAN
12014 MIRAMAR PKWY
MIRAMAR, FL 33025

Receipt #03B-13-00009096
Paid 07/29/2014 33.00

2014 - 2015



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/8/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Coastal Insurance Group 150 Westward Drive Miami Springs FL 33166-1660		CONTACT NAME: Maria Santelices PHONE (A/C, No, Ext): 305-887-5999 FAX (A/C, No): 305-887-7809 E-MAIL ADDRESS: msantelices@coastalinsgroup.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Nationwide Insurance Co	25453
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

INSURED ROBERT WARREN ENTERPRISES d.b.a Occupational Medicine 12014 Miramar Parkway Miramar FL 33025	OCCUP-1
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COVERAGES

CERTIFICATE NUMBER: 120955008

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATION MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC		ACBPBPOZ5935183707	10/28/2014	10/28/2015	EACH OCCURRENCE	\$1000000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
						MED EXP (Any one person)	\$5000
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$2000000
						PRODUCTS - COMP/OP AGG	\$
							\$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ☐ EXCESS LIAB DED ☐ RETENTION \$	☐ OCCUR ☐ CLAIMS-MADE				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	☐ Y ☒ N	ACPWCD5935183707	10/28/2014	10/28/2015	WC STATUTORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$500000
						E.L. DISEASE - EA EMPLOYEE	\$500,000
						E.L. DISEASE - POLICY LIMIT	\$500000
A	property		ACBPBPOZ5935183707	10/28/2014	10/28/2015	Business Per Prop	150,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

City Of Hollywood 2600 Hollywood Blvd Hollywood FL 33020	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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March 20, 2015

City of Hollywood, Florida
Solicitation # 4453-15-RD

REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: Occupational Medicine Centers of America (OMCA)Firm giving Reference: City of MiramarAddress: 2300 Civic Center Place, Miramar FL 33025Phone: 954-602-3835Fax: 954-602-3465Email: sharding@ci.miramar.fl.us

1. Q: What was the dollar value of the contract?

A: provide medical service for workers compensation, fitness for duty evaluation, and drug testing for city employees

2. Have there been any change orders, and if so, how many?

A: No

3. Q: Did they perform on a timely basis as required by the agreement?

A: Yes

4. Q: Was the project manager easy to get in contact with?

A: Yes

5. Q: Would you use them again?

A: Yes

6. Q: Overall, what would you rate their performance? (Scale from 1-5)

A: ☒ 5 Excellent ☐ 4 Good ☐ 3 Fair ☐ 2 Poor ☐ 1 Unacceptable

7. Q: Is there anything else we should know, that we have not asked?

A:

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: SHERON HARDING Title: RISC MGT. CLAIMS SUP.Signature: Sheron Harding Date: 4/13/15

March 20, 2015

City of Hollywood, Florida
Solicitation # 4453-15-RD

REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: OCMAFirm giving Reference: PEMBROKE PINES FIRE RESCUEAddress: 9500 PINES BLVD., PEMBROKE PINES, 33024Phone: 954.435.6700Fax: 954.435.6714Email: jpenick@ppines.com

1. Q: What was the dollar value of the contract?

A: ~ \$115,000 ANNUALLY

2. Have there been any change orders, and if so, how many?

A: NO

3. Q: Did they perform on a timely basis as required by the agreement?

A: YES

4. Q: Was the project manager easy to get in contact with?

A: YES

5. Q: Would you use them again?

A: YES

6. Q: Overall, what would you rate their performance? (Scale from 1-5)

A: ☐ 5 Excellent ☒ 4 Good ☐ 3 Fair ☐ 2 Poor ☐ 1 Unacceptable

7. Q: Is there anything else we should know, that we have not asked?

A:

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: JONAS R. PENICK Title: DIVISION CHIEFSignature: [Signature] Date: 4/14/2015

March 20, 2015

City of Hollywood, Florida
Solicitation # 4453-15-RD

REFERENCE QUESTIONNAIRE

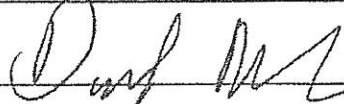
It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: OMCA-Occupational Medicine Centers of America

Firm giving Reference: City of Pembroke Pines
Address: 10100 Pines Blvd, Pembroke Pines, FL 33026
Phone: (954) 435-6587
Fax: (954) 435-6523
Email: DRotstein@ppines.com

1. Q: What was the dollar value of the contract?
A:
2. Have there been any change orders, and if so, how many?
A:
3. Q: Did they perform on a timely basis as required by the agreement?
A:
4. Q: Was the project manager easy to get in contact with?
A:
5. Q: Would you use them again?
A: Still use
6. Q: Overall, what would you rate their performance? (Scale from 1-5)
A: ☐ 5 Excellent ☒ 4 Good ☐ 3 Fair ☐ 2 Poor ☐ 1 Unacceptable
7. Q: Is there anything else we should know, that we have not asked?
A:

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: Daniel Rotstein Title: HR/Risk Management DirectorSignature:  Date: 4/20/2015

March 20, 2015

City of Hollywood, Florida
Solicitation # 4453-15-RD

REFERENCE QUESTIONNAIRE

It is the responsibility of the contractor/vendor to provide a minimum of three (3) similar type references using this form and to provide this information with your submission. Failure to do so may result in the rejection of your submission.

Giving reference for: _____

Firm giving Reference: TRANSPORTATION AUTHORITY LLC
Address: 901 POINCIANA DRIVE, PEMBROKE PINES FL 33025
Phone: 954 364 4790
Fax: 954 364 4791
Email: TAINC@AOL.COM

1. Q: What was the dollar value of the contract?

A: \$6,000

2. Have there been any change orders, and if so, how many?

A: N/A

3. Q: Did they perform on a timely basis as required by the agreement?

A: YES

4. Q: Was the project manager easy to get in contact with?

A: YES

5. Q: Would you use them again?

A: YES

6. Q: Overall, what would you rate their performance? (Scale from 1-5)

A: ☐ 5 Excellent ☒ 4 Good ☐ 3 Fair ☐ 2 Poor ☐ 1 Unacceptable

7. Q: Is there anything else we should know, that we have not asked?

A: _____

The undersigned does hereby certify that the foregoing and subsequent statements are true and correct and are made independently, free from vendor interference/collusion.

Name: RICHARD PASSEP Title: PRESIDENTSignature: [Signature] Date: 4/13/15

March 20, 2015

City of Hollywood, Florida
Solicitation # 4453-15-RD**ACKNOWLEDGMENT AND SIGNATURE PAGE**

This form must be completed and submitted by the date and the time of bid opening.

Legal Company Name (include d/b/a if applicable): Robert Warren Enterprises
d/b/a Occupational Medicine Centers of America (OMCA) Federal Tax Identification Number: 59-3405157
If Corporation - Date Incorporated/Organized: 4/9/86State Incorporated/Organized: FloridaCompany Operating Address: 12014 Miramar ParkwayCity Miramar State FL Zip Code 33025Remittance Address (if different from ordering address): Same

City _____ State _____ Zip Code _____

Company Contact Person: James Edwards Email Address: jamesedwards@omcausa.comPhone Number (include area code): (954) 438-6228 Fax Number (include area code): (954) 437-1079Company's Internet Web Address: www.omcausa.com

IT IS HEREBY CERTIFIED AND AFFIRMED THAT THE BIDDER/PROPOSER CERTIFIES ACCEPTANCE OF THE TERMS, CONDITIONS, SPECIFICATIONS, ATTACHMENTS AND ANY ADDENDA. THE BIDDER/PROPOSER SHALL ACCEPT ANY AWARDS MADE AS A RESULT OF THIS SOLICITATION. BIDDER/PROPOSER FURTHER AGREES THAT PRICES QUOTED WILL REMAIN FIXED FOR THE PERIOD OF TIME STATED IN THE SOLICITATION.

[Signature] 4/14/15
Bidder/Proposer's Authorized Representative's Signature: DateType or Print Name: Robert W. Fleigelman MD

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF BIDDER/PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE BID/PROPOSAL NON-RESPONSIVE. THE CITY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY BID/PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE BIDDER/PROPOSER TO THE TERMS OF ITS OFFER.

ANY EXCEPTION, CHANGES OR ALTERATIONS TO THE GENERAL TERMS AND CONDITIONS, HOLDHARMLESS/INDEMNITY DOCUMENT OR OTHER REQUIRED FORMS MAY RESULT IN THE BID/PROPOSAL BE DEEMED NON-RESPONSIVE AND DISQUALIFIED FROM THE AWARD PROCESS.