



# City of Hollywood, Florida

2600 HOLLYWOOD BLVD. • P.O. Box 229045 • ZIP 33022-9045

DATE: May 7, 2014

RE: BLANKET ORDER # **B002397**

PRODUCT/SERVICE: **Occupational Health Services**

**U.S. HealthWorks Medical Group of Florida, Inc.**  
**Attn: Esther Wishna**  
**407 SE 24 Street**  
**Fort Lauderdale, FL 33316**

**Telephone Contact: 954-467-2140**  
**Fax: 954-524-2146**

Dear Vendor:

This is to inform you that the City of Hollywood, Florida is entering into a Blanket Order with your Company based on one of the following:

- |                                     |   |        |
|-------------------------------------|---|--------|
| <input type="checkbox"/>            | FORMAL BID  |        |
| <input type="checkbox"/>            | INFORMAL BID #  | DATED: |
| <input checked="" type="checkbox"/> | RENEWAL OF FORMAL BID # <b>RFP-4313-12-IS (final renewal)</b> | DATED: |
| <input type="checkbox"/>            | EXTENSION OF FORMAL BID/RFP#                                  | DATED: |
| <input type="checkbox"/>            | WRITTEN QUOTATION #   | DATED: |
| <input type="checkbox"/>            | VERBAL QUOTATION PER  | DATED: |
| <input type="checkbox"/>            | STATE OF FLORIDA CONTRACT #                                   | DATED: |
| <input type="checkbox"/>            | BROWARD COUNTY BID #  |        |
| <input type="checkbox"/>            | OTHER: #  |        |

The term of this order is **5/1/2014** through **4/30/2015**.

The estimated dollar value is **\$54,500.00 annually**.

The obligations of the City of Hollywood under this order are subject to the availability of funds lawfully appropriated for its purpose by the City Commission and are subject to the terms and conditions contained on the Purchase Order form.

**\*Prior to commencement of any work, vendor must provide certificates of insurance meeting the requirements of the Risk Manager and naming the City of Hollywood as additional insured.**

The City of Hollywood Departments will issue hard copy orders against this Blanket Order as your authorization to deliver. All invoices must reference each unique document number.

If you have any questions, please contact **Ralph Dierks** at (954) 921-3223.

c: Human Resources  
Fire Dept.  
Finance



**CITY OF HOLLYWOOD, FLORIDA**

**PROCUREMENT SERVICES DIVISION**

2600 HOLLYWOOD BLVD. • ROOM 303 • P. O. Box 229045 • ZIP 33022-9045  
PHONE: 954-921-3299 • FAX: 954-921-3086

February 18, 2014

U.S. HealthWorks Medical Group of Florida, Inc.  
Attn: Center Manager  
407 SE 24 Street  
Fort Lauderdale, FL 33316

Dear Vendor:

Our Agreement for Occupational Health Services based upon RFP-4313-12-IS expires on April 30, 2014.

The Procurement Services Division would like to renew the agreement for the final one (1) year period under the terms, conditions and pricing as the City of Hollywood RFP-4313-12-IS and subsequent agreement and amendment to the agreement.

If you are willing to honor your bid pricing and renew this agreement, please sign below. If you are not, please sign and explain reason(s) in a separate letter.

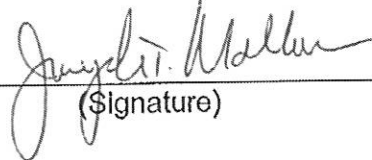
**Renewal is subject to the receipt of all required insurance certificate(s). If you have not already done so, please forward updated certificates directly to Procurement Services.**

Thanks for your help with this matter and as always, please call me at 954-921-3223 or e-mail to [rdierks@hollywoodfl.org](mailto:rdierks@hollywoodfl.org) if you have questions.

A response as soon as possible would be appreciated.

Sincerely,

Ralph Dierks, Procurement Manager  
Procurement Services Division

I agree:  \_\_\_\_\_  
(Signature)

I disagree: \_\_\_\_\_

Name: Joseph T. Mallas  
(Typed or Printed)

Date: 4/1/14



**CITY OF HOLLYWOOD, FLORIDA**  
**PROCUREMENT SERVICES DIVISION**

**DATE:** February 18, 2014 **FILE:** PR-14-074  
**TO:** Lisa Powell, Acting Director, Human Resources and Risk Management  
**VIA:** Joel Wasserman, Director, Procurement Services. *[Signature]*  
**FROM:** *[Signature]* Ralph Dierks, Procurement Manager, Procurement Services  
**SUBJECT:** Blanket Contract Renewal for Occupational Health Services – B002397 – U.S. Healthworks Medical Group

**ISSUE:**

The current period of the above contract expires April 30, 2014. The contract is renewable for a one year period if it is determined to be in the City's best interest and the vendor agrees to the renewal in writing.

**EXPLANATION:**

Notification of Intent to Renew must be mailed to the vendor thirty (30) calendar days in advance of the contract expiration date. Accordingly, it is requested that you give this matter your immediate attention thereby providing a timely reply to preclude contract expiration.

If you do not want to renew this contract, please explain the reason(s) in a separate memo. Also note that this contract will expire on the date mentioned above and if a new contract is to be established, you must submit bid specifications.

**RECOMMENDATION:**

**Please reply as soon as possible by returning this memo appropriately filled out, signed and dated along with the attached Contract Renewal Evaluation Form.**

Date: 2/20/14 To: Ralph Dierks, Procurement Services

The Acting Director recommends the following:

☒ RENEW the contract under the same terms and conditions. The Budget Account Number to be charged is \_\_\_\_\_.

☐ DO NOT renew this contract. See attached memo explaining the reason(s).

☐ DO NOT renew this contract. DO NOT prepare a replacement bid (items/services no longer needed).

☐ Estimated annual usage/expenditure is \_\_\_\_\_

By: *[Signature]*

Title: Interim Director of HR/Risk Mgmt



## CITY OF HOLLYWOOD, FLORIDA

### PROCUREMENT SERVICES DIVISION

#### Department/Office Contract Renewal Evaluation

Date: 2/20/14	
Department/Office:	Division/Area:
Contact Person:	Title:
Contact phone number:	Contact Email
Purchase Order/Blanket Purchase Order #:	
Contract Expiration Date:	
Vendor: U.S. Healthworks	Contact Person:
Contact phone number:	Contact Email:
Good/Service:	Solicitation #:

1. How would you rate the quality of goods/services?

☐ Excellent ☒ Good ☐ Satisfactory ☐ Poor

2. How would you rate the courteousness vendor's personnel?

☒ Excellent ☐ Good ☐ Satisfactory ☐ Poor

3. With regards to the goods or services provided, how satisfied are you with the following items?  
(Please check one per category)

	Excellent	Good	Satisfactory	Poor
Overall Quality	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Value	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of Contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsiveness to request	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Are all goods/services on the contract being performed at the agreed upon time and manner?

☒ Yes ☐ No

If no, please explain?

5. If you contacted the vendor, were all your questions or any issues resolved to your complete satisfaction?

☒ Yes ☐ No ☐ Did not need to contact

If no, please explain?



**CITY OF HOLLYWOOD, FLORIDA**

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**PROCUREMENT SERVICES DIVISION**

**Department/Office**  
**Contract Renewal Evaluation**

6. Has the invoicing been timely, accurate and in accordance with the contract?

☒ Yes ☐ No

If no, please explain?

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7. Does the Department/Office recommend renewing a contract based upon the available renewal options when the current agreement expires?

☒ Yes ☐ No

If no, please explain?

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8. Please state any additional comments about your experience with this vendor and the goods/services provided:

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Department/Office Director's Name: Lisa Powell

Department/Office Director's Signature: 



## Ralph Dierks

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**From:** Lisa Powell  
**Sent:** Friday, February 21, 2014 8:36 AM  
**To:** Ralph Dierks; Eric Busenbarrick  
**Cc:** Linda Silvey  
**Subject:** RE: Contract Renewal - Occupational Health Services - Information Request

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**From:** Ralph Dierks  
**Sent:** Thursday, February 20, 2014 6:16 PM  
**To:** Lisa Powell; Eric Busenbarrick  
**Cc:** Linda Silvey  
**Subject:** Contract Renewal - Occupational Health Services - Information Request

Procurement is in the process of renewing Blanket Purchase Order #B002397 with U.S. Healthworks Medical Group for occupational health services.

Please provide me with the following information;

Human Resources estimated annual expenditure amount \$ 32,113.00 and the Budget Account Number to be charged 01.1132.00092.513.003116.

Risk Management estimated annual expenditure amount \$ 2,387.00 and the Budget Account Number to be charged 58.1200.00000.242.740000.

Fire Rescue & Beach Safety estimated annual expenditure amount \$ \_\_\_\_\_ and the Budget Account Number to be charged \_\_\_\_\_.

For your information and action.

Ralph Dierks, Procurement Manager  
City of Hollywood, Florida 33020  
Ph.#954-921-3223

## Ralph Dierks

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**From:** Daniel Dapolito  
**Sent:** Friday, February 21, 2014 9:56 AM  
**To:** Ralph Dierks  
**Subject:** Fwd: Contract Renewal - Occupational Health Services - Information Request

Sent from my iPhone

Begin forwarded message:

**From:** Janet Gurdyl <[JGurdyl@hollywoodfl.org](mailto:JGurdyl@hollywoodfl.org)>  
**Date:** February 21, 2014 at 9:51:55 AM EST  
**To:** Daniel Dapolito <[DDapolito@hollywoodfl.org](mailto:DDapolito@hollywoodfl.org)>  
**Cc:** Eric Busenbarrick <[EBusenbarrick@hollywoodfl.org](mailto:EBusenbarrick@hollywoodfl.org)>  
**Subject:** RE: Contract Renewal - Occupational Health Services - Information Request

Fire Department is estimated at \$40,000 annually and charged to budget: 01.2150.00000.522.005201 (Hazmat).

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**From:** Daniel Dapolito  
**Sent:** Friday, February 21, 2014 9:28 AM  
**To:** Janet Gurdyl  
**Subject:** FW: Contract Renewal - Occupational Health Services - Information Request

Janet,

Please see below and fill in the blanks.

Thanks,

*Dan Dapolito*

DIVISION CHIEF

*City of Hollywood Fire Rescue & Beach Safety*

Phone: (954) 967-4248  
Cell: (561) 308-5344  
Fax: (954) 967-4542

2741 Stirling Road  
Hollywood, FL. 33312-6505  
[ddapolito@hollywoodfl.org](mailto:ddapolito@hollywoodfl.org)

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**From:** Eric Busenbarrick  
**Sent:** Friday, February 21, 2014 9:11 AM

DOR

Account Sum

Encumb Detail

Adj Inq

Current Year Dtl

Month/Type Dtl

Status

Control Digit

Account Inquiries

Next Screen

Account

#

Account Name

EXPENDITURES-HEALTH INSURANCE

Type 5 EXPENDITURE

As of

04/02/14

Status

A ACTIVE

Accounting Entries		Budget Entries	
Current Balance	5,571,147.87+	Original Budget	0+
MTD Debits	0+	Carry Over Encumbrance	0+
Credits	0-	Budget Adjustments	20,349,305.00+
YTD Debits	5,571,147.87+	Revised Budget	20,349,305.00+
Credits	0-	Expended YTD	5,571,147.87+
		Encumbered	107.00+
		Available Balance	14,778,050.13+

Inq

First

Back

Next

Last

OK



DOR

Account Sum

Encumb Detail

Adj Inq

Account Inquiries

Next Screen

Account #

01.1132.00092.513.003116

Type 5 EXPENDITURE

As of Date

04/02/14

Status

A ACTIVE

Account Name

Medical Services

Month/Type Dtl

Current Year Dtl

Status

Control Digit

Accounting Entries

Current Balance	10,936.00+	Original Budget	15,057.00+
MTD Debits	0+	Carry Over Encumbrance	0+
Credits	0-	Budget Adjustments	0+
YTD Debits	10,936.00+	Revised Budget	15,057.00+
Credits	0-	Expended YTD	10,936.00+
		Encumbered	9,034.50+
		Available Balance	4,913.50-

Budget Entries

Original Budget	15,057.00+
Carry Over Encumbrance	0+
Budget Adjustments	0+
Revised Budget	15,057.00+
Expended YTD	10,936.00+
Encumbered	9,034.50+
Available Balance	4,913.50-

Inq

First

Back

Next

Last

OK

DOR

Account Sum

Encumb Detail

Adj Inq

Account Inquiries

Next Screen

Account

#

Account Name

OPERATING SUPPLIES/COST - HAZMAT

Type 5 EXPENDITURE

As of Date

04/02/14

Status

A ACTIVE

Accounting Entries		Budget Entries	
Current Balance	53,947.24+	Original Budget	87,390.00+
MTD Debits	0+	Carry Over Encumbrance	0+
Credits	0-	Budget Adjustments	0+
YTD Debits	53,947.24+	Revised Budget	87,390.00+
Credits	0-	Expended YTD	53,947.24+
		Encumbered	10,654.55+
		Available Balance	22,788.21+

Inq

First

Back

Next

Last

OK