MAYOR

Richard J. Kaplan, Esq.

City of Lauderhill

CITY MANAGER

Charles Faranda

ASSISTANT CITY MANAGER

Desorae Giles-Smith

CITY CLERK Andrea Anderson

CITY ATTORNEY Earl Hall

VICE MAYOR Ken Thurston

COMMISSIONERS

M. Margaret Bates Hayward J. Benson, Jr., Ed.D. Howard Berger



FINANCE DEPARTMENT

EMS AMBULANCE BILLING AND ELECTRONIC PATIENT CARE REPORTING SERVICES (EPCR)

Bid Number P 2017-008

February 8, 2017

BID Due: March 9, 2017 @ 10:45 AM

ADDENDUM NUMBER 3

The following items are issued to add to, modify, and/or clarify the Contract Documents and Specifications. These items shall become a part of, and have full force and effect of the Contract Documents and all costs and time involved to comply with said addendum shall be included in the Bid Price.

Description of change:

- I. Revisions to Bid Plans
- II. Revisions to Bid Specifications

See attached backend forms that need to be completed and enclosed in final RFP document.

Attachment "A" - PROPOSER'S QUALIFICATIONS STATEMENT Attachment "B" - NON-COLLUSIVE AFFIDAVIT Attachment "C" - CONFIRMATION OF DRUG-FREE WORKPLACE Attachment "D" - SIGNATURE PAGE Attachment "E" - Acknowledgement of Addendums

III. Responses to Bid RFI's

Question 1: Will the City be accepting bids with separate billing and ePCR solutions provided by two different vendors?

Answer 1: No, however the City will consider joint venture proposals.

I/we have read the addendum/

ATTACHMENT "A" PROPOSER'S QUALIFICATIONS STATEMENT

PROPOSER shall furnish the following information. Failure to comply with this requirement will render Bid non-responsive and shall cause its rejection. Additional sheets shall be attached as required.

PROPOSER'S Name and Principal Address:
Contact Person's Name and Title:
PROPOSER'S Telephone and Fax Number:
PROPOSER'S License Number: (Please attach certificate of competency and/or state registration.)
PROPOSER'S Federal Identification Number:
Number of years your organization has been in business, in this type of work:
Names and titles of all officers, partners or individuals doing business under trade name:
The business is a: Sole Proprietorship Partnership Corporation Corporation
Name, address, and telephone number of surety company and agent who will provide the required bonds on this contract:
Have you ever failed to complete work awarded to you. If so, when, where and why?
Have you personally inspected the proposed WORK and do you have a complete plan for its performance?

Will you subcontract any part of this WORK? If so, give details including a list of each sub-contractor(s) that will perform work in excess of ten percent (10%) of the contract amount and the work that will be performed by each subcontractor(s).
The foregoing list of subcontractor(s) may not be amended after award of the contract without the prior written approval of the Contract Administrator, whose approval shall not be reasonably withheld.
List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the Proposer, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.
List and describe all successful Bond claims made to your surety(ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Proposer and its predecessor organization(s).
List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Proposer or its predecessor organizations(s) during the last (5) years. The list shall include all case names; case, arbitration or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute.
List and describe all criminal proceedings or hearings concerning business related offenses in which the Proposer, its principals or officers or predecessor organization(s) were defendants.

Has the Proposer, its principals, officers or predecess Entity Crime, debarred or suspended from bidding by so, provide details.						
The PROPOSER acknowledges and understands that the information contained in response to this Qualification Statement shall be relied upon by CITY in awarding the contract and such information is warranted by PROPOSER to be true. The discovery of any omission or misstatement that materially affects the PROPOSER'S qualifications to perform under the contract shall cause the CITY to reject the Bid, and if after the award, to cancel and terminate the award and/or contract.						
Ву	(Signature)					

ATTACHMENT "B" NON-COLLUSIVE AFFIDAVIT

STATE OF	
COUNTY OF	
beii	ng first duly sworn, deposes and says that:
BIDDER is the	,
(Owner, Partner, Office	cer, Representative or Agent)
BIDDER is fully informed respecting the preparation and c circumstances respecting such Bid;	ontents of the attached Bid and of all pertinent
Such Bid is genuine and is not a collusive or sham Bid;	
Neither the said BIDDER nor any of its officers, partners parties in interest, including this affidavit, have in any directly or indirectly, with any other BIDDER, firm or connection with the Contract for which the attached Bid h connection with such Contract; or have in any manner, collusion, or communications, or conference with any BID the attached Bid or any other BIDDER, or to fix any over the Bid Price of any other BIDDER, or to secure throunlawful agreement any advantage against (Recipient) Contract;	way colluded, conspired, connived or agreed, person to submit a collusive or sham Bid in as been submitted; or to refrain from bidding in directly or indirectly, sought by agreement or DER, firm, or person to fix the price or prices in head, profit, or cost element of the Bid Price or ugh any collusion conspiracy, connivance, or
The price of items quoted in the attached Bid are fair conspiracy, connivance, or unlawful agreement on the prepresentatives, owners, employees or parties in interest,	part of the BIDDER or any other of its agents,
	By
Subscribed and sworn to before me this day of	, 20
	Notary Public (Signature)
	My Commission Expires:

ATTACHMENT "C"

CONFIRMATION OF DRUG-FREE WORKPLACE

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 prohibitions.
- 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 contenders 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 the 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 this section.

A signed copy of your Drug-Free Workplace Policy must be attached to this signed copy and submitted with the Bid Documents.

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

Vendor's Signature

ATTACHMENT "D" SIGNATURE PAGE

The undersigned attests to his (her, their) authority to submit this Submittal and to bind the firm(s) herein named to perform as per agreement. Further, by signature, the undersigned attests to the following:

- 1. The Proposer is financially solvent and sufficiently experienced and competent to perform all of the work required of the Proposer in the Contract;
- 2. The facts stated in the Proposer's response pursuant to Request for Submittals, instructions to Proposer and Specifications are true and correct in all respects;
- 3. The Proposer has read and complied with, and submits their proposal agreeing to all of the requirements, terms and conditions as set forth in the Request for Proposals.
- 4. The Proposer warrants all materials supplied by it are delivered to the CITY of Lauderhill, Florida, free from any security interest, and other lien, and that the Proposer is a lawful owner having the right to supply the same and will defend the conveyance to the CITY of Lauderhill, Florida, against all persons claiming the whole or any part thereof.
- 5. Proposer understands that if a team is short listed and selected to make oral presentations to the selection committee and/or CITY, only the team members evaluated in the written submissions may present at the oral presentations. Any changes to the team at the oral presentations will result in that team's disqualification.
- 6. The undersigned certifies that if the firm is selected by the City the firm will negotiate in good faith to establish an agreement.
- 7. Proposer understands that all information listed above may be checked by the City of Lauderhill and Proposer authorizes all entities or persons listed above to answer any and all questions. Proposer hereby indemnifies the City of Lauderhill and the persons and entitles listed above and holds them harmless from any claim arising from such authorization or the exercise thereof, including the dissemination of information pursuant thereto.

Witness	Company
Printed	By
Title	Printed Name, Title
(If a corporation, affix seal)	Company
	Ву
Attested by Secretary	Printed Name, Title

Incorporated under the laws of the State of

CERTIFICATE

(For Partnership)

					f the partn							
			duly passe			TIOIG	OII				_, 20	,
			•	•	authorize , betwee							
	Partner	ship, and	that the	execution	thereof, att	ested	by the				of the	
	Partner	ship be th	e official	act and de	eed of this F	Partne	rship."					
	I furthe	r certify th	at said re	solution is	s now in full	force	and effect					
	IN WIT	NESS WI	HEREOF,	I have he	reunto set i	ny hai	nd this	_ day o	of		,	20
						(Sig	nature)					
						(Title	e)					
STATE	OF FLO	ORIDA										
COUN	TY OF _											
	Sworn	to and sul	oscribed b	efore me	on this	da	y of				,	20
оу			who □ is p	personally	known to r	ne or	who □ has	prese	ented	the follo	wing ty	pe of
dentific	cation: _			·								
						Sign	ature of N	otary	Public	, State	of Florid	da
						Nota OR	ary seal (st	ampe	d in b	lack ink)	

Printed, typed or stamped name of Notary and Commission Number

CERTIFICATE (For Corporation)

ΙH	EREBY CERTIFY that a meeting of the Boa	ard of Directors of	, a
corporation	under the laws of the State of	held on	_, 20, the
following re	esolution was duly passed and adopted:		
	"RESOLVED, that	, as	
	the Corporation, is hereby authorized, 20, between		
Co	rporation, and that the execution thereof, at	ttested by the Secretary of the Corpo	ration
and	d with corporate seal affixed, shall be the off	icial act and deed of this Corporation"	
l fu	urther certify that said resolution is now in ful	I force and effect.	
IN	WITNESS WHEREOF, I have hereunto set	my hand this day of	, 20
		Secretary	
STATE OF	FLORIDA		
COUNTY (DF		
Sw	orn to and subscribed before me on this	day of	, 20
by	who □ is personally known to	me or who \square has presented the follow	ring type of
identificatio	on:		
		Signature of Notary Public, State of	Florida
		Notary seal (stamped in black ink)	
		OR Printed, typed or stamped name of	of Notary and
		Commission Number	or rectary and

Attachment "E" Acknowledgement of Addendums RFP _____

TITLE						
Acknowledgement is hereby made	acknowledgement is hereby made of the following Addenda received since issuance of Specifications:					
Addendum No	Dated					
Addendum No	Dated:					
Addendum No	Dated:					
Name of Vendor's Service Contact:						
Address:						

This page must be submitted with RFP. Failure to provide the requested documents may result in your proposal being deemed Non-Responsive.

Signature_____ Date____

Signature Date

PLEASE RETURN THIS ADDENDUM WITH YOUR BID