

**MEDICAL DOCTOR**  
**RFP-4402-14-JE**  
**EVALUATION MATRIX**  
**APRIL 8, 2014**

<b><u>Proposers:</u></b>	<b>Dr. Randy S. Katz</b>
<b><u>Evaluation Committee Members:</u></b>	
<b>Daniel Dapolito</b>	<b>95</b>
<b>Joel Medina</b>	<b>95</b>
<b>Kathy Lopez-Negron</b>	<b>90</b>
<b>TOTAL:</b>	<b>280</b>



**CITY OF HOLLYWOOD, FLORIDA**  
**PROCUREMENT SERVICES DIVISION**  
**2013 NOV 26 PM 2: 57**

**Solicitation Request Form**  
(Use for bids, RFPs, RLIs, RFQs)

Date 11/08/2013

Department/Office Fire Rescue

Division/Area EMS

Contact Person Joel Medina

Title Division Chief

Phone 954-967-4248

Email Jamedina@Hollywoodfl.org

1. Product/Service being requested (be specific.) Medical Director for Emergency Medical Services

2. Detailed description of the products/services function and purpose. See Attached

Are there alternative products/services capable of performing the required function? NO

3. Has this product/service previously been formally solicited by the City of Hollywood?

☐ Yes ☒ No ☐ Unsure

If yes, please provide previous solicitation number. \_\_\_\_\_

4. Has this product/service previously been formally solicited by another government agency?

☒ Yes ☐ No ☐ Unsure

If yes, please provide details and copy if available. \_\_\_\_\_

5. Total estimated cost of the requested product/service? \$ 48,000.00

Has this cost been approved in your budget? ☒ Yes ☐ No

If yes, provide Account Number (s.) 01.2151.00000.522.003116

Procurement Service Division use only

Requisition # R \_\_\_\_\_  
BPO \_\_\_\_\_  
(As Applicable)

Purchase Order # P \_\_\_\_\_  
(As Applicable)

Blanket Purchase Order # \_\_\_\_\_  
(As Applicable)

6. Formal Solicitations must be advertised for a minimum of 10 (ten) days and typically not more than 30 (thirty) days. How long is the Department/Office requesting to advertise this solicitation? 10 Days

7. Is a pre-bid meeting required? ☐ Yes ☒ No

If yes, are you requesting it to be mandatory? ☐ Yes ☐ No

8. Project location? 3400 N 56<sup>TH</sup> AVE HOLLYWOOD, FL 33021

9. Completion Time: Final completion of this project shall be in \_\_\_\_\_ calendar days once a Notice To Proceed (NTP) is given to the awarded vendor.

10. Are you requesting this formal solicitation require liquidated damages (liquidated damages are not penalties, they should represent the amount of monies the City will incur/lose if the project is not completed in require time?)

☐ Yes ☒ No

11. Please list any special licenses or certification require to bid. State of Florida Licensed Physician, Board Certified Emergency Physician, Certified in Advance Cardiac Life Support (ACLS), Advance Trauma Life Support (ATLS)

12. Are there any outside entities assisting with this solicitation (i.e. Architect, Consultant, etc?)

☐ Yes ☒ No

If yes, please provide the information:

Entity \_\_\_\_\_ Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

13. Are there attachments associated with this request? ☒ Yes ☐ No

14. Would this purchase(s) result in the potential of future purchases for related products/services being restricted to a particular vendor or create a specific vendor as sole source provider for related items?

☐ Yes ☒ No

If yes, please describe the related products/services and estimated cost(s.)

\_\_\_\_\_

15. Would this purchase(s) result in any future maintenance costs which are not included in the initial purchase?

☐ Yes ☒ No

If yes, please attach a draft maintenance plan which includes cost estimates and funding source(s.)

\_\_\_\_\_

16. Is this a grant related purchase? ☐ Yes ☒ No

If yes, please provide details (timeline, expiration dates, milestones, special procurement requirements, etc.) \_\_\_\_\_

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(As Applicable)

Will this require matching funds? ☐ Yes ☒ No

What is the grant source? \_\_\_\_\_

What is the grant (dollar) amount? \_\_\_\_\_

17. Does this solicitation for product/service work in conjunction with any other Department/Office or will it impact any other Department/Office? ☐ Yes ☒ No

If yes, please provide details on Department/Office and how. \_\_\_\_\_

Signature(s) below of other Department/Office Director(s) indicates they have reviewed and agree to this Request Form.

  
Signature

FIRE  
Department/Office

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department/Office

18. Please provide the names of suggested evaluations committee member:

(NOTE: Committee members should not be direct reports.)

<u>KATHY LOPEZ</u>	<u>LORI MARTENS-BLACK</u>
<u>JAMIE HERNANDEZ ✓</u>	<u>DANIEL DAPOLITO ✓</u>
<u>JOEL MEDINA ✓</u>	_____

19. Please provide any specific vendor(s) to be included in the notification of these solicitations.

\_\_\_\_\_  
To be completed by Procurement Services Division upon award recommendation

Advanced search of the vendor recommended for award on the Federal Government's Systems for Award Management at [www.sam.gov](http://www.sam.gov).

Date of Advanced Search \_\_\_\_\_

Company Name(s) Searched

Search Results

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Procurement Service Division use only

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(As Applicable)

Purchase Order # P \_\_\_\_\_  
(As Applicable)

Blanket Purchase Order # \_\_\_\_\_  
(As Applicable)

Contact Person's Signature

Date



Supervisor's Signature

Date

Director's Signature

Date

**APPROVAL (Procurement Service Division Use Only)**

Verified By:		Date	1/23/14
Approved By:		Date	2/3/14

Procurement Service Division use only

Requisition # R \_\_\_\_\_  
BPO \_\_\_\_\_  
(As Applicable)

Purchase Order # P \_\_\_\_\_  
(As Applicable)

Blanket Purchase Order # \_\_\_\_\_  
(As Applicable)

(Revised 9/2013)