

AGREEMENT FOR OCCUPATIONAL HEALTH SERVICES.

This Agreement made and entered into this _____ day of _____, 2015, by and between the City of Hollywood, Florida (hereinafter the "City") and MD Now Medical Centers, Inc., a Florida corporation (hereinafter the "Consultant").

WHEREAS, on March 20, 2015, the City issued RFP-4453-15-RD (the "RFP") for occupational health services; and

WHEREAS, pursuant to the RFP, the Consultant submitted a proposal and was the successful proposer;

NOW, THEREFORE, in consideration of the mutual promises and understandings set forth herein, the parties hereto agree as follows:

ARTICLE I INCORPORATION OF RFP DOCUMENTS

The RFP, including any addenda thereto, and the proposal submitted by the Consultant (hereinafter, collectively, the "RFP Documents") are attached hereto and incorporated herein. The parties shall comply with the terms and conditions set forth in the RFP Documents.

ARTICLE II TERM

The initial term of this Agreement shall commence on _____.

ARTICLE III MODIFICATION

This Agreement constitutes the entire understandings of the parties. This Agreement cannot be changed or modified, except in writing, duly executed by both parties.

ARTICLE IV GOVERNING LAW AND VENUE

This Agreement shall be interpreted, construed, and governed according to the laws of the State of Florida. The parties agree to exclusive venue in Broward County, Florida for any litigation pertaining to this Agreement.

IN WITNESS WHEREOF, the parties hereto have set their hands and official seals the day and year first above written.

AGREEMENT FOR OCCUPATIONAL HEALTH SERVICES.

APPROVED AS TO FORM & LEGALITY
for the use and reliance of the
City of Hollywood, Florida, only.

Jeffrey P. Sheffel, City Attorney

WITNESSES

Name typed, printed or stamped

Name typed, printed or stamped

CITY OF HOLLYWOOD, FLORIDA

By: _____
Peter Bober, Mayor

MD NOW MEDICAL CENTERS, INC.

By: _____

Name typed, printed or stamped
Title: _____



City of Hollywood, Florida

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

DATE: July 8, 2015

RE: BLANKET ORDER # **B002718**

PRODUCT/SERVICE: **Occupational Health Services**

**MD Now Medical Centers, Inc.
Attn: Peter Lamelas, MD
2007 Palm Beach Lakes Blvd.
West Palm Beach, FL 33409**

**Telephone Contact: 561-420-8561
Fax: 866-371-6361**

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 checked="" type="checkbox"/> | FORMAL BID: RFP-4453-15-RD (INITIAL ONE YEAR TERM, WITH TWO, ONE YEAR RENEWAL OPTIONS) | |
| <input type="checkbox"/> | INFORMAL BID # | DATED: |
| <input type="checkbox"/> | RENEWAL OF FORMAL BID # | 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 **7/31/15 through 7/30/16 approved on X X, 2015 via R-2015-XXX**

The estimated dollar value is **\$53,625.00 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

TERMS AND CONDITIONS

The following Terms and Conditions are applicable to this order entered into by and between the City of Hollywood (referred to as Buyer) and Vendor (referred to as Seller).

MODIFICATIONS

This purchase order form, and any other document pertaining to this transaction which has been acknowledged in writing by the Director is a complete and exclusive statement of this order. Accordingly no modification or amendment shall be binding upon the Buyer unless signed by the Director. The City Attorney has approved these standard terms and conditions as to form and legality. Accordingly no modification of these terms and conditions shall be binding upon buyer unless they are endorsed and approved by the City Attorney. In the event of a conflict between these terms and conditions and any other document pertaining to the transaction covered by this order, these terms and conditions shall prevail.

ASSIGNMENT

Any assignment of this order or the performance of work hereunder, in whole or in part, is prohibited.

EXCUSABLE DELAYS

The Buyer may grant additional time for any delay or failure to perform hereunder if the delay will not adversely impact the best interests of the Buyer and is due to causes beyond the control of to Seller. Such grant must be in writing and made part of the order.

DEFAULT

In the event of default by the Seller, Buyer may procure the articles or services covered by this order from other sources and hold to Seller responsible for any excess costs occasioned thereby, in addition to all other available remedies at law or equity.

TERMINATION

Buyer, acting through its City Manager or his/her designee, reserves the right to terminate this order in whole or in part for default (a) if Seller fails to perform in accordance with any of the requirements of this order or (b) If Seller becomes insolvent or suspends any of its operations or if any petition is filed or proceeding commenced by or against Seller under any State or Federal Law relating to bankruptcy, reorganization, receivership or assignment for the benefit of creditors. Any such termination will be without liability to Buyer except for completed Items delivered and accepted by the Buyer. Seller, will be liable for excess costs of procurement.

F.O.B.

In those cases where F O.B. point is not Destination, Seller is required to prepay freight charges and list separately on invoice. Collect shipments will not be accepted.

TERMS

By accepting this order, the Seller agrees that payment terms shall be Net 30 unless otherwise stated.

INVOICING

Seller must render original invoice to the City of Hollywood, Department of Financial Services, P.O. Box 229045, Hollywood, Florida 33022-9045.

TAX

The City of Hollywood is exempt from Federal and State taxes for tangible personal property. Sellers doing business with the City, which are not otherwise exempt, shall not be exempt from paying sales tax to their suppliers for materials to fulfill contractual obligations with the City, nor shall any Seller be authorized to use the City Tax Exemption Number in securing such materials

RESPONSIBILITY

Responsibility will not be accepted for any goods delivered or services performed unless covered by a duly signed and authorized City of Hollywood order, issued by the Procurement Services Division.

ACCEPTANCE

Sellers acceptance of this order will be presumed unless Seller acknowledges exception, in writing, to Buyer within ten (10) calendar days after date of order.

DELIVERIES

Deliveries are to be made during the hours of 7:30 a.m. to 4:00 p.m. Monday through Friday, excluding holidays, unless otherwise stipulated. Seller shall notify the Buyer of deliveries that require special handling and/or assistance for off-loading. Failure to notify the Buyer concerning this type of delivery will

result in the billing to Seller of any add-on redelivery, storage or handling charges.

INSPECTION

All Commodities delivered on this order are subject to inspection upon receipt by a representative of the Buyer. All rejected commodities shall remain the property of the Seller and will be returned at the Seller's expense.

QUANTITIES

Quantities specified in the order cannot be changed without Buyer approval. Goods shipped in excess of quantity designated may be returned at the Seller's expense.

PAYMENT CHANGES

Payments will be made only to the company and address as set forth on order unless the Seller has requested a change thereto on official company letterhead, signed by an authorized officer of the company.

ANTI-DISCRIMINATION

Sellers doing business with the Buyer are prohibited from discriminating against any employee, applicant or client because of race, creed, color, national origin, sex or age with regard to but not limited to the following: employment practices, rates of pay or other compensations, methods and training selection.

UNIFORM COMMERCIAL CODE

Florida law, including without limitation the Uniform Commercial Code (Chapter 670 – 680, Florida Statutes), shall apply to and supplement the terms and conditions of this order. Venue shall lie in a court of competent jurisdiction in Broward County, Florida.

LEGAL RESPONSIBILITY

By accepting this order, Seller understands and agrees that the items covered herein, or services to be rendered, shall be manufactured, sold or performed in compliance with applicable Federal, State, County and Local laws, ordinances, rules and regulations. Lack of knowledge by the Seller shall in no way be a cause for relief from responsibility

LIABILITY - COPYRIGHT/PATENT/TRADEMARK

Seller shall save and hold harmless Buyer, its officers, employees and agents from liability for infringement of any United States patent, trademark or copyright for or on account of the use of any product sold to Buyer or used in the performance of this order.

INDEMNIFICATION

Seller shall indemnify, hold harmless and defend Buyer, its officers, employees and agents from and against any and all claims, damages, liability, judgments or causes of action, including costs, expenses and attorney fees, incurred as a result of any error, omission or negligent act by the Seller, its officers, employees, agents, subcontractors or assignees arising out of this order.

OCCUPATIONAL SAFETY AND HEALTH

Seller must comply with requirements under Chapter 442, Florida Statutes, that any toxic substance delivered as a part of this order must be accompanied by a Materials Safety Data Sheet (M.S.D.S.).

REPRESENTATIVE

All parties to this order agree that the representatives named herein are, in fact, bonafide and possess full and complete authority to bind said parties.

PUBLICITY

No endorsement by the City of the product and/or service will be used by Seller in an way, manner or form in product literature or advertising.

INSURANCE

The Seller of services must have secured and maintained the required amount of \$1,000,000 general and \$500,000 automobile liability limits and must list the City as an additional insured of this coverage. The Seller must have worker's compensation coverage as required by law. Any exception to the above stated limits or other requirements must be endorsed and approved by the City of Hollywood Risk Manager.

**EVALUATION COMMITTEE MEETING
RFP-4453-15-RD
OCCUPATIONAL HEALTH SERVICES
MAY 14, 2015**

Attendees: Tami Thornton, Human Resources
Gregory Gibson, Public Works
Rodolfo Jurado, Fire Rescue
Coy Mathis, Public Utilities

Proposers: Broward Outpatient Urgent Care, LLC
MD Now Medical Centers, Inc.
Robert Warren Enterprises d/b/a Occupational Medicine Centers of America
Solantic/South Florida, LLC d/b/a CareSpot Express Healthcare
U.S. HealthWorks Medical Group of Florida, Inc.

The meeting convened at 1:45 p.m. and adjourned at 3:45 p.m.

The Evaluation Committee consisting of four (4) City employees met to review and discuss the five (5) proposals received for the City to engage a qualified medical facility or physicians' group licensed by the State of Florida, to provide pre-placement physical examinations and physicals for the members of the Fire Rescue Hazardous Materials Team, vaccinations and treatment and screenings of infectious diseases for various departments based upon the RFP's purpose, scope, specifications and established evaluation criteria as follows;

1. Previous Experience and Past Performance - 25%
2. Price Proposal – 25%
3. Project Understanding, Proposed Approach and Methodology – 10%
4. Office Location based upon proximity to the City of Hollywood City Hall, 2600 Hollywood Blvd. Hollywood, Florida 33020 – 10%
5. References and successfully completed similar projects - 20%
6. Professional Qualifications – 20%

After review and discussion the Evaluation Committee unanimously recommended the following:

Agreed to declare the proposals received from Broward Outpatient Urgent Care, LLC, MD Now Medical Centers, Inc., Robert Warren Enterprises d/b/a Occupational Medicine Centers of America, Solantic/South Florida, LLC d/b/a CareSpot Express Healthcare and U.S. HealthWorks Medical Group of Florida, Inc. as responsible and responsive.

PAGE 2 - EVALUATION RFP-4453-15-RD OCCUPATIONAL HEALTH SERVICES

The Evaluation Committee scored the responsive proposals received which resulted in the following ranking (matrix attached).

1. MD Now Medical Centers, Inc. – 420
2. Robert Warren Enterprises d/b/a Occupational Medicine Centers of America – 378
3. U.S. HealthWorks Medical Group of Florida, Inc. – 373
4. Solantic/South Florida, LLC d/b/a CareSpot Express Healthcare - 305
5. Broward Outpatient Urgent Care, LLC – 231

Procurement Services was asked by the evaluation committee to contact MD Now Medical Centers, Inc. and Robert Warren Enterprises d/b/a Occupational Medicine Centers of America with follow-up questions for clarification regarding the number of doctors that would be assigned to the service contract, servicing locations and hazardous materials physical service specifications being offered.

The evaluation committee requested that Procurement Services move forward with the RFP award process by preparing a draft resolution for the City Commission based upon their recommendation to award a contract to MD Now Medical Centers, Inc. as the highest ranked firm.

Procurement Services will prepare a resolution and will also notify the five (5) ranked proposers of the date and time of the City Commission meeting on which the award resolution is scheduled on the agenda.

The meeting was facilitated by Ralph Dierks from Procurement Services.

RFP-4453-15-RD

OCCUPATIONAL HEALTH SERVICES

EVALUATION MATRIX

<u>PROPOSERS:</u> <u>EVALUATION</u> <u>COMMITTEE</u> <u>MEMBERS:</u>	Broward Outpatient Urgent Care, LLC	Solantic/South Florida, LLC d/b/a CareSpot Express Healthcare	MD Now Medical Centers, Inc.	Robert Warren Enterprises d/b/a Occupational Medicine Centers of America	U.S. HealthWorks Medical Group of Florida, Inc.
Gregory Gibson	50	55	100	70	80
Rodolfo Jurado	54	85	105	100	95
Coy Mathis	62	80	110	100	95
Tami Thornton	65	85	105	108	103
TOTAL SCORES:	231	305	420	378	373
RANKINGS:	5	4	1	2	3

RFP-4453-15-RD
OCCUPATIONAL HEALTH SERVICES
PRICING TABULATION

Proposers:	Broward Outpatient Urgent Care Pompano Beach, FL	Occupational Medicine Centers of America Miramar, FL	U.S. Healthworks Fort Lauderdale, FL	MD Now Urgent Care West Palm Beach, FL	Solantic/South Florida LLC d/b/a CareSpot Pembroke Pines, FL
<u>Group A. Pre- Placement Physicals</u>					
1. (45) Police Officers, including urine drug screen, regular work hours Monday through Friday	\$345.00 \$15,525.00	\$295.00 \$13,275.00	\$320.00 \$14,400.00	\$270.00 \$12,150.00	\$390.00 \$17,550.00
2. (25) Firefighters, including urine drug screen, regular work hours Monday through Friday	\$325.00 \$8,125.00	\$295.00 \$7,375.00	\$320.00 \$8,000.00	\$270.00 \$6,750.00	\$570.00 \$14,250.00
3. (60) Applicants, as stated herein, regular work hours, Monday through Friday	\$210.00 \$12,600.00	\$195.00 \$11,700.00	\$200.00 \$12,000.00	\$165.00 \$9,900.00	\$170.00 \$10,200.00
4. (50) Applicants, as stated herein, regular work hours, Monday through Friday	\$175.00 \$8,750.00	\$195.00 \$9,750.00	\$165.00 \$8,250.00	\$125.00 \$6,250.00	\$135.00 \$6,750.00
5. (20) Applicants, as stated herein, regular work hours, Monday through Friday	\$175.00 \$3,500.00	\$195.00 \$3,900.00	\$165.00 \$3,300.00	\$125.00 \$2,500.00	\$135.00 \$2,700.00
6. (30) Drug Screen Only	\$40.00 \$1,200.00	\$25.00 \$750.00	\$48.00 \$1,440.00	\$40.00 \$1,200.00	\$35.00 \$1,050.00
GROUP A - TOTAL	\$49,700.00	\$46,750.00	\$47,390.00	\$38,750.00	\$52,500.00
<u>Group B. Haz Mat Team Physicals</u>					
1. (25) Complete HAZ Mat Physicals	\$325.00 \$8,125.00	\$425.00 \$10,625.00	\$650.00 \$16,250.00	\$595.00 \$14,875.00	\$705.00 \$17,625.00
GRAND TOTAL - GROUPS A AND B	\$57,825.00	\$57,375.00	\$63,640.00	\$53,625.00	\$70,125.00

**RFP-4453-15-RD
OCCUPATIONAL HEALTH SERVICES**

PRICING TABULATION

PAGE TWO

	Broward Outpatient Urgent Care Pompano Beach, FL	Occupational Medicine Centers of America Miramar, FL	U.S. Healthworks Fort Lauderdale, FL	MD Now Urgent Care West Palm Beach, FL	Solantic/South Florida LLC d/b/a CareSpot Pembroke Pines, FL
<u>Group C. Additional Services</u>					
1. Tetanus/Diphtheria Vaccination	\$60.00	\$40.00	\$35.00	\$50.00	\$20.00
2. Tuberculosis Test	\$20.00	\$20.00	\$18.00	\$25.00	\$15.00
3. Tuberculosis Positive Testing including follow-up x-ray	\$55.00 (X-RAY)	\$50.00	\$58.00	\$80.00	\$70.00
4. Hepatitis A Vaccination (scheduled)	\$70.00	\$110.00	\$88.00	\$90.00	\$70.00
5. Hepatitis B Vaccination	\$70.00	\$75.00	\$78.00	\$80.00	\$60.00
6. Hepatitis B Antigen Testing	\$50.00	\$25.00	\$36.00	\$35.00	\$25.00
7. Hepatitis C Test	\$48.00	\$40.00	\$40.00	\$35.00	\$25.00
8. HIV Testing	\$95.00	\$35.00	\$40.00	\$65.00	\$20.00
9. Diphtheria	\$45.00	\$40.00	\$65.00	\$50.00	INCLUDED IN TETANUS



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Solicitation Request Form (Use for bids, RFPs, RLLs, RFQs)

Date 2/25/15

Department/Office Human Resources

Division/Area _____

Contact Person Tami Thornton

Title Human Resources Administrator

Phone 954.921.3639

Email tthornton@hollywoodfl.org

1. Product/Service being requested (be specific.) Occupational Health Services

2. Detailed description of the products/services function and purpose. Pre-placement physicals, Hazardous Material Team physicals, and Infectious disease vaccines

Are there alternative products/services capable of performing the required function? _____

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

☒ Yes ☐ No ☐ Unsure

If yes, please provide previous solicitation number. RFP-4313-12-IS

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? \$57,500.00 annually

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

If yes, provide Account Number (s.) 01.1132.00092.513.003116

Procurement Service Division use only

Requisition # R _____
BPO _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Order # _____
(As Applicable)

01.2151.0000.522.003116

58.1241.00000.590.003117

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? _____

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. _____

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

Procurement Service Division use only

Requisition # R _____
BPO _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Oder # _____
(As Applicable)

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

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. Fire Rescue, Public Utilities and Public Works

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

Jim Buren
Signature

Fire Rescue & Bench Safety
Department/Office

Signature

Department/Office

Garcia Gibson Assistant PW Director

18. Please provide the names of suggested evaluations committee member:
(NOTE: Committee members should not be direct reports.)

Felipe Rodriguez Police Detective Personnel Unit
Rodolfo Jurado Division Chief (Fire)
Tammi Thornton HR Administrator
Coy Mathis WW Plant Manager

19. Please provide any specific vendor(s) to be included in the notification of these solicitations.
US Health Works, Memorial hospital

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.

Date of Advanced Search _____

Company Name(s) Searched

Search Results

Procurement Service Division use only

Requisition # R _____
BPO _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Order # _____
(As Applicable)

Chris Horvath
Contact Person's Signature

2/25/2015
Date

Supervisor's Signature

James Zecher
Director's Signature

Date

2.25.15
Date

APPROVAL (Procurement Service Division Use Only)			
Verified By:	<u>Rajat Dierker</u>	Date	<u>5/26/15</u>
Approved By:	<u>Jack</u>	Date	<u>6-12-15</u>

Procurement Service Division use only

Requisition # R _____
BPO _____
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Order # _____
(As Applicable)