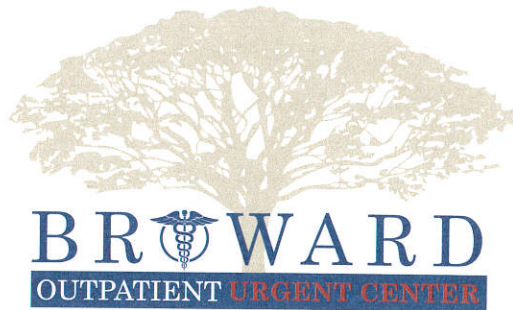


ORIGINAL



April 8, 2015

City of Hollywood, Florida
Solicitation # 4453-15-RD
c/o: Office of City Clerk
2600 Hollywood Blvd., Rm#: 221
Hollywood, Florida 33020

To Whom It May Concern:

Enclosed, please find Broward Outpatient Urgent Care's response to the **Request for Proposal- Occupational Health Services**, as advertised by the City of Hollywood, Florida.

We would be happy to speak with anyone should there be any questions concerning the information contained within the proposal. Please feel free to contact Lisette Prieto, Director of Marketing at 954-941-4335, Extension 223.

Sincerely,


Lisette Prieto

Director of Marketing
(954) 941-4335 Extension 223
(954) 461-5207 Mobile



**WORKERS' COMP
MEDICAL CENTER**

150 S. Andrews Avenue, Pompano Beach, FL 33069
1.888.646.CARE | Fax: 888.745.7020



City of Hollywood, Florida
Solicitation # 4453-15-RD
2600 Hollywood Blvd., Rm#: 221
Hollywood, Florida 33020

Introduction

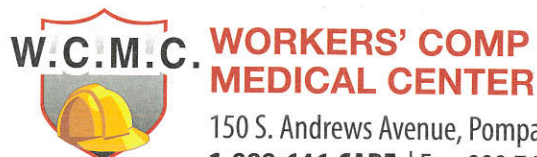
Broward Outpatient Urgent Care offers a range of occupational health services to support employers in maintaining a healthy, safe workforce in an effort to return them to the workplace. We also offer a full range of post-offer/pre-placement physicals and drug screens. These occupational medicine physicals are compiled according to job description and the needs of the employer. We are the trusted single-solution provider for many successful companies in the community and look forward to providing you and your employees the clinical excellence you all deserve.

Our physicians are licensed in the state of Florida and have obtained many years of experience in the Occupational Health Services and Urgent Care settings. They are focused on providing prompt and high quality care to all patients by implementing solutions that meet the needs of the employer, while seeing that the health and safety of the patient is also maintained.

Broward Outpatient Urgent Care Is:

- A multi-specialty medical facility that brings together a network of commonly needed occupational health, worker's compensation, and rehabilitation services to one location, conveniently located off of I-95.
- Interlocks those services so that you have the convenience of the physicians and specialists who work together with a contact manager, to provide a level of care and convenience rarely found in one place.
- A medical practice that is there when you need it, including evenings with no appointment necessary. Hours of operation are Monday- Saturday 8AM-7PM.
- Our staff of over 30 employees is committed to decreasing wait times and lost time at work.
- Our physician is available to address any questions you may have.
- Our qualified staff with over 10 years experience in occupational medicine will be responsive to YOUR needs.

Thank You,
Lisette Prieto
Director of Marketing
954-941-4335 Extension 223



150 S. Andrews Avenue, Pompano Beach, FL 33069
1.888.646.CARE | Fax: 888.745.7020

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.☒ 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: Broward Outpatient Urgent CarePROPOSER'S NAME: Lisette PrietoPROPOSER'S AUTHORIZED SIGNATURE: DATE: 4-8-15

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): Broward Outpatient Urgent Care, LLC Federal Tax Identification Number: _____If Corporation - Date Incorporated/Organized: 4/24/14State Incorporated/Organized: FloridaCompany Operating Address: 150 S. Andrews Ave.City Pompano Beach State FL Zip Code 33069

Remittance Address (if different from ordering address): _____

City _____ State _____ Zip Code _____

Company Contact Person: Lisette Prieto Email Address: Lisette@browardoutpatient.comPhone Number (include area code): 954-941-4335 Fax Number (include area code): 954-933-2983Company's Internet Web Address: Browardoutpatient.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.

Bidder/Proposer's Authorized Representative's Signature: [Signature]Date: 4-9-15Type or Print Name: Lisette Prieto

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.

March 20, 2015

City 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.

SIGNATURE

PRINTED NAME

COMPANY OF NAME

DATE

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
NOVEMBER 12, 2014

PRODUCER
THE PHYSICIANS ADVOCATE, LLC

COMPANY REPRESENTATIVE
PROFESSIONAL MEDICAL – HEALTHCARE DIVISION OF IOA
4008 LOUETTA RD., SUITE 550
SPRING, TX 77388

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
PRESTIGE ORTHOPEDICS, LLC; BROWARD OUTPATIENT MEDICAL CENTER;
BROWARD OUTPATIENT URGENT CARE; PALM COAST ANESTHESIA GROUP;
BETH ISRAEL OUTPATIENT SURGICAL CENTER
150 S. ANDREWS AVE #440 POMPAMO BEACH, FL 33069

INSURER A: HARTFORD CASUALTY INSURANCE COMPANY
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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 CERTIFICATE 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
					PRODUCTS – COMP/OP AGG	\$
	GENERAL AGGREGATE LIMIT APPLIES PER					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY – EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
						\$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input type="checkbox"/> RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	84WECBW7159	11/11/2014	11/11/2015	X WC STATU- TORY LIMITS	OTH- ER
					E.L. EACH ACCIDENT	\$ 500,000
					E.L. DISEASE – EA EMPLOYEE	\$ 500,000
					E.L. DISEASE – POLICY LIMIT	\$ 500,000
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

ALL NAMED INSURED'S ARE COVERED. COVERED LOCTIONS: 150 S. ANDREWS AVE #201, #440, #450, POMPAÑO BEACH, FL 33069
1245 W. FAIRBANKS AVE. #350, WINTER PARK, FL 32789
9085 SW 87TH AVE #205, MIAMI, FL 33176

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

PRESTIGE ORTHOPEDICS, LLC; BROWARD OUTPATIENT MEDICAL CENTER; BROWARD OUTPATIENT URGENT CARE; PALM COAST ANESTHESIA GROUP; BETH ISRAEL OUTPATIENT SURGICAL CENTER
150 S. ANDREWS AVE #440
POMPAÑO BEACH, FL 33069

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE DATE OF EXPIRATION THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

AUTHORIZED REPRESENTATIVE

William J. Reese, Jr.

WILLIAM J. REESE, JR.

ACORD_{TM} CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/01/2014

PRODUCER
THE PHYSICIANS ADVOCATE, LLC
6301 NW 5TH WAY
SUITE 2800
FT. LAUDERDALE, FL 33309
954-491-8052

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
BROWARD OUTPATIENT MEDICAL CENTER, LLC
150 SOUTH ANDREWS AVENUE, SUITE 200 & 480
POMPANO BEACH, FL 33069

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: WILSHIRE INSURANCE COMPANY

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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 CERTIFICATE 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	L	GENERAL LIABILITY	CL00204015	04/29/2014	04/29/2015	EACH OCCURRENCE/ COVERAGE	\$2,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (EA. OCCURRENCE)	\$100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED PAYMENTS/COVERAGE	\$5,000
						PERSONAL & ADV INJURY	
						AGGREGATE/ ALL COVERAGES	\$3,000,000
						PRODUCTS - COMP/OP AGG	INCLUDED
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	
		<input type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT	
		<input type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY: EA ACC	
						AGG	
		GARAGE LIABILITY				EACH OCCURRENCE	
		<input type="checkbox"/> ANY AUTO				AGGREGATE	
		EXCESS/UMBRELLA LIABILITY					
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE					
		<input type="checkbox"/> DEDUCTIBLE					
		<input type="checkbox"/> RETENTION					
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	
						E.L. DISEASE - POLICY LIMIT	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

ADDITIONAL INSURED

ANDREWS SQUARE ASSOCIATES
150 SOUTH ANDREWS AVENUE, SUITE 300
POMPANO BEACH, FL 33069

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE





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: Broward Outpatient Urgent Care

PROPOSER'S SIGNATURE [Signature]

Dated this 1st day of April, 2015

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
by Lisette Prieto for Boward Outpatient Urgent Care, LLC
(Print individual's name and title) (Print name of entity submitting sworn statement)
whose business address is 150 S. Andrews Ave. Pompano Beach, FL 33069
and if applicable its Federal Employer Identification Number (FEIN) is 465538958 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 an 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)

Sworn to and subscribed before me this 9 day of April, 2015.

Personally known to me

Or produced identification _____ Notary Public-State of Florida

my commission expires 9-2-2018

(Type of identification)

Donna M. Masi
(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**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: Broward Outpatient Urgent CareFirm giving Reference: John Knox VillageAddress: 651 SW 6 Street, Pompano Beach, FL 33060Phone: 954-783-4046Fax: 954-783-4011Email: adesantis@jkvfl.com

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

A: A 20% savings on our Workers Compensation services from the previous facility used.

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

A: None

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: Overall the services to our employees have had excellent.

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: Anne DeSantis Title: Benefits & Compensation AdministratorSignature: Anne DeSantis Date: March 30, 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: BROWARD OUTPATIENT URGENT CARE

Firm giving Reference: STRATFORD COURT SKILLED NURSING

Address: 6347 VIA DE SONRISA DEL SUR, BOCA RATON FL

Phone: 561-392-5940 x 6110

Fax: _____

Email: BOCAPOINTE.SNA@SURPRISESENIORLIVING.COM

1. Q: What was the dollar value of the contract?
A: NO CONTRACT AMOUNT. SERVICES TO BE USED FOR PRE-EMPLOYMENT SCREENING & WORKERS COMP.
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: LISETTE IS PROMPT, EASY TO REACH, AND HAS A CUSTOMER SERVICE PRIORITY.
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: KEVIN MITZNER Title: SKILLED NURSING ADMINISTRATOR

Signature: [Signature] Date: 4/3/15

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: Broward Outpatient Urgent Care

Firm giving Reference: PetMed Express, Inc.

Address: 1441 SW 29th Avenue Pompano Beach, FL 33064

Phone: (954) 974-5945

Fax: (954) 974-0672

Email: dfriedman@1800petmeds.com

1. Q: What was the dollar value of the contract? No contract amount on a per-order basis.
A: Primary service is pre-employment drug testing and treatment for work-related injuries, should they occur.
2. Q: Have there been any ~~change~~ orders, and if so, how many?
A: Yes, approximately 37 and all tests/results completed in a very timely manner.
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. Lisette is very accessible and keeps lines of communication open and proactive.
5. Q: Would you use them again?
A: We continue to use their services to date, 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: no

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: Debbie Friedman Title: HR Director

Signature: Debbie Friedman Date: 3/25/15

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: Broward Outpatient Urgent CareFirm giving Reference: Majestic CareAddress: 2057 Coolidge St. Hollywood, FL 33020Phone: 954-266-4015Fax: 954-526-3899Email: sammie@majesticcare.org

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

A:

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

A:

None

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: Sammie CastroTitle: HR DirectorSignature: Sammie CastroDate: 3/25/15

↓ The service is great, the employees are nice. Dr. Sanchez and his staff's knowledge in occupational medicine makes it perfect.

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 Lisette Prieto of Broward Outpatient Urgent Care 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) J. FishTitle Dir. of Marketing**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:

Broward Outpatient Urgent Care
150 S. Andrews Avenue
Pompano Beach, FL 33069

Application Number and/or Project Name:

RFP - 4453 - 15 - RD

Applicant IRS/Vendor Number: 465538958

Type/Print Name and Title of Authorized Representative:

Lisette Prieto / Director of Marketing

Signature:  Date: 3/23/15**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_____
PRINTED NAME_____
NAME OF COMPANY

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.

 Lisette Prieto
SIGNATURE PRINTED NAME

Broward Outpatient Urgent Care - Dir. of Marketing
NAME OF COMPANY 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.

Name (as shown on your income tax return)
Broward Outpatient Urgent Care, LLC

Business name/disregarded entity name, if different from above
Work Comp Building

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) **P**
☐ Other (see instructions) **P**

Exemptions (see instructions):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____

Address (number, street, and apt. or suite no.)
PO Box 50010
City, state, and ZIP code
Lighthouse Point, FL 33069

Requester's name and address (optional) _____

List account number(s) here (optional) _____

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is 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 chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				


Employer identification number									
4	6	-	5	5	3	8	9	5	8

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 **3/23/15**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 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

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

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>345</u>	\$ <u>15,525</u>
2.	25	Group I-B - Firefighters, including urine drug & nicotine screen, regular work hours Monday through Friday	\$ <u>325</u>	\$ <u>8,125.00</u>
3.	60	Group II - Applicants, as stated herein, regular work hours, Monday through Friday	\$ <u>210</u>	\$ <u>12,600.00</u>
4.	50	Group III - Applicants, as stated herein, regular work hours, Monday through Friday	\$ <u>175</u>	\$ <u>8,750.00</u>
5.	20	Group IV - Applicants, as stated herein, regular work hours, Monday through Friday	\$ <u>175</u>	\$ <u>3,675.00</u>
6.	30	Drug Screen Only	\$ <u>40</u>	\$ <u>1,200.00</u>
TOTAL COST OF SERVICES - ITEM A				\$ <u>49,875.00</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>325</u>	\$ <u>8,125.00</u>
		TOTAL COST OF SERVICES – ITEM B		\$ _____
		GRAND TOTAL – ITEMS A AND B		\$ _____

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>160</u>
2.	Tuberculosis Test	\$ <u>20</u>
3.	Tuberculosis Positive Testing including follow-up x-ray	\$ <u>55</u> (x-ray)
4.	Hepatitis A Vaccination (scheduled)	\$ <u>10</u>
5.	Hepatitis B Vaccination	\$ <u>10</u>
6.	Hepatitis B Antigen Testing	\$ <u>50</u>
7.	Hepatitis C Test	\$ <u>48</u>
8.	HIV Testing	\$ <u>95</u>
9.	Diphtheria	\$ <u>45</u>

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



WALK - IN DOT PHYSICALS

DOT Certified!



BROWARD
OUTPATIENT MEDICAL CENTER

On the corner of
South Andrews Avenue Extension
& Atlantic Boulevard, Pompano Beach

2 2 7 3
1.888.646.CARE

www.BrowardOutpatient.com

No appointment necessary.

150 S. Andrews Ave (Ext) Suite #201 Pompano Beach, FL 33069



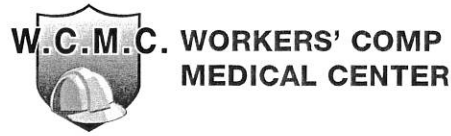
Why Choose Us?

Broward Outpatient Urgent Care provides comprehensive, quality care to injured workers, in an effort to return them to the workplace. We offer a low-cost alternative for non-emergency work injury treatment and follow-up care. Many employers are turning to Broward Outpatient Urgent Care to minimize the expense of treating workplace injuries, decrease employee time lost from work and reduce medical claims. We are the trusted single-solution provider that employers, insurance companies and patients trust to optimize quality of patient care.

Our physicians are licensed in the state of Florida who have obtained many years of experience in the primary care and urgent care settings. They are focused on providing prompt and high quality care to all patients by implementing solutions that meet the needs of the employer, while seeing that the health and safety of the patient is also maintained.



"Committed to Excellence"



Overview

Broward Outpatient Urgent Care Is:

- A multi-specialty medical facility that brings together a network of commonly needed outpatient medical, worker's compensation, occupational, and rehabilitation services to one location.
- Interlocking services so that you have the convenience of the physicians and specialists who work together with a contact manager, to provide a level of care and convenience rarely found in one place.
- A medical practice that is there when you need it, including evenings with no appointment necessary.
- Our staff is committed to decreasing waiting times and lost time at work.
- Our medical staff is available to discuss your employee's injury and work status with your company contact, and will provide timely information to insurance adjusters when appropriate.
- A caring and competent staff, which will be responsive to YOUR needs.
- Available for on-site consultations, and wellness program development.



"Committed to Excellence"



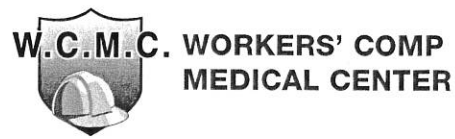
Wellness Program

Sensitive to the importance of maintaining the well-being of your work force, we offer a range of on-site health programs that can be customized to meet the needs and concerns of your company and employees.

- Employee Health Screenings
- Nutrition Assessments and Education
- Immunization and Vaccination Program
- Lunch and Learns
- On-site Health Clinic
- Lift Assessment Evaluation/Physical Capability Test




"Committed to Excellence"



Treatment Option / Occupational Medical Services

- Diagnostic Imaging Services: X-ray and MRI
- Same Day Surgery Available
- Emergency Medical Treatment
- Fracture Care
- Acute Work Injuries
- Work Physical
- DOT Physical
- Fit for Duty Physical
- School Physical
- Cuts / Laceration / Repair
- Wound / Burn Care
- Allergic Reaction
- Non-DOT Drug Screening
- Federal / DOT Drug Screening
- Instants
- Hair Collections
- Breath Alcohol Testing
- Titers (Immunity Levels)
- Vaccinations
- TB Testing
- T-Spot Testing
- Chest X-Rays
- Vision Screening, Color Test
- Basic Work Physical
- Respiratory Clearance
- Respirator Fit Test
- Physical Capabilities Test



"Committed to Excellence"



Rehabilitation Services

- Physical Therapy to Upper / Lower Extremities
- Neck and Back Pain
- Trauma-Related Injuries
- Automobile Accidents
- Sprains, Strains, Contusions and Fractures
- Headaches and Neck Pain
- Overuse Injuries
- Convenient One-Stop Location



"Committed to Excellence"