

NORTHEAST FLORIDA REGIONAL COUNCIL

REQUEST FOR PROPOSALS

FOR

CONTINUITY OF OPERATIONS PLANNING SERVICES

FOR HEALTH CARE COALITION FACILITIES

General Information

A. Purpose

This Request for Proposal (RFP) is to obtain a Firm that can provide continuity of operations (COOP) planning services to members of three healthcare coalitions in Region 3 – Northeast Florida Healthcare Coalition, North Central Florida Healthcare Coalition and the Coalition for Health and Medical Preparedness (CHAMP).

B. Description of Entity

Healthcare Coalitions have been defined as “a collaborative network of healthcare organizations and their respective public and private sector response partners that serve as a multi-agency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.”

The development and sustainment of Healthcare Coalitions (HCC) is a federal initiative and a requirement of the Hospital Preparedness Program (HPP) Cooperative Agreement funded by the Assistant Secretary for Preparedness and Response (ASPR). The purpose of HCCs is to ensure that local providers and other healthcare partners plan collaboratively for the risks facing the healthcare community and identify available local resources.

Each of the three Coalitions represents different geographic areas, but all are made up of multi-discipline, multi-jurisdictional partners. These include public, private and governmental agencies that are a part of the overall healthcare system in the eighteen (18) county region. Disciplines include, but are not limited to: Health Providers, Medical First Responders, Public Health officials, Emergency Management, to name a few.

The Northeast Florida Healthcare Coalition was formed in 2013 and includes Nassau, Duval, Baker, Clay, Flagler and St. Johns Counties. The North Central Florida Healthcare Coalition includes Alachua, Bradford, Union, Gilchrist, Columbia, Hamilton, Suwannee, Lafayette, Dixie, Levy and Putnam counties. CHAMP represents Marion County.

C. Terms of Agreement

It is expected that the contract shall be a fixed price contract, and will end on June 30, 2019.

D. Instructions on Proposal Submission

1) Closing Submission Date

Proposals must be submitted **no later than 3:00 p.m. on January 14, 2019.**

2) Inquiries

In order to ensure consistent responses and to ensure consistent and correct information to all interested parties, potential respondents must submit all questions and requests for clarification in writing to dstarling@nefrc.org. All questions and answers will be posted at www.nefrc.org. No questions will be accepted after 4:00 p.m. on January 3, 2019.

Except for as provided above and for current business, during the bidding process, all prospective proposers are hereby prohibited from contacting any member of the Northeast Florida Regional Council's Board of Directors or employees in any respect during the solicitation and evaluation period. The violation of this rule shall result in the automatic disqualification of any response to a bid solicitation submitted by the violator.

3) Conditions of Proposal

All costs incurred in the preparation of a proposal responding to this RFP will be the responsibility of the Firm and will not be reimbursed by the Council.

E. Instructions to Prospective Bidders

Your proposal should be addressed as follows:

Northeast Florida Regional Council
100 Festival Park Avenue
Jacksonville, FL 32202
Attention: Donna Starling

It is important that the Firm's proposal be submitted in a sealed envelope clearly marked in the lower left-hand corner with the following information:

SEALED PROPOSAL
For COOP Planning Services

Late proposals will not be considered.

F. Applicable Laws and Regulations

The selected marketing firm shall comply with all federal, state and local laws, rules and regulations which may apply.

G. Right to Reject

The Council reserves the right to reject any and all proposals received in response to this RFP. A contract for the accepted proposal will be based upon the factors described in this RFP. The Council may request additional information from any proposer.

H. Small and/or Minority-Owned Businesses

Efforts will be made by the Council to utilize small businesses and minority-owned businesses.

A Firm qualifies as a small business firm if it meets the definition of “small business” as established by the Small Business Administration (13 CFR 121.3-8).

I. Notification of Award

It is expected that a decision selecting the successful Firm will be made within a month of the closing date for the receipt of proposals.

Scope of Services

The goal of this Continuity of Operations (COOP) program is to provide member healthcare organizations an opportunity to develop COOP Plans to address how critical operations will continue under a broad range of circumstances.

It is our desire to have a COOP Planning Program that allows for members to create or amend COOP plans via local workshops delivered within our 18 counties.

The Program should include the following but is not limited to:

- Workshops (or other delivery method) for healthcare coalition members to develop or amend Continuity of Operations Plans for their facilities. Participating members should walk away from the workshop with a draft Continuity of Operations Plan.
 - A minimum of one COOP Planning Workshop must be completed in the Region by June 30, 2019:
 - Costs for adding additional workshops should be included.
- COOP Plans must be compliant with:
 - Continuity Guidance Circular
 - CMS Emergency Preparedness Rule
- The COOP Program should include opportunities for technical assistance to healthcare coalition members who have participated in the COOP workshops.

Potential Members include:

- Hospitals
- Long Term Care
- Emergency Management/Public Safety agencies
- Law Enforcement
- Fire/Rescue / EMS
- Dialysis Centers
- AmSurg Facilities
- Home Healthcare
- Public Health Agencies
- Trauma Programs
- Private Practice Doctors
- Hospice Facilities
- Pharmacy's
- Medical Examiners
- Durable Medical Equipment Providers
- Dialysis Centers
- Other related healthcare facilities

Price

The proposed price should be submitted separately. Include information indicating how the price was determined. For example, the Firm should indicate the estimated number of hours by staff level, hourly rates, and total cost by staff level. Any out-of-pocket expenses should be indicated. **The pricing information should be given in a separate sealed envelope.**

Insurance Requirement

The firm awarded the contract shall secure, maintain and present insurance coverage reflecting the minimum amounts of \$ 1,000,000 for general liability, \$1,000,000 for professional liability and workers compensation to include employers liability limits as required by the State of Florida. The firm must also name the Council as an additional insured on the general liability and professional liability.

Public Entity Crimes Certification

In accordance with Florida Statutes section 287.133(3) (a), the Firm will complete and return as part of the RFP the Public Entity Crimes Certification form.

Drug-Free Workplace Certification

In accordance with Florida Statutes section 287.087, the Firm will complete and return as part of the RFP the Drug-Free Workplace Certification form.

Technical Qualifications

The Firm, in its proposal, shall, as a minimum, include the following:

A. Prior Experience

The Firm should describe its prior experience including the names, addresses, contact persons, and telephone numbers of prior clients. Experience should include the following categories:

- 1) Prior experience with healthcare entities, including Healthcare Coalitions.
- 2) Prior experience in implementing COOP Planning Services.

B. Organization, Size, and Structure

- 1) The Firm should describe its organization, size and structure. Indicate, if appropriate, if the firm is a small or minority-owned business.
- 2) State whether the firm is local, regional, or national. Provide the location of the office from which the work is to be performed.

C. Staff Qualifications

The Firm should describe the qualifications of staff to be assigned to the contract.

Descriptions should include:

- 1) Team make-up.
- 2) Prior experience of the individual team members.

D. Firm Contact

The Firm will identify the person who will serve as the contact with the Council, along with the person's email address and telephone number.

Proposal Evaluation

A. Submission of Proposals

All proposals shall include three copies of the Firm’s technical qualifications, pricing information (in a separately sealed envelope), the Drug-Free Workplace form, and the Public Entity Crimes form.

B. Nonresponsive Proposals

The Council reserves the right to waive any immaterial inconsistencies in a proposal which might otherwise appear to make said proposal nonresponsive. Proposals may be judged nonresponsive and removed from further consideration if any of the following occur:

- 1) The proposal is not received timely in accordance with the terms of this RFP.
- 2) The proposal does not include all required documentation.

C. Evaluation Process

Evaluation of each proposal will be based on the following criteria:

<u>Factors</u>	<u>Point Range</u>
1) Prior experience	
a. Prior experience with healthcare clients	0-10
b. Prior experience with similar clients within the State of Florida	0-10
c. Prior experience in delivery of COOP Planning services or workshops	0-10
2) Organization, size, and structure of Firm.	
a. Number of staff to be assigned to the tasks to be performed	0-5
b. Minority/small business	0-5
3) Qualifications of staff to be assigned to the tasks to be performed. This will be determined from resumes submitted. Education, position in firm, years and types of experience, etc. will be considered.	
a. Team makeup	0-10
b. Relevant experience of team members	0-10

4) Price

0-15

MAXIMUM POINTS: 75

D. Review Process

The Council may, at its discretion, request presentations by or meeting with any or all Firms, to clarify or negotiate modifications of the Firm's proposals.

However, the Council reserves the right to make an award without further discussion of the proposals submitted. Therefore, proposals should be submitted initially on the most favorable terms, from both technical and price standpoints, which the Firm can propose.

The Council contemplates award of the contract to the responsible Firm with the highest total points.

**SWORN STATEMENT UNDER SECTION 287.133 (3) (a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted for _____.
2. This sworn statement is submitted by _____
Whose business address is: _____
and (if applicable) its Federal Employer Identification Number (FEIN) is _____.
(If entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____)
3. My name is _____ and my relationship to the entity named above is _____
4. I understand that a “public entity crime” as defined in Section 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 of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
5. I understand that “convicted” or “conviction” as defined in Section 287.133 (1) (b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without adjudication of guilt, in any 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, non-jury trial, or entry of a plea of guilty or nolo contendere.
6. I understand that an “affiliate” as defined in Section 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.
7. I understand that a “person” as defined in Section 287.133(1) (e), Florida Statutes, means any natural person or 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 for the

provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

8. Based on information and belief, that 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 this sworn statement, nor one or more of the officers, directors, 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 public entity crime subsequent to July 1, 1989.

_____ There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. [Please attach a copy of the Final Order.]

_____ The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. [Please attach a copy of the Final Order.]

_____ The person or affiliate has not been placed on the convicted vendor list. [Please describe any action taken by or pending with the Department of General Services.]

Date: _____ Signature: _____

STATE OF: _____

COUNTY OF: _____

PERSONALLY APPEARED BEFORE ME, the undersigned authority, who after first being sworn by me, affixed his/her signature in the space provided above on this _____ day of _____, in the year _____.

My commission expires: _____
Notary Public

Print, Type, or Stamp of Notary Public

Personally known to me, or Produced Identification:

Type of ID

DRUG FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statue 287.087 hereby certifies that

_____ does:
(Name of Business)

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 Drug-Free statement.
4. Notify the employees 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 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 this section.

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

Authorized Signature

Print Name

Date