

Qualified Vendor List for Emergency Management Services

General Information

A. Purpose

Vendors are invited to respond to an open-end contract for a Qualified Vendor List (QVL) of consultants to perform professional emergency management and healthcare coalition consulting and/or services on an as needed basis for the Northeast Florida Regional Council (NEFRC) Emergency Preparedness Program. Price will not be considered in the establishment of the QVL.

Responding Vendors should be actively engaged in Emergency Management, Healthcare Coalition or other Preparedness related services. A Scope of Work will be determined for each individual project processed under this QVL and the selected Vendors are expected to perform the Scope of Work, if awarded an individual project.

Emergency management and healthcare coalition consulting and/or services include:

- a) Conducting professional emergency management and/or healthcare coalition related training;
- b) Conducting professional emergency management and/or healthcare coalition related exercises; and
- c) Performing professional emergency management and/or healthcare coalition related planning functions

Subject matter for regional planning, training and exercises will include, but are not limited to, Mass Fatality, Regional Healthcare Evacuation Strategies, Active Assailant, COOP, Infectious Disease, Surge Planning and more. HCC training, exercises and planning activity offerings are expected to be regional or for multi-sector members. HCC activities are not for single-facility activities.

B. Description of Entity

The Assistant Secretary of Preparedness and Response (ASPR) provides funding to the Florida Department of Health (FDOH) to create and maintain HCCs that bring together all sectors of healthcare, emergency management, EMS, and public health to plan, train, and exercise to create a resilient healthcare system that can respond to and recover from disasters and emergencies. ASPR expects HCCs to plan to meet current Health Care Preparedness Program (HPP) Capabilities and are measured using standardized performance measures. [ASPR HPP Website](#)

The Northeast Florida Regional Council (NEFRC) is contracted by the Florida Department of Health (FDOH) to establish and manage healthcare coalitions that serve 18 counties in north Florida. There are three healthcare coalitions (HCC) that serve the geographic area included in the FDOH contract; Coalition for Health and Medical Preparedness (CHAMP), North Central Florida HealthCare Coalition (NCFHCC) and Northeast Florida Healthcare Coalition (NEFLHCC). Each HCC is an independent 501c3 not-for-profit organization and has a Board of Directors that provide oversight of the regular business of the coalition. For more information about the individual HCCs, visit Northeast www.NEFLHCC.org; North Central www.NCFHCC.org; and Marion www.MarionCHAMP.

C. Terms of Agreement

The QVL will be established by the NEFRC for up to a three (3) year period. No guarantee is expressed or implied to any Qualified Vendor as to the total quantity of services to be purchased under any open-end contract. No delivery shall become due or be acceptable without a written order by the NEFRC, unless otherwise provided for in the contract. Such order will contain the scope of work, quantity, time and location of delivery and other pertinent data.

When a specific service or project is needed, the QVL vendors will be invited to offer a fixed price quote for a specific service or scope of work. The vendor offering the lowest fixed price quote and who meet any specific experience, skill set, approach and/or certification requirements, as identified in the request, shall be awarded the project.

The NEFRC will have rights to future use of all work products and contract deliverables including, but not limited to, plans, training and exercise materials developed specifically for the NEFRC as a result of an approved scope of work between a vendor and the NEFRC.

D. Instruction on Proposal Submission

a. Closing Submission Date

Proposals must be submitted by September 13, 2019 at 4:00 pm EST.

b. 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 lwilsey@nefrc.org. All questions and answers will be posted at www.nefrc.org no later than September 6. **No questions will be accepted after August 28, 2019 at 2:00 pm EST.**

Except for as provided above and for current business, during the QVL 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.

c. Conditions for Proposals

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

E. Instructions to Prospective Vendors

Five (5) copies of the 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 Qualified Vendor List Services

Late proposals will not be considered.

F. Applicable Laws and Regulations

The selected Qualified Vendor Firms shall comply with all federal, state and local laws, rules and regulations which may apply.

G. Right to Amend the Qualified Vendor List

The NEFRC may add vendors to the QVL or delete vendors who do not meet NEFRC deliverables and/or evaluation processes. In addition, the NEFRC reserves the right to re-advertise this QVL as needed to solicit for additional vendors if it is deemed in the NEFRC's best interest.

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. Announcement of Qualified Vendor List

All proposals for the Qualified Vendor List (QVL) will be selected based on experience working with the healthcare sector and Florida healthcare coalitions. The QVL will include no more than twelve (12) vendors. It is expected that the Vendors selected for the Qualified Vendor List will be notified prior to the end of October 2019.

Vendor Qualifications per Types of Service:

Professional Emergency Management and/or Healthcare Coalition Training

All training vendors on the QVL are expected to, at a minimum:

- Conduct the research necessary to develop and revise training courses for healthcare coalition members as directed by the NEFRC.
- Prepare all instructor and student materials
- Conduct the training course
- Manage administrative duties for the training course including, but not limited to, creating agendas, sign-in sheets, certificates, and evaluations.
- Provide documentation required for CEU credit, when applicable

Provide detailed statement illustrating that the firm has experience developing, conducting, and delivering emergency preparedness and response related training for various healthcare sectors. Additional training may include FEMA and State approved "G/L/FL" courses such as ICS, All-hazards Position Specific courses and/or Florida Department of Health (DOH) and Centers for Disease Control (CDC) courses related to the healthcare sector. Statement must include experience, qualifications and background for providing, developing, conducting, and delivering emergency management training.

Professional Emergency Management and/or Healthcare Coalition Exercise

All exercise vendors on the QVL are expected to, at a minimum:

- Completed the K/L0146 – Homeland Security Exercise Evaluation Program (HSEEP): Basic Course. Preference will be given to those that have attained the Master Exercise Practitioner designation from the Emergency Management Institute (EMI).
- Conduct the research necessary to develop and conduct HSEEP compliant exercises for hazards impacting the healthcare system
- Conduct all required exercise planning meetings
- Produce exercise design and development documents such as:

Document Title	Exercise Type	Distribution Audience
Situation Manual (SitMan)	Seminar (Optional), Workshop (Optional), TTX, Game	All Participants
Facilitator Guide	Seminar (Optional), Workshop (Optional), TTX, Game	Facilitators
Multimedia Presentation	Seminar (Optional), Workshop (Optional), TTX, Game	All Participants
Exercise Plan (ExPlan)	Drill, FE, FSE	Players and Observers
Controller and Evaluator (C/E) Handbook	Drill, FE, FSE	Controllers and Evaluators
Master Scenario Events List (MSEL)	Drill, FE, FSE, Complex TTX (Optional), Game (Optional)	Controllers, Evaluators, and Simulators
Extent of Play Agreement (XPA)	FE, FSE	Exercise Planning Team
Exercise Evaluation Guides (EEGs)	TTX, Game, Drill, FE, FSE	Evaluators
Participant Feedback Form	All Exercises	All Participants

- Conduct HSEEP compliant exercises
- Conduct hot washes and after-action meetings
- Develop After-Action Reports and Improvement Plans
- Manage administrative duties for the exercise including, but not limited to, creating agendas, sign-in sheets, certificates, and evaluations.
- Provide documentation required for CEU credit, when applicable

Provide a detailed statement illustrating that the firm has experience conducting Homeland Security Exercise and Evaluation Program (HSEEP) compliant all hazards emergency management and/or healthcare exercises including the After-Action Report (AAR), Improvement Plan (IP) or Corrective Action Plan (CAP) as needed. Statement must include experience, qualifications and background for providing consulting and/or conducting services for HSEEP compliant all hazards emergency management related exercises.

Professional Emergency Management and/or Healthcare Coalition Planning

All planning vendors on the QVL are expected to, at a minimum:

- Conduct the research necessary to develop and revise planning templates for hazards impacting the healthcare system
- Develop regional or multi-sector plans, planning templates or activities for various hazards that impact the healthcare system
- Understand and implement CPG-101 strategies
- Conduct planning meetings and document input from applicable agencies or sectors for plan development
- Writing plans for regional coordination and response, especially for the health sector. This may include templates for written directives and/or program, standard operating procedures, standard administrative procedures, etc.
- Writing agency/position specific checklists and templates – The creation, evaluation, revision, or process development of checklists. These checklists are specific actionable steps agencies and personnel take within the context of their Agency Specific Plans, Coordinating Procedures and CEMP.
- Real-life Disaster Response and Recovery Job-aids

Provide a detailed statement illustrating that the firm has experience writing and/or creating templates for emergency management plans, regional coordination and response plans, especially for the health sector, Standard Operating Procedures (SOP), Standard Operating Guides (SOG), for all-hazards activities that impact the healthcare system. Plans should be in compliance with applicable regulatory requirements, guidelines and performance measures from regulatory agencies such as the State of Florida Division of Emergency Management (FDEM), Federal Emergency Management Agency (FEMA), Agency for Health Care Administration (AHCA), State of Florida Department of Health (DOH), Centers for Disease Control (CDC),

Centers for Medicare and Medicaid Services (CMS), Assistant Secretary for Preparedness and Response (ASPR) and/or any other regulatory entity.

Technical Qualifications

To be considered a responsible Vendor for the QVL, the vendor is required to provide written evidence of any of the following that applies:

1. Experience working with Florida Healthcare Coalitions and/or healthcare systems
2. Experience working with any Healthcare Coalitions or healthcare systems
3. Experience in Emergency Preparedness planning, training and exercise activities

Proof of experience should be demonstrated by providing a list of applicable experience and letters of recommendation from entities other than the NEFRC.

***Note: NEFRC Board members and staff will not provide letters of recommendation for this QVL process. Prospective vendors may list experience with the NEFRC, but no support letters will be provided.**

General Information for All Prospective Vendors

Proposals should include documentation for each of the three (3) types of service; Training, Exercise, Planning, which the vendor requests consideration. The NEFRC will have four service area categories within the QVL and prospective vendors may apply for any or all Type of Service areas.

Required Proposal Documentation

All proposals should include the following:

- Organizational Chart identifying the structure of the firm and the primary responsibilities of the operational staff
- List of key personnel and a complete resume for each detailing their experience, education, expertise, qualifications, and experience with health care
- Certificates or Proof of Certification, as needed, for Training and Exercise

Type of Service Documentation

For consideration in each category, prospective vendors must provide the listed documentation.

****Attempt to keep Samples/Evidence for each Type of Service area under 25 pages****

- Professional Emergency Management and/or Healthcare Coalition Training**
 - Detailed statement illustrating that the firm has experience developing, conducting, and delivering emergency preparedness and response related training for various healthcare sectors
 - Up to two (2) samples of training materials developed
 - Up to two (2) letters of recommendation for training activities provided
- Professional Emergency Management and/or Healthcare Coalition Exercises**
 - Detailed statement illustrating that the firm has experience conducting Homeland Security Exercise and Evaluation Program (HSEEP) compliant all hazards emergency management and/or healthcare exercises including the After-Action Report (AAR), Improvement Plan (IP) or Corrective Action Plan (CAP) as needed. Evidence of HSEEP training and qualifications
 - Provide excerpts from one (1) exercise plan and/or situation manual developed
 - Provide excerpts from one (1) after-action report/Improvement Plan developed
 - Up to two (2) letters of recommendation for exercise activities provided
- Professional Emergency Management and/or Healthcare Coalition Planning**
 - Detailed statement illustrating that the firm has experience writing and/or creating templates for emergency management plans, regional coordination and response plans, especially for the health sector
 - Evidence of CPG-101 concepts and strategies
 - Up to two (2) samples of planning materials developed (templates, checklists, etc.)
 - Up to two (2) letters of recommendation for planning activities provided

Scoring Considerations for Qualified Vendor List Selection

Section 1:		
Prior Experience of Vendor		Points
	Experience working with healthcare coalitions and/or health systems	0-10
	Experience working with Florida healthcare coalition and/or health systems	0-10
Make up of Key Staff/Team Members		
	Relevant experience of Staff/Team Members	0-10
	Certification of Staff Training in HSEEP, MEP, etc.	0-5
Total Possible for Section 1		35

Section 2:		
Training		
	Experience developing multi-jurisdictional or regional training	0-10
	Experience developing training for healthcare	0-10
	Experience developing training for Florida healthcare coalitions	0-10
Total Possible for Section 2		30

Section 3:		
Exercise		
	Experience developing multi-jurisdictional or regional exercises	0-10
	Experience developing exercises for healthcare	0-10
	Experience developing exercises for Florida healthcare coalitions	0-10
Total Possible for Section 3		30

Section 4:		
Planning		
	Experience developing multi-jurisdictional or regional strategies and/or plans	0-10
	Experience developing plans and/or templates for healthcare	0-10
	Experience developing plans and/or templates for Florida healthcare coalitions	0-10
Total Possible for Section 4		30

Maximum Points Possible 125

Vendors must receive a minimum score of 50% to be considered for inclusion on the QVL.

Proposal Response Cover Sheet

Include five (5) copies of the proposal documents.

Prospective Vendor Name	
Address	
Primary Point of Contact: Name	
Primary Point of Contact: Phone Number	
Primary Point of Contact: Email Address	

Documentation Included for consideration for the following types of service		Check any or all that apply
<input type="checkbox"/>	Professional Emergency Management and/or Healthcare Coalition Training	
<input type="checkbox"/>	Professional Emergency Management and/or Healthcare Coalition Exercises	
<input type="checkbox"/>	Professional Emergency Management and/or Healthcare Coalition Planning	
Documentation Required from all prospective vendors		
<input type="checkbox"/>	Certificate of Liability Insurance	
<input type="checkbox"/>	Public Entity Crimes Certification, Attachment A	
<input type="checkbox"/>	Drug-Free Workplace Certification, Attachment B	

ATTACHMENT A

**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

ATTACHMENT B

DRUG FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 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

_____ Check here if the firm does not currently have a Drug Free Workplace Program.

Authorized Signature

Print Name

Date