



SEDGWICK COUNTY, KANSAS
FINANCE DEPARTMENT
DIVISION OF PURCHASING
525 N. Main, Suite 823 ~ Wichita, KS 67203
Phone: 316 660-7255 Fax: 316-383-7055
<http://www.sedgwickcounty.org/finance/purchasing.asp>

REQUEST FOR PROPOSAL
#17-0004
MEDICAL SERVICES FOR SEDGWICK COUNTY DIVISION OF CORRECTIONS

January 5, 2017

Sedgwick County, Kansas (hereinafter referred to as “county”) is seeking a firm or firms to provide Medical Services for Sedgwick County Division of Corrections. If your firm is interested in submitting a response, please do so in accordance with the instructions contained within the attached Request for Proposal. Responses are due no later than 1:45pm CST, February 7, 2017.

All contact concerning this solicitation shall be made through the Division of Purchasing. Proposers shall not contact county employees, department heads, using agencies, evaluation committee members or elected officials with questions or any other concerns about the solicitation. Questions, clarifications concerns shall be submitted to the Division of Purchasing in writing. Failure to comply with these guidelines may disqualify the Proposer’s response.

Sincerely,

Kara Kingsley
Buyer

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I. About this Document

This document is a Request for Proposal. It differs from a Request for Bid or Quotation in that the county is seeking a solution, as described on the cover page and in the following Background Information section, not a bid or quotation meeting firm specifications for the lowest price. As such, the lowest price proposed will not guarantee an award recommendation. As defined in Charter Resolution No. 65, Competitive Sealed Proposals will be evaluated based upon criteria formulated around the most important features of the product(s) and/or service(s), of which quality, testing, references, service, availability or capability, may be overriding factors, and price may not be determinative in the issuance of a contract or award. The proposal evaluation criteria should be viewed as standards that measure how well a vendor's approach meets the desired requirements and needs of the County. Criteria that will be used and considered in evaluation for award are set forth in this document. The county will thoroughly review all proposals received. The county will also utilize its best judgment when determining whether to schedule a pre-proposal conference, before proposals are accepted, or meetings with vendors, after receipt of all proposals. A Purchase Order/Contract will be awarded to a qualified vendor submitting the best proposal. **Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service(s) and/or product(s) which best meets its required needs, quality levels and budget constraints.**

The nature of this work is for a public entity and will require the expenditure of public funds and/or use of public facilities, therefore the successful proposer will understand that portions (potentially all) of their proposal may become public record at any time after receipt of proposals. Proposal responses, purchase orders and final contracts are subject to public disclosure after award. All confidential or proprietary information should be clearly denoted in proposal responses and responders should understand this information will be considered prior to release, however no guarantee is made that information will be withheld from public view.

II. Background

Sedgwick County, located in south-central Kansas, is one of the most populous of Kansas' 105 counties with a population estimated at more than 508,000 persons. It is the sixteenth largest in area, with 1,008 square miles, and reportedly has the second highest per capita wealth among Kansas' counties. Organizationally, the county is a Commission/Manager entity, employs nearly 2,800 persons, and hosts or provides a full range of municipal services, e.g. – public safety, public works, criminal justice, recreation, entertainment, cultural, human/social, and education.

The Sedgwick County Division of Corrections has historically contracted with a healthcare provider to deliver services at the Juvenile Detention Facility (JDF), Juvenile Residential Facility (JRF) and the Sedgwick County Youth Program (SCYP). The three (3) facilities consist of a medical exam room at each location, medication storage, records management area, nurse's station and offices.

- JDF is a direct supervision facility where health care services are provided on-site. JDF's average daily population was 64, with an average length of stay of 20 days in 2015. JDF served 1,143 clients in 2015.
- JRF is an emergency shelter and serves as an alternative to detention. The average daily population of the 24-bed facility in 2015 was 17, with an average length of stay of 20 days. JRF served 322 clients in 2015.
- SCYP is a Kansas Department of Corrections – Juvenile Services contracted provider, which provides residential services at the Youth Residential Center II (YRC-II) program level. The average daily population was 17 in 2015. SCYP served a total of 86 residents in 2015.

III. Project Objectives

Sedgwick County, Kansas (hereinafter referred to as "county") is seeking a firm or firms to provide Medical Services for Sedgwick County Division of Corrections. The following objectives have been identified for this contract:

1. Acquire Medical Services meeting the parameters, conditions and mandatory requirements presented in the document.
2. Establish contract pricing with the vendor that has the best proven "track-record" in performance, service and customer satisfaction.
3. Acquire Medical Services with the most advantageous overall cost to the County.

IV. Submittals

Carefully review this Request for Proposal. It provides specific technical information necessary to aid participating firms in formulating a thorough response. Should you elect to participate, submit one (1) original **AND** one (1) electronic copy (.PDF/Word supplied on a flash drive) of the entire document with any supplementary materials to:

Kara Kingsley
Sedgwick County Division of Purchasing
525 N. Main, Suite 823
Wichita, KS 67203

SUBMITTALS are due **NO LATER THAN 1:45 p.m. CST, TUESDAY, February 7, 2017**. Responses must be sealed and marked on the lower left-hand corner with the firm name and address, proposal number, and proposal due date. Late or incomplete responses will not be accepted and will not receive consideration for final award.

Proposal responses will be acknowledged and read into record at bid opening which will occur at 2:00 p.m. CST, on the due date. No information other than the respondent's name will be disclosed at bid opening.

V. Scope of Work

The Sedgwick County Division of Corrections (COUNTY) is seeking a licensed healthcare services provider (PROVIDER) based at the Juvenile Detention Facility (JDF), to provide services to the Juvenile Residential Facility (JRF) and the Sedgwick County Youth Program (SCYP) with an agreed upon business schedule (Monday through Friday 8:00 a.m. to 5:00 p.m.) and subject to unexpected leave. The schedule may be modified by the parties based on medical necessity. All combined services, at all three locations shall be considered the (FACILITY).

- A. PROVIDER shall supply duly-qualified and licensed medical personnel.
- B. PROVIDER shall review medical policies and procedures of the FACILITY and recommend changes in such medical policies and procedures in writing on an annual basis and on an agreed upon date.
- C. The FACILITY shall present all residents with medial complaints to the PROVIDER to conduct a professional healthcare examination.
- D. PROVIDER shall present the FACILITY with medical orders for each resident.
- E. The FACILITY shall present to PROVIDER a health history checklist of each resident. PROVIDER shall provide a physician or physician extender, hereinafter referred to as the "healthcare professional", to review said health history checklist within 72 hours of PROVIDER's receipt of a health history checklist following the resident's admission and provide the necessary screening and health assessment.
- F. PROVIDER shall, at least once every seven (7) days, provide a physician for the purpose of conducting and reviewing health services of residents.
- G. The healthcare professional is responsible for each health appraisal of each resident to include, at a minimum:
 1. History and complete physical exam on all new admissions, to be completed within ten (10) business days of admission; (Complete exam not required if done at FACILITY within the past twelve (12) months. If greater than ninety (90) days since last complete exam, PROVIDER shall perform a brief history and physical exam).
 2. Measurement of vital signs of height, weight, temperature, pulse respiration, and blood pressure.
 3. Review of immunization records.
 4. Performance of auditory screenings.
 5. Performance of vision screening and administration of tuberculin test.
- H. The healthcare professional conducting the appraisal shall record information obtained during the appraisal on the Medical Record for Children form in boarding homes and institutions or other forms provided by the FACILITY. PROVIDER is responsible to file Kan-Be-Health (KBH) screening within ten (10) days from date of admission.
- I. In residential facilities, the PROVIDER is responsible to file Kan-Be-Health (KBH) screenings with the State of Kansas Medicaid Program for screening and billing services.
- J. The healthcare professional conducting the appraisal shall record results of the tuberculin test on the Medical Record for Children form or other form provided by the FACILITY.
- K. PROVIDER shall complete tuberculin tests and health assessment forms when required by the State of Kansas on all FACILITY staff and volunteers.
- L. Complete medical assessments for clients received at the Sedgwick County Juvenile Intake and Assessment Center (JIAC) that meet the criteria for admission to JIAC or detention only during regular business schedule

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Monday through Friday, 8:00 a.m. to 5:00 p.m. Medical assessments shall determine whether the youth is medically acceptable for processing and housing at the detention facility. Such determination shall be made prior to intake for any person who (whether arrested by any federal, state, county, or municipal law enforcement agency): (1) complaints of sustaining or it is apparent that the individual did sustain an injury incidental to the arrest; and (2) for all other incoming inmates as needed. PROVIDER will not, however, allow an unconscious person or a person who appears to be seriously injured to be admitted to the detention facility. The person must be referred immediately for off-site emergency medical attention. The youth's intake into the detention facility is predicated upon medical clearance after PROVIDER's screening

- M. The PROVIDER shall administer a program of determining and/or evaluating medical problems or complaints of residents of the FACILITY, 24-hours a day, as these problems or complaints are communicated to PROVIDER by the FACILITY. It is understood that FACILITY staff are not trained in medical evaluation and their role is merely that of the physical custodian of the resident. FACILITY staff observations and medical complaints of residents shall be communicated to PROVIDER consistent with the protocols established by the PROVIDER in consultation with the FACILITY.
- N. A physician shall work cooperatively with designated FACILITY management personnel to control risk associated with a critical exposure incident (i.e. contagious exposure).
- O. PROVIDER shall agree to order and accept responsibility for supplying, delivering, dispensing and payment for all medications as required by the PROVIDER staff.
- P. PROVIDER shall notify the FACILITY of specialists who have agreed to treat residents when referred by PROVIDER. Treatment of such specialists is outside the scope and coverage of this RFB.
- Q. PROVIDER personnel shall abide by security and control procedures and Professional Ethics and Code of Conduct policies that are established by the FACILITY. FACILITY shall provide adequate security to protect the healthcare professionals providing healthcare services.
- R. PROVIDER personnel shall abide by the Prison Rape Elimination Act (PREA) and policies regarding the following:
 - 1. The FACILITY specific zero tolerance policies for sexual abuse and sexual harassment in confinement or placement.
 - 2. How to report incidents or suspicions of sexual abuse or sexual harassment.
 - 3. Criminal background (KBI) and child and adult registry checks.
- S. Employees of the PROVIDER are independent contractors of the FACILITY and professional services shall be the sole and independent responsibility of the duly-licensed physicians and physician extenders.
- T. Provide all information, as legally allowed, in possession of the County, which relates to the County's requirements for the project or which is relevant to the project.
- U. HIPAA Compliance; Protected Health Information regulations shall be a requirement of the PROVIDER.
- V. PROVIDER agrees to maintain records of services and records at the FACILITY for all services rendered thereat and for services rendered to a resident of the FACILITY at a hospital, clinic or private physician office. PROVIDER further agrees to provide consultation and/or narrative written description of health care services provided upon written request of the County Counselor or designee. Both parties furthermore shall maintain any and all federal and state guidelines as to confidentiality of said records. Both parties specifically agree that the ownership of the records rests solely with FACILITY.
- W. Designate a person to act as the County's representative with respect to the work to be performed under a formal agreement. Such person shall have the authority to transmit instructions, receive information, interpret, and define the County's policies and decisions with respect to materials, equipment, elements, and systems pertinent to the outlined services.
- X. For purposes of securing the risk of liability for rendering or failing to render professional services to patients, each healthcare professional whose services are provided by PROVIDER shall either (a) be covered by professional liability insurance with limits not less than \$1,000,000 per occurrence and \$3,000,000 annual aggregate, or (b) be covered by the provisions of the Health Care Provider Insurance Act.
- Y. If and to the extent provided by law, PROVIDER shall be liable in damages for claims arising from the performance of professional services by its physician employees. The FACILITY shall have no responsibility hereunder for PROVIDER's costs, counsel fees, expenses and other liabilities incurred by the PROVIDER in or about such claim or any action or proceeding thereon.

VI. Sedgwick County's Responsibility

To assist the successful PROVIDER, the COUNTY will do the following:

- A. The Sedgwick County Division of Corrections will provide clinic with office space and facilities, utilities (including local and long distance telephone services), reasonably sufficient to enable the clinic to perform its obligations.
- B. The Sedgwick County Division of Corrections will deliver to clinic on the date of commencement of an agreement possession and control of all equipment and supplies in place and at the health care facilities that are owned by the Sedgwick County Division of Corrections, unless such delivery of possession is beyond the control the Sedgwick County Division of Corrections for any reason. Title to all property furnished by County shall remain with the COUNTY. The awarded PROVIDER shall implement a program for the protection and preservation of the County's property.

VII. Proposal Terms

A. Questions and Contact Information

Any questions regarding this document must be submitted in writing to Kara Kingsley at kara.kingsley@sedgwick.gov by 5:00 p.m. CST January 20, 2017. Any questions of a substantive nature will be answered in written form as an addendum and posted on the purchasing website at www.sedgwickcounty.org/finance/purchasing.asp, under view current RFQs and RFPs; to the right of the RFP number by 5:00 p.m. CST January 24, 2017. Firms are responsible for checking the website and acknowledging any addenda on their proposal response form.

B. Minimum Qualifications

This section lists the criteria to be considered in evaluating the ability of firms interested in providing the service(s) and/or product(s) specified in this Request for Proposal. Firms must meet or exceed these qualifications to be considered for award. Any exceptions to the requirements listed should be clearly detailed in proposer's response.

Proposers shall:

1. Shall be certified and licensed to practice in the State of Kansas.
2. Shall provide a fulltime PA or APRN and preferred LPN or medical assistant.
3. Shall provide one physician to oversee and provide oversight of all medical services rendered.
4. Have an understanding of industry standards and best practices.
5. Have experience in managing projects of comparable size and complexity to that being proposed.
6. Have knowledge of and comply with all currently applicable, and as they become enacted during the contract term, federal, state and local laws, statutes, ordinances, rules and regulations. All laws of the State of Kansas, whether substantive or procedural, shall apply to the contract, and all statutory, charter, and ordinance provisions that are applicable to public contracts in the county shall be followed with respect to the contract.
7. Municipal and county government experience is desired, however, the county will make the final determination based on responses received and the evaluation process.
8. Have the capacity to acquire all bonds, escrows or insurances as outlined in the terms of this RFP.
9. Provide project supervision (as required) and quality control procedures.
10. Have appropriate material, equipment and labor to perform specified services.
11. Park only in designated areas and display parking permit (if provided).
12. Wear company uniform or ID badge for identification purposes.

C. Evaluation Criteria

The selection process will be based on the responses to this RFP. County staff will judge each response as determined by meeting the following criteria:

The county will judge each response on the following criteria (listed in no particular order):

- Meeting or exceeding all solicitation conditions and instructions as outlined herein to include clarity, completeness, and comprehensiveness of the response.
- Ability to meet or exceed all requirements and scope of work.
- Proven ability to provide high quality service.
- Qualifications and expertise.
- The most advantageous and prudent methodology and costs as determined by the county.

Component	Points
a. Price	20
b. Number and quality of references	10
c. Years of experience working with adolescents	20
d. Years of correctional setting experience	10
d. Ability to meet minimum qualifications	20
e. Overall quality of response; including clearly marked and detailed descriptions for each section	20
Total Points	100

Any final negotiations for services, terms and conditions will be based, in part, on the firm’s method of providing the service and the fee schedule achieved through discussions and agreement with the county’s review committee. The county is under no obligation to accept the lowest priced proposal and reserves the right to further negotiate services and costs that are proposed. The county also reserves the sole right to recommend for award the proposal and plan that it deems to be in its best interest.

The county reserves the right to reject all proposals. All proposals, including supporting documentation shall become the property of Sedgwick County. All costs incurred in the preparation of this proposal shall be the responsibility of the firm making the proposals. Sedgwick County reserves the right to select, and subsequently recommend for award, the proposed service which best meets its required needs, quality levels and budget constraints.

D. [Request for Proposal Timeline](#)

The following dates are provided for information purposes and are subject to change without notice. Contact the Division of Purchasing at (316) 660-7255 to confirm any and all dates.

Distribution of Request for Proposal to interested parties	January 5, 2017
Questions and clarifications submitted in writing by 5:00 p.m. CST	January 20, 2017
Addendum Issued	January 24, 2017
Sealed Proposal due before 1:45pm CST	February 7, 2017
Evaluation Period	February 7, 2017-March 2, 2017
Board of Bids and Contracts Recommendation	March 2, 2017
Board of County Commission Award	March 8, 2017

E. [Contract Period and Payment Terms](#)

A contractual period will begin following Board of County Commissioners (BoCC) approval of the successful firm(s) and continue for a period of three (3) years with two (2) one (1) year options to renew.

Either party may cancel its obligations herein upon thirty-day (30) prior written notice to the other party. It is understood that funding may cease or be reduced at any time, and in the event that adequate funds are not available to meet the obligations hereunder, either party reserves the right to terminate this agreement upon thirty (30) days prior written notice to the other. Payment will be remitted following receipt of monthly detailed invoice.

Payment and Invoice Provisions

http://www.sedgwickcounty.org/purchasing/payment_and_invoice_provisions.pdf

PAYMENT FOR SERVICES

1. PROVIDER shall submit in writing a monthly billing to the COUNTY for services rendered the previous month. The total amount of compensation to be paid by the COUNTY to PROVIDER shall not exceed the agreed/awarded amount in a 12-month term. (Total compensation includes all costs associated with the physician, physician extender, medical assistant, uncollectible billings, and allowed after hour on-call expenses)
2. The COUNTY shall reimburse the PROVIDER for the services of a physician in equal monthly installments based on the awarded agreement.
3. The COUNTY shall reimburse the PROVIDER for the services of a full-time physician extender, who will be

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- assigned to the FACILITY, in equal monthly installments based on the awarded agreement.
4. The COUNTY shall reimburse the PROVIDER for services of a full-time medical assistant, who will work with the physician extender at the FACILITY, in equal monthly installments based on the awarded agreement.
 5. The FACILITY shall allow the PROVIDER to seek additional revenue through payments from Medicaid and other third-party payers for medical services provided under the awarded agreement or any diagnostic work performed by the PROVIDER for residents of the FACILITY. Youth in custody of the State of Kansas and held in detention shall not have active Medicaid coverage. Financial information shall be provided to COUNTY on an annual basis following the close of business each calendar year to include total third-party payments received by PROVIDER for medical services provided to residents. FACILITY and PROVIDER will negotiate payment amounts for any future term, based on calendar year data.
 6. COUNTY shall reimburse the PROVIDER for direct phone calls to the physician extender after regularly scheduled business hours for the one-year term of the awarded agreement in equal monthly installments.
 7. PROVIDER shall not seek payment from the individual residents or their parent/guardians for medical services provided.

F. [Insurance Requirements](#)

Liability insurance coverage indicated below must be considered as primary and not as excess insurance. Contractor shall furnish a certificate evidencing such coverage, with County listed as an additional insured, except for professional liability, workers' compensation and employer's liability. **Certificate shall be provided prior to award of contract.** Certificate shall remain in force during the duration of the project/services and will not be canceled, reduced, modified, limited, or restricted until thirty (30) days after County receives written notice of such change. All insurance must be with an insurance company with a minimum BEST rating of A-VIII and licensed to do business in the State of Kansas **(must be acknowledged on the bid/proposal response form).**

NOTE: If any insurance is subject to a deductible or self-insured retention, written disclosure must be included in your proposal response and also be noted on the certificate of insurance.

It is the responsibility of Contractor to require that any and all approved subcontractors meet the minimum insurance requirements. Contractor shall obtain the above referenced certificate(s) of insurance, and in accordance with this Agreement, provide copies of such certificates to County.

Workers' Compensation:

Applicable coverage per State Statutes

Employer's Liability Insurance: \$100,000.00

Commercial General Liability Insurance:

Bodily Injury:

Each Occurrence \$500,000.00

Aggregate \$500,000.00

Property Damage:

Each Occurrence \$500,000.00

Aggregate \$500,000.00

Personal Injury:

Each Occurrence \$500,000.00

General Aggregate \$500,000.00

Automobile Liability-Owned, Non-owned and Hired

Each Occurrence Bodily Injury and Property damage \$500,000.00

General Aggregate \$500,000.00

Professional Liability (See Section V. Item W.)

Each Occurrence \$1,000,000.00

Annual Aggregate \$3,000,000.00

Special Risks or Circumstances:

Entity reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

G. Indemnification

To the fullest extent of the law, the provider, its subcontractor, agents, servants, officers or employees shall indemnify and hold harmless Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, from any and all claims brought by any person or entity whatsoever, arising from any act, error, or omission of the provider during the provider's performance of the agreement or any other agreements of the provider entered into by reason thereof. The provider shall indemnify and defend Sedgwick County, including, but not limited to, its elected and appointed officials, officers, employees and agents, with respect to any claim arising, or alleged to have arisen from negligence, and/or willful, wanton or reckless acts or omissions of the provider, its subcontractor, agents, servants, officers, or employees and any and all losses or liabilities resulting from any such claims, including, but not limited to, damage awards, costs and reasonable attorney's fees. This indemnification shall not be affected by any other portions of the agreement relating to insurance requirements. The provider agrees that it will procure and keep in force at all times at its own expense insurance in accordance with these specifications.

H. Confidential Matters and Data Ownership

The successful proposer agrees all data, records and information, which the proposer, its agents and employees, which is the subject of this proposal, obtain access, remains at all times exclusively the property of Sedgwick County. The successful proposer agrees all such data, records, plans and information constitutes at all times proprietary information of Sedgwick County. The successful proposer agrees that it will not disclose, provide, or make available any of such proprietary information in any form to any person or entity. In addition, the successful proposer agrees it will not use any names or addresses contained in such data, records, plans and information for the purpose of selling or offering for sale any property or service to any person or entity who resides at any address in such data. In addition, the successful proposer agrees it will not sell, give or otherwise make available to any person or entity any names or addresses contained in or derived from such data, records and information for the purpose of allowing such person to sell or offer for sale any property or service to any person or entity named in such data. Successful proposer agrees it will take all reasonable steps and the same protective precautions to protect Sedgwick County's proprietary information from disclosure to third parties as with successful proposer's own proprietary and confidential information. Proposer agrees that all data, regardless of form that is generated as a result of this Request for Proposal is the property of Sedgwick County.

I. Proposal Conditions

http://www.sedgwickcounty.org/purchasing/pdf_files/Proposal%20Terms%20%20Conditions.pdf

General Contract Provisions

http://www.sedgwickcounty.org/purchasing/pdf_files/General%20Contractual%20Provisions.pdf

Mandatory Contract Provisions

http://www.sedgwickcounty.org/purchasing/pdf_files/Mandatory%20Contractual%20Provisions.pdf

Sample Contract

http://www.sedgwickcounty.org/purchasing/pdf_files/Sample%20Contract.pdf

VIII. Required Response Content

All proposal submissions shall include the following:

1. Firm profile: the name of the firm, address, telephone number(s), contact person, year the firm was established, and the names of the principals of the firm.
2. The names of the staff members who will be available for work on the contract, including a listing of their work experience.
3. The firm's relevant experience, notably experience working with government agencies.
4. At minimum, three (3) professional references with email addresses, telephone numbers, and contact persons where work has been completed within the last three years.
5. A disclosure of any personal or financial interest in any properties in the project area, or any real or potential conflicts of interest with members of the Sedgwick County Board of County Commissioners or County staff.
6. A description of the type of assistance that will be sought from County staff, including assistance required from the County to lessen the costs of this project.
7. Proof of insurance meeting minimum insurance requirements as designated herein.
8. Proof of certification and license to practice in the State of Kansas.

IX. Response Form

REQUEST FOR PROPOSAL

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MEDICAL SERVICES FOR SEDGWICK COUNTY DIVISION OF CORRECTIONS

The undersigned, on behalf of the proposer, certifies that: (1) this offer is made without previous understanding, agreement or connection with any person, firm, or corporation submitting a proposal on the same project; (2) is in all respects fair and without collusion or fraud; (3) the person whose signature appears below is legally empowered to bind the firm in whose name the proposer is entered; (4) they have read the complete Request for Proposal and understands all provisions; (5) if accepted by the county, this proposal is guaranteed as written and amended and will be implemented as stated; and (6) mistakes in writing of the submitted proposal will be their responsibility.

NAME _____

DBA/SAME _____

CONTACT _____

ADDRESS _____ CITY/STATE _____ ZIP _____

PHONE _____ FAX _____ HOURS _____

STATE OF INCORPORATION or ORGANIZATION _____ COMPANY WEBSITE _____

ADDRESS _____ EMAIL _____

NUMBER OF LOCATIONS _____ NUMBER OF PERSONS EMPLOYED _____

TYPE OF ORGANIZATION: Public Corporation _____ Private Corporation _____ Sole Proprietorship _____

Partnership _____ Other (Describe): _____

BUSINESS MODEL: Small Business _____ Manufacturer _____ Distributor _____ Retail _____

Dealer _____ Other (Describe): _____

Not a Minority-Owned Business: _____ Minority-Owned Business: _____ (Specify Below)

__ African American (05) __ Asian Pacific (10) __ Subcontinent Asian (15) __ Hispanic (20)

__ Native American (25) __ Other (30) - Please specify _____

Not a Woman-Owned Business: _____ Woman-Owned Business: _____ (Specify Below)

__ Not Minority -Woman Owned (50) __ African American-Woman Owned (55)

__ Asian Pacific-Woman Owned (60) __ Subcontinent Asian-Woman Owned (65) __ Hispanic Woman Owned (70)

__ Native American-Woman Owned (75) __ Other – Woman Owned (80) – Please specify _____

ARE YOU REGISTERED TO DO BUSINESS IN THE STATE OF KS: _____ Yes _____ No

INSURANCE REGISTERED IN THE STATE OF KS WITH MINIMUM BEST RATING OF A-VIII: _____ Yes _____ No

ACKNOWLEDGE RECEIPT OF ADDENDA: All addendum(s) are posted to our RFQ/RFP web page and it is the vendor's responsibility to check and confirm all addendum(s) related to this document by going to www.sedgwickcounty.org/finance/purchasing.asp .

NO. _____, DATED _____; NO. _____, DATED _____; NO. _____, DATED _____

In submitting a proposal, vendor acknowledges all requirements, terms, conditions, and sections of this document. Proposal submission format should be by order in which sections are listed throughout the document. All minimum and general requirements should be specifically addressed and detailed in proposer's response. **Exceptions to any part of this document should be clearly delineated and detailed.**

Signature _____ Title _____

Print Name _____ Dated _____

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