



Montgomery County Emergency Services District No. 10 Magnolia Fire Department

18215 Buddy Riley ♦ Magnolia, Texas 77354

Office (281) 356-3288 ♦ Facsimile (281) 356-1572

www.magnoliafire.org ♦ www.magnoliaesd.org ♦ mvfd@magnoliafire.org



REQUEST FOR QUALIFICATIONS

CONTRACT NUMBER C-2022-16363

Annual Firefighter Medical Physicals/Wellness Exams

Magnolia Fire Department invites you to present a Submittal in response to this "Request for Qualifications" to perform comprehensive annual medical physicals and wellness exams for its approximately 200 -emergency response personnel.

Magnolia Fire Department is a combination fire department providing Fire Suppression, BLS First Response and Technical Rescue services to citizens of Montgomery County Emergency Services District No. 10, Texas. For the past year, the Magnolia Fire Department has had a comprehensive medical physical and wellness exams/tests for newly hired emergency response personnel, only. Magnolia Fire Department is seeking continuous and ongoing annual medical physicals and wellness exams to ensure the overall health of all employees.

Magnolia Fire Department appreciates your time and effort in preparing a Submittal. Please note that all Submittals must be submitted in a sealed envelope or container that is marked on the outside of the envelope or container with: Medical Physical/Wellness Exam Services – Magnolia Fire Department, Contract Number C-2022-16363. Submittals are to be mailed or delivered to:

Magnolia Fire Department

Address: 18215 Buddy Riley Blvd. Magnolia, Texas 77354

ATT: Division Chief, Jason Herrman

FACSIMILIE AND EMAIL TRANSMITTALS WILL NOT BE ACCEPTED.

Submittals must be received on or before 2 p.m. (CST) on Monday, August 8, 2022. Submittals received after the Submittal date and time will not be considered.

By submitting a response to this RFQ, each firm acknowledges that they have read and fully understand this RFQ and have asked questions and received satisfactory answers from the Magnolia Fire Department regarding any provisions of this RFQ to which clarification was desired.

- I. **SUBMITTALS:** shall be delivered in sealed envelopes or containers as noted on Page 1 and include one (1) original, three (3) complete copies and one (1) electronic copy (in PDF

format) on CD or flash drive. Submittals must be completed in ink or be typewritten. Submittals submitted by facsimile (fax), or email shall NOT be accepted. Late Submittals will NOT be accepted. To be considered responsive, Submittal must include the information requested. Submittal should be organized in the order as shown below.

Submittal Information Order:

- Respondent Qualification Statement
- Respondent Information Form
- Certification Re: Debarment, Suspension, Ineligibility and Voluntary Exclusion
- Addenda Acknowledgement
- Client Reference Form
- Conflict of Interest Questionnaire (CIQ) (copy attached)

Submittals must be received on or before 2 p.m. (CST) on Monday, August 8, 2022. Submittals received after the Submittal date and time will not be considered.

II. ADDITIONAL SUBMITTAL INFORMATION

- a. All Respondent communications, including questions and interpretations/clarifications of the requirements with regards to any portion of this RFQ should be directed in writing via mail or email to:
 - i. Magnolia Fire Department
 - ii. Attn: Division Chief, Jason Herrman
 - iii. 18215 Buddy Riley Blvd.
 - iv. Magnolia, Texas 77354
 - v. Office: (281) 356-3288
 - vi. jasonherrman@magnoliafire.org
- b. If a Respondent has a question or requires interpretations/clarifications about this RFQ, the Respondent should immediately notify the Division Chief by mail or email listed above. **Questions/interpretations/clarifications regarding this RFQ must be received, in writing, by the Division Chief on or before 2:00 p.m. on Monday, August 1, 2022.**
- c. **Addendums relating to this RFQ will be available on the department's website, by 4:00 p.m. on Friday, July 29, 2022.** It shall be the Respondent's responsibility to ensure that they have received all Addenda in respect to this project. Respondents are advised that they must recognize, comply with, and attach a signed copy of the Addenda Acknowledgement
- d. A Respondent may withdraw a Submittal by providing written notice of the withdrawal to Magnolia Fire Department, Division Chief, before the Submittal deadline.

III. GENERAL

a. **Confidential Information:** Any information deemed to be confidential by the Respondent should be clearly noted on the pages where confidential information is contained. However, the (Magnolia Fire Department, MC ESD10) cannot guarantee that it will not be compelled to disclose all or part of any public record under the Texas Public Information Act, since information deemed to be confidential by the Respondent may not be considered confidential under Texas Law, or pursuant to a Court order.

b. **Conflict of Interest:** CHAPTER 176 OF THE TEXAS LOCAL GOVERNMENT CODE requires that any vendor or person doing business with a local government entity disclose in the Questionnaire Form CIQ (Conflict of Interest Questionnaire) the vendor or person's affiliation or business relationship that might cause a conflict of interest with a local government entity. MC ESD 10 requires form CIQ to be completed by all bidders. A copy of the CIQ Questionnaire is attached as a matter of convenience; however, for more information about the code, visit www.statutes.legis.state.tx.us

IF YOU HAVE ANY QUESTIONS ABOUT COMPLIANCE, PLEASE CONSULT YOUR OWN LEGAL COUNSEL. COMPLIANCE IS THE INDIVIDUAL RESPONSIBILITY OF EACH PERSON OR AGENT OF A PERSON WHO IS SUBJECT TO THE FILING REQUIREMENT.

c. **Form 1295:** Certificate of Interested Parties In compliance with Texas Government Code, Section 2252.908, the successful respondent awarded a contract by the Montgomery County Emergency Services District No. 10, Board, must complete Form 1295 – “Certificate of Interested Parties”; and must provide a signed and notarized printed copy of the form and a separate certification of filing. The form can be found at www.ethics.state.tx.us

d. **Confidentiality:** It is a requirement of the Magnolia Fire Department that medical information gathered from the physical exams remain confidential. Division Chief Jason Herrman shall serve as the liaison with the Respondent. Communications regarding an individual's results as it pertains to the safety of the individual or the safety of coworkers within the department shall be shared with Division Chief Jason Herrman and shall include the information necessary for the Magnolia Fire Department to maintain a safe and effective workplace. Specific results, especially any results falling outside normal limits, shall be shared as soon as possible with the individual. Medical records shall remain confidential and be maintained by the Respondent. These records shall be used to establish on-going assessment and evaluation of individuals. This information will be accessible upon request by the individual.

e. **The selected respondent will be required to enter a three-year contract with Magnolia Fire Department and provide, maintain the minimum insurance coverages required under the contract. Minimum insurance requirements are included as part of this Request for Qualifications.**

IV. SUBMITTAL EVALUATION

Written Submittals will be evaluated and rated by an Evaluation Committee made up of members of the Magnolia Fire Department. The Submittals will be evaluated using a point system (100) on the following categories:

- Firm's ability to deliver work as specified in the Scope of Services - (35)
- Firm's ability to provide follow up care to the department and being local to the community of Montgomery County, North Harris County - (35)
- Level of expertise and experience of the proposed project team – (15)
- References - (15)

Upon Submittal evaluation and ranking, the Evaluation Committee will present a selection recommendation to the Montgomery County Emergency Service District No. 10 Board. Submittal selection will be subject to Board approval. If negotiations prove unsuccessful with selected Respondent, the next highest ranked firm will be contacted. Magnolia Fire Department reserves the right to reject any or all Submittals.

V. SCOPE OF WORK

Respondent must commit to delivering the below noted services with trained and qualified personnel for approximately 200 Magnolia Fire Department emergency response personnel. **Services provided under Items 2 through 6 below to be performed at designated local facility, with preference given to:**

1. Provide *year-round* service with follow up care

1. Laboratory analysis must include: (must take place prior to physicals and reviewed during physicals):

- Chem 24 Panel
- Complete Blood Count
- Lipid Panel (Cholesterol, Ratio, and Blood Glucose)
- Thyroid Panel
- Diabetes Tests (Hemoglobin A1C and Glucose)
- Urinalysis
- Hep B Surface Antibody
- HCV Antibody
- PSA Prostate Cancer Marker – Men Only
- Testosterone Metabolic Marker – Men Only
- Ovarian Cancer Marker CA-125 – Women Only
- Colon Cancer Screening
- Chest X-rays (every Two Years)

Laboratory analysis should be completed in such a way for the results to be reviewed with the individual at the time of the exam. If multiple trips are involved, this shall be identified in the Submittal for scheduling purposes.

2. Comprehensive medical exam to include:

- Detailed Medical History
- Hands on Physical Exam
- Vital Signs
- Occupational Hearing and Vision Screening
- TB Skin Test
- Skin Cancer Assessment
- Personal Consultation with Review of Testing Results

3. Cardiopulmonary evaluation to include:

- Resting EKG
- Cardiac Treadmill Stress Test with EKG
- OSHA Type Respiratory Questionnaire
- Pulmonary Function Test (Spirometry)

4. Ultrasound imaging to include:

- Echocardiogram (Heart with Function)
- Carotid Arteries with CIMT Vascular Age
- Aorta and Aortic Valve
- Internal Organs - Liver, Pancreas, Gall Bladder, Kidneys, and Spleen
- Testicular and Prostate – Men
- Ovaries and Uterus – Women
- Bladder
- Thyroid

5. Quantitative fit testing (for firefighters only)

- SCBA (Self-Contained Breathing Apparatus) Mask
- N95 HEPA Mask5 – Annual Medical Physicals/Wellness Exams

6. Fitness Analysis

- Metabolic analysis with body fat
- Strength, endurance, and flexibility analysis
- Diet and nutritional recommendations
- Personal exercise prescription

7. (Firefighter only) Written medical clearance issued to Magnolia Fire Department for each individual to perform emergency response services in compliance with National Fire Protection Association Standard 1582.

8. (Firefighter only) Written respiratory protection clearance issued to Magnolia Fire Department for each individual to wear positive and negative pressure respiratory protection in compliance with OSHA respiratory protection standard, 29CFR1910.134.

VI. QUALIFICATION STATEMENTS

To the extent possible, Submittals should be prepared on 8-1/2" x 11" paper and bound or stapled and should not exceed 20 pages (resumes not included in the page limit). Supplemental information and examples of aggregate and or individual report formats may be attached to the Submittal as appendices.

A cover letter should be included with the Submittal identifying one contact person by name, address, telephone number, fax number and email address, who will be designated as customer service representative, and briefly outline how the firm will meet the needs for conducting Annual Firefighter Medical Physicals Exams for Magnolia Fire Department.

Submittals should include a historical summary of the firm's experience in conducting Fire Service specific baseline medical evaluations and key business data about the firm.

The Respondent will identify the staff (including all subcontractors) that will provide the services defined in this RFQ.

Ensure the physician(s) administering the physicals is a licensed Doctor of Medicine, F.N.P., P.A. or osteopathy who has completed residency training in an accredited medical training program and/or is American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) Board certified or international equivalent.

Identify a Project Manager as a primary contact with the Division Chief for the duration of the contract, and a consistent point of contact for scheduling exams and other work scope matters.

For each member of the team, describe the role that she/he will serve. Indicate those members of the team who will work closely with Division Chief.

Please indicate the members of your project team who are sub-contractors (if any) to your organization. Include the ratio of staff to subcontractors in your proposed project team.

Provide a short resume for each of the key medical and management project staff members and medical providers as appendices. Resumes should be no longer than one (1) page and should contain the following information about each project member:

- Position with the Company and work location
- Years with the Company
- Education, Licenses, and Certifications
- Work experience related to the Scope of Work presented in this RFQ Submittals shall outline:
- Proven practices and procedures that will be used to perform the services
- Assurance of primary Health Care Provider qualification
- Plan detail of evaluation activities, including confidentiality of records
- Program or procedure(s) recommendations

- Plan for maintaining written documentation regarding follow-up/referral, program, or procedure(s) recommendation
- Provide a separate document, signed by the official representative of the provider, of assurance that confidentiality requirements are acknowledged and shall be met.
- Explain any relationships with local specialists such as cardiologists for rapid post assessment follow up and return to work evaluation.

The Submittal should identify a minimum of three (3) references, with a maximum of five (5), from other governmental agencies, particularly other fire departments, for similar scope of work services within the past five (3) years. Utilizing the Reference Form provided, include contact names and telephone numbers, indicate how long your firm has provided occupational medical exam services to these clients, and the approximate number and type of exams conducted in each organization.

RESPONDENT INFORMATION FORM

Full Legal Company Name: _____

Company Street Address: _____

Company Mailing Address: _____

Company Telephone Number: _____ Fax Number: _____

County: _____ Minority Owned: _____ No. of Employees: _____

Corporation ____ Partnership ____ Proprietorship ____ L.L.C. ____ L.L.P. ____ Year Established ____

No. of Years in Business ____ Federal ID No. ____ Principals:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

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Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

Indicate in the appropriate box which statement applies to the covered potential contractor:

- The potential contractor certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any federal department or agency or by the State of Texas.
- The potential contractor is unable to certify to one or more of the terms in this certification. In this instance, the potential contractor must attach an explanation for each of the above terms to which he is unable to make certification. Attach the explanation(s) to this certification

The undersigned certifies that the potential contractor will not knowingly enter into any subcontract with a person who is excluded, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Magnolia Fire Department.

The undersigned further certifies that the potential contractor will include this section regarding exclusion, debarment, suspension, ineligibility, and voluntary exclusion without modification in any subcontracts or solicitations for subcontracts. The undersigned swears that he/she is authorized to legally bind the prospective contractor to the above-described certification and is fully aware that this certification is made under penalty of perjury under the laws of the State of Texas.

Signature/Authorized Certifying Official Typed

Name and Title

Prospective Contractor/Firm

Date Signed

RESPONDENT ADDENDA ACKNOWLEDGEMENT

Respondent has read and fully understands this RFQ and has asked questions and/or for interpretations/clarifications and received satisfactory answers from the Magnolia Fire Department regarding any provisions of this RFQ to which interpretation/clarification was desired. Answers to questions, response(s) to interpretations/clarifications were posted to the website as Addendums.

Respondent must initial next to each addendum posted to verify receipt: (Provisions for up to six (6) Addendums; there may be none or less or more)

Addendum #1: _____ Addendum #4: _____

Addendum #2: _____ Addendum #5: _____

Addendum #3: _____ Addendum #6: _____

Name (please print): _____

Signature: _____

Email: _____

Company Phone: _____

Date: _____

REFERENCE ONE

Entity Name

Contact Person

Telephone Number

E-mail Address

Provided services to this entity for how long?

Approx. number & type of exams conducted for this entity?

(You may write about this on a separate sheet and attach it)

REFERENCE TWO

Entity Name

Contact Person

Telephone Number

E-mail Address

Provided services to this entity for how long?

Approx. number & type of exams conducted for this entity?

(You may write about this on a separate sheet and attach it)

REFERENCE THREE

Entity Name Contact Person

Telephone Number

E-mail Address Provided services to this entity for how long?

Approx. number & type of exams conducted for this entity?

(You may write about this on a separate sheet and attach it)