

MILWAUKEE COUNTY
MILWAUKEE, WISCONSIN



MILWAUKEE COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

REQUEST FOR PROPOSALS

FOR

MEDICAL DIRECTION OF
MILWAUKEE COUNTY EMERGENCY MEDICAL SERVICES

YEAR 2014

Issued September 11, 2013
Proposal due 12:00 NOON CDT, Tuesday, October 8, 2013



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Milwaukee County

September, 2013

To: Interested Parties

The Milwaukee County Department of Health and Human Services seeks proposals for physician medical direction and oversight of its Emergency Medical Services System for the purpose of direct supervision, guidance and education of a pre-hospital EMS system. Direction is to be indirect, by an EMS Service Medical Director(s) in conjunction with an Affiliate Hospital, and direct, by online Medical Control Physician(s).

Proposals will be accepted from qualified agencies, organizations, corporations or individuals which are currently involved in the provision of pre-hospital emergency patient care and have the ability to provide licensed physicians with credentials, experience and knowledge as identified in "Applicant Eligibility" on page 3 of the RFP. Entities must be operating in accordance with nationally recognized EMS standards of medical control and in good standing with no past or pending administrative actions by any regulatory agency.

The Department welcomes new prospective vendors to participate in this RFP process.

Proposal materials will be available for download in electronic format beginning **Tuesday, September 11, 2013** from:
http://county.milwaukee.gov/DHHS_bids

All proposals in response to this RFP must be received by the Department of Health and Human Services no later than 12:00 NOON CDT on **Tuesday October 8, 2013**. No extensions will be granted for submission of proposals unless approved by the Director of the Department of Health and Human Services and the County Board Policy Committee.

Proposals may be mailed or delivered to:

Marcia P. Coggs Human Services Center
Attention: Dennis Buesing
1220 West Vliet Street
Room 300
Milwaukee, WI 53205

Thank you for your interest in the Milwaukee County Department of Health and Human Services RFP process.

Sincerely,

Sd/-

Héctor Colón
Director
Milwaukee County
Department of Health and Human Services

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SECTION 1: INTRODUCTION

The Milwaukee County Department of Health and Human Services seeks proposals for Physician Medical Direction that provides for both on-line and off-line medical control of its Emergency Medical Services System. The system currently consists of contractual relationships with nine municipal fire departments for the provision of Advanced Life Support Services in Milwaukee County one (1) fire department provides Intermediate Life Support level services, Basic Life Support Services by Milwaukee County Airport Fire Department, 128th Air Refueling Wing, paramedic services at the Bradley Center, a communication center for on-line medical control of paramedic and advanced basic skill calls and , an education center for the provision of paramedic education and continuing education requirements and other EMS-related courses, an American Heart Association Accredited Community Training Center (CTC), a health record management system, a quality assurance program and a medical supplies and equipment section. The system averages 40,100 runs; 1,400 on-line medical control calls; and, 25,344 transports per year. The system serves approximately one million residents in an urban area of 242 square miles.

SECTION 2: RFP INFORMATION

The Manager for this RFP is Kenneth Sternig

Contact Information:

Kenneth J. Sternig
MS – EHS, BSN, EMT/P
Program Director
Milwaukee County EMS
9501 W. Watertown Plank Rd.
Wauwatosa, WI 53226

Phone: 414-257-6492

Email: Kenneth.Sternig@milwcnty.com

INQUIRIES, QUESTIONS AND RFP ADDENDA

Proposers must submit their questions via email to dhhsca@milwcnty.com on or before **September 20, 2013**. **All questions must cite the appropriate RFP section and page number.** In addition, all questions should also be submitted via email to Kenneth.sternig@milwcnty.com.

It is the intent of DHHS that these questions will be answered and posted on:
http://county.milwaukee.gov/DHHS_bids on or before **September 26, 2013**.

In the event that a Proposer attempts to contact, orally or in writing, any employee or representative of Milwaukee County other than Kenneth Sternig on any matter related to the proposal, the proposer may be disqualified.

Proposers are expected to raise any questions, noted errors, discrepancies, ambiguities, exceptions, additions or deficiencies they have concerning this proposal in writing through e-mail on or before September 20, 2013, to:

Kenneth J. Sternig, Program Director, Milwaukee County EMS
E-mail: Kenneth.Sternig@milwcnty.com

If a proposer discovers any significant ambiguity, error, conflict, discrepancy, omission, or other deficiency in this proposal after the above date, they shall immediately notify the above named individual of such error and request modification or clarification of the proposal document before the proposal due date.

If the proposer fails to notify DHHS prior to the proposal due date of any condition stated above that reasonably should have been known to the proposer, and if a contract is awarded to that proposer, the proposer shall not be entitled to additional compensation or time by reason of the error or its correction.

Revisions to this proposal request will be made in the form of an official written addendum issued by Milwaukee County DHHS. Proposers may attach additional

relevant information to their proposal response. In the event that it becomes necessary to provide additional clarifying data or information, or to revise any part of this RFP, addenda will be posted to Website at:

<http://www.county.milwaukee.gov/Corrections22671.htm>. **Proposers must check the website for posted addenda; they are encouraged to check daily.**

The provisions of the proposal of the successful Proposer will become contractual obligations. Failure or refusal of the successful Proposer to accept these obligations in a contractual agreement may result in cancellation of the award.

REASONABLE ACCOMMODATIONS

Upon request, DHHS will provide reasonable accommodations, including the provision of informational material in alternative format, for qualified individuals with disabilities. If the Proposer needs accommodations, please contact the RFP Manager.

ESTIMATED TIMETABLE FOR RFP

The key RFP dates are outlined in the table below titled "RFP Schedule." In the event that DHHS finds it necessary to change any of the specific dates and times in the calendar of events, it will do so by issuing an addendum to this RFP **which will be posted at:** <http://www.county.milwaukee.gov/Corrections22671.htm>

Proposals are due by **12:00 PM CST on October 8, 2013**

RFP Schedule

RFP Milestones	Completion Dates
RFP issue date	September 11, 2013
Last day for submitting written questions	September 20, 2013
Written Q&A posted to website (estimated)	September 26, 2013
Written Proposals due	October 8, 2013; 12:00 Noon CDT

APPLICANT ELIGIBILITY

Applicants should be (or should be able to provide physicians) licensed to practice medicine in the State of Wisconsin, have board certification in emergency medicine, have completed an EMS fellowship and have an active clinical practice in emergency medicine. Applicants must have significant experience in the clinical practice of out-of-hospital emergency medical services, the provision of on-line, off-line as well as tactical EMS medical direction, the utilization of emergency patient care equipment, the spectrum of out-of-hospital ALS and BLS skills and communication systems, the methodology of EMS education and techniques for medical audit and quality improvement of EMS systems. Applicants must be able to demonstrate knowledge of the operation of all components of EMS systems; principles of emergency medical dispatch; federal, state and local laws and regulations regarding EMS and local, regional and state mass casualty and disaster plans.

INCURRING COSTS AND REJECTION OF PROPOSALS

Milwaukee County reserves the right to reject any proposal and is not liable for any costs incurred by the applicant in the development, submission or review of the proposal. Any costs incurred or associated with the preparation of the proposal, including any travel associated with interviews or site visits, shall be borne by the applicant and will not be reimbursed by Milwaukee County.

RIGHT TO AMEND OR WITHDRAW RFP

Milwaukee County reserves the right to alter, amend, or modify any provisions of this RFP, or to withdraw this RFP at any time prior to the award of a contract pursuant thereto, if it is in the best interest of Milwaukee County to do so. Any changes will be communicated to all proposers. The decision of Milwaukee County will be final.

MISCELLANEOUS

The Contractor shall agree that the Contract and RFP shall be interpreted and enforced under the laws and jurisdiction of the State of Wisconsin and will be under Jurisdictions of Milwaukee Courts.

RFP Document: Applications submitted by an agency become the property of Milwaukee County upon submission. For agencies awarded a contract, the application material submitted is placed in an agency master file that becomes part of the contract with the Milwaukee County Department of Health and Human Services (DHHS). Successful application material becomes public information and is subject to the Open Records Law only after the procurement process is completed and a contract is fully executed. Prior to the granting of contract awards and the full execution of a contract, the application is considered a "draft" and is not subject to the Open Records Law except to appellant(s) to the award, subject to the proprietary information restriction as detailed below.

DISADVANTAGED BUSINESS ENTERPRISE UTILIZATION

DHHS has set a goal of 17% participation of Disadvantaged Business Enterprises (DBEs) in all Professional Services Contracts. Applicable Milwaukee County DBE forms included with this RFP in Section 6 must be completed, signed and submitted with each proposal. For more information, contact the Community Business Development Partners office at 278-5248.

Please note: If you are certified as a DBE vendor, subcontracting with a DBE is not a requirement. Please include a copy of your certification with your application.

PROPRIETARY INFORMATION

Any restriction on the use of data contained within a request must be clearly stated in the proposal itself. Proprietary information submitted in response to a request will be handled in accordance with applicable State of Wisconsin procurement regulations and the Wisconsin public records law. Proprietary restrictions normally are not accepted. However, when accepted, it is the vendor's responsibility to defend the determination in the event of an appeal or litigation.

Data contained in a Request for Proposal, all documentation provided therein, and innovations developed as a result of the contracted commodities or services cannot be copyrighted or patented. All data, documentation and innovations become the property of the Milwaukee County Department of Health and Human Services.

Any materials submitted by the applicant in response to this Request for Proposal that the applicant considers confidential and proprietary information and which qualifies as a trade secret, as provided in s. 19.36(5), Wis. Stats, or material which can be kept confidential under the Wisconsin public record law, must be identified on the Designation of Confidential and Proprietary Information form. (Attachment # N) Confidential information must be labeled as such. Costs (pricing)/Budget info always becomes public information when proposals are opened, and therefore cannot be kept confidential. Any other requests for confidentiality MUST be justified in writing on the form provided and included in the proposal submitted.

SECTION 3: PROPOSAL SELECTION AND AWARD PROCESS

3.1 PROPOSAL SCORING AND SELECTION PROCESS

All Proposals will first be reviewed by the RFP Manager and/ or his representative to determine if 1) all “Technical Requirements” have been met; 2) the Proposals contain the required forms properly completed; and 3) submittal requirements are met. In the event that none of the Proposals meet one or more of the specified requirements, the DHHS reserves the right to continue the review and scoring of Proposals and to select the Proposals that most closely meet the requirements specified in this RFP.

Proposals that do not comply with instructions or are unable to comply with specifications contained in this RFP may be rejected by DHHS. DHHS may request reports on a Proposer’s financial stability and if financial stability is not substantiated, Milwaukee DHHS may reject a proposal. DHHS retains the right to accept or reject any or all proposals, or to accept or reject any part of a proposal if it is deemed to be in the best interest of DHHS. DHHS shall be the sole judge as to compliance with the instructions contained in this RFP.

REQUEST FOR PROPOSAL REVIEW AND SCORING:

Accepted Proposals will be reviewed and scored by the respective DHHS Departments. A panel of community experts, consumers and county staff will be composed to verify that the proposals meet all specified requirements. This verification may include requesting reports on the Proposer’s financial stability, conducting demonstrations of Proposer’s proposed products and/or services, and reviewing results of past awards to the Proposer by Milwaukee County or other funders. Accepted Proposals will be reviewed by a Review and Scoring Panel and scored against the stated criteria. **A Proposer may not contact any member of the review panel except at the RFP Manager’s direction.** A Proposer’s unauthorized contact of a panel member shall be grounds for immediate disqualification of the Proposer’s Proposal. The panel may review references, request oral presentations and use the results in scoring the Proposals. However, DHHS reserves the right to make a final selection based solely upon review and scoring of the written Proposals should it find it to be in its best interest to do so.

Proposals are evaluated against the review and scoring criteria as indicated in 3.2. Review Panel scores are presented to division administrator(s), who may, or may not recommend the highest scoring proposal(s), to the Milwaukee County Board of Supervisors, if Board approval is required by state statute,

Any contract with a value of at least \$100,000, but not more than \$300,000, to which the County is a party and which satisfies any other statutory requirements, may take effect only if the County Board’s Finance, Personnel and Audit Committee does not vote to approve or reject the contract within 14 days after the contract is signed or countersigned by the Milwaukee County Executive.

If the Board's Finance Committee votes to reject a contract described above, the contract may take effect only if the contract is approved by a vote of the County Board within 30 days after the Board's Finance Committee votes to reject the contract.

Any single contract, or group of contracts between the same parties which generally relate to the same transaction, with a value or aggregate value of more than \$300,000, to which the County is a party and which satisfies any other statutory requirements, may take effect only if it is approved by a vote of the County Board.

The Milwaukee County Board of Supervisors may reject the department's recommendations and ask for an additional review and scoring of proposal(s), or require a reissuance of the RFP for the program(s) being recommended. The County Executive may veto, in part or in whole, the County Board's action.

The review and scoring panel will be the sole determiner of the points to be assigned. The determination whether any proposal by a Proposer does or does not conform to the conditions and specifications of this RFP is the responsibility of the RFP Manager.

The Review Panel has the right to rely on any narrative, supporting materials or clarifications provided by the Proposer. The Review Panel can ask for oral clarification to supplement written proposal, if it will assist review and scoring procedure.

In addition, the division administrator may convene a second panel to hear oral presentations from the highest-scoring proposers, based on the initial review and ranking of the proposals by the Review Panel based on the criteria outlined in the RFP.

The Proposer is responsible for any Proposal inaccuracies, including errors in the budget and any best and final offer (if applicable). The DHHS reserves the right to waive RFP requirements or gain clarification from a Proposer, in the event that it is in the best interest of the DHHS to do so.

The DHHS reserves the right to contact any or all Proposers to request additional information for purposes of clarification of RFP responses.

3.2 REVIEW AND SCORING CRITERIA

Proposals submitted in response to this RFP will be evaluated per the process and criteria detailed in Part 4 of Technical Requirements (**Section 4**).

3.3 RIGHT TO REJECT PROPOSALS

The DHHS reserves the right to reject any and all Proposals. This RFP does not commit the DHHS to award a contract, or contracts.

3.4 NOTICE OF INTENT TO AWARD

All Proposers who respond to this RFP will be notified in writing of the DHHS's intent to award a contract as a result of this RFP. **A Notification of Intent to Award a contract does not constitute an actual award of a contract, nor does it confer any contractual rights or rights to enter into a contract with the DHHS.**

After Notification of the Intent to Award is made, copies of all Proposals will be made available for other proposer's inspection subject to proprietary information exclusion mentioned in **Section 2**. Any such inspection will be conducted under the supervision of DHHS staff. Copies of proposals will be made available for inspection by **prior Appointment ONLY** for five working days from the date of issuance of "Notice of Intent to Award" between 8:30 a.m. to 3:30 p.m. at:

Milwaukee County Department of Health and Human Services
Contract Administration
1220 W Vliet Street, Suite 300
Milwaukee, WI 53205

Proposers should schedule inspection reviews with Cleo Stewart, at 414-289-5980 to ensure that space and time are available for the review.

3.5. NEGOTIATE CONTRACT TERMS

The DHHS reserves the right to negotiate the terms of the contract, including the award amount, evaluation process, authorized budget items, and specific programmatic goals, with the selected proposer(s) prior to entering into a contract. If contract negotiations cannot be concluded successfully with the selected proposer, the agency may negotiate a contract with another proposer at the respective division administrator's discretion.

3.6 PROTEST AND APPEALS PROCESS

Only unsuccessful proposer(s) are allowed to file an appeal. Applicants can only protest or appeal a violation of the procedures outlined in these RFP instructions or in the selection process. Subjective interpretations by the reviewers are not subject to protest or appeal. All appeals must be made in writing and must fully identify the procedural issue being contested. On demand by such appellant(s), DHHS may provide the summary score(s) of review and scoring panel, but in no case will the names of panel members be revealed.

A written appeal, fully documenting the basis for the appeal, must be made in writing. The appeal must be as specific as possible and should identify deviations from published criteria in the selection process or the procedures outlined in these RFP instructions that are alleged to have been violated.

The written appeal should be filed with Héctor Colón, Director, Department of Health and Human Services, 1220 W. Vliet St., Suite 301, Milwaukee, WI 53205, and received in his office no later than five (5) working days after the notice of intent to contract or non-funding is post-marked. Late filing of the appeal will invalidate the protest.

The decision of the DHHS Director will be binding. A proposer may challenge the decision of the Director, per the process in Section 110 of the Milwaukee County Code of General Ordinances. DHHS may proceed to contract with the Proposer(s) selected even if an appeal is still pending if it is in the best interest of DHHS to do so.

SECTION 4: TECHNICAL REQUIREMENTS

PROPOSAL FORMAT AND REQUIRED CONTENT

Applicants must submit a proposal, which includes the following:

- **Cover Letter:**
A cover letter submitted on the respondent's letterhead and signed by an authorized official certifying the accuracy of all information in the proposal and attesting to the authority of the official to submit the proposal. Said letter must contain the exact wording and content found in Cover Letter for the Proposal (Appendix B).
- **Executive Summary:**
An executive summary of the proposal covering the main features and benefits that distinguish it. **Not to exceed three pages.**
- **Qualifications:**
A narrative describing who will be assigned to the role of Medical Director and the percent of time the individual(s) will be assigned to fulfilling his/her role(s). **Not to exceed three pages.**

A resume for each physician to be assigned should be included as attachments to the proposal.
- **Proposal Information:**
A narrative describing respondent's ability and work plan to provide the services as contained in Section 5 -**Proposal Information**. This section must clearly identify any area of the services requested by Milwaukee County that the respondent cannot provide. **Not to exceed fifteen pages.**
- **Budget:**
Completion of a proposed budget and budget justification for the services. Use forms in Appendix C.
- **Contract Issues:** The respondent must identify either acceptance of the language required by the County Board of Supervisors or issues the respondent might have with specifications and conditions. **Not to exceed two pages.**
- **OTHER Required Forms (refer Section 7)**
 - Conflict of Interest Stipulation
 - Sworn Statement of Bidder
 - Authorization for Reference Check
 - Vendor References
 - Equal Employment Opportunity Certificate
 - Equal Opportunity Policy
 - Certification Regarding Debarment and Suspension

- Additional Disclosures
- Department of Audit Hotline
- Indemnity And Insurance Requirements

- **Disadvantaged Business Enterprise Plan:** Completion of the Disadvantaged Minority and Women Business Enterprise Utilization Plan (refer Section 6).

Proposals must be typed or printed on 8.5" x11" letter-sized paper and not exceed twenty-five (25) pages in length. Milwaukee County forms and required attachments will not be considered toward the twenty-five-page limit. Times New Roman 12 point font shall be used in the preparation of the proposal.

Submit one unbound original and ten bound copies by 12:00 noon CST on October 8, 2013 to:

Marcia P. Coggs Human Services Center
Attention: Dennis Buesing
Room 300
1220 West Vliet Street
Milwaukee, WI 53205

APPLICATION REVIEW

Proposals will be evaluated by representatives of Milwaukee County which may include, but not be limited to, the Department of Health and Human Services, Risk Management Community Business Development and Corporation Counsel. Representatives may also be chosen from the medical community. The evaluation panel will be appointed at the discretion of the RFP manager.

The following evaluation criteria categories correspond to the information provided by the respondent and to the main sections of the proposal. The RFP evaluation team will use a set of objective evaluation criteria to assign a score to each of the categories in arriving at a total score for each proposal.

Respondents may, at the discretion of Milwaukee County, be asked to appear at an interview by the selection committee to clarify their proposals and/or provide a tour of their facility if so desired. No revisions to submitted proposals will be allowed other than those requested by Milwaukee County for final terms through the selection process.

Upon review of the written proposals, the County reserves the right to require interviews with the principals from any entity submitting a response to this RFP and/or a visit to the entity's site(s) to determine the adequacy of the entity in providing all components of Medical Direction for the County. Entity interviews and site visits shall be considered part of the evaluation process if utilized. No revisions to submitted proposals will be allowed other than those requested by Milwaukee County for final terms through the selection process.

Proposals will be evaluated on responsiveness to the RFP in the following areas:

Weight	Criteria
17%	Experience and qualifications of the provider
13%	Discussion on the provider's involvement with local, state, and national organizations and committees and how this involvement will be used to benefit and potentate the growth and excellence of the Milwaukee County EMS system.
10%	Account on how the provider proposes to provide off-line Medical Control.
10%	Account on how the provider proposes to provide on-line Medical Control.
20%	Account on how the provider proposes to provide system direction for all components of the system including, but not limited to, operations, communications, education, quality assurance and research.
15%	Accessibility and resource provision of the provider to EMS administration, EMS partnerships, EMS employees, municipal fire departments and system paramedics and other EMTs.
10%	Fiscal impact on the system.
5%	Equal Employment Opportunity Certificate.
Pass/Fail	Disadvantaged Business Utilization Plan.
100%	Total

SECTION 5: PROPOSAL INFORMATION

Milwaukee County is requesting medical direction services that provide (at a minimum) the following:

- Medical management of the EMS of the Program in accordance with all applicable requirements of federal, state and local laws, rules and regulations.
- Medical direction and coordination of medical care for the 911 emergency response system for Milwaukee County EMS.
- Medical direction and supervision for all EMS providers offering emergency medical patient care services in the Milwaukee County EMS system.
- On-line medical direction for entities operating as part of the County's EMS.
- Medical oversight and on-line medical control of the Milwaukee County EMS Medical Communication Center, located at Froedtert Memorial Lutheran Hospital.
- If medical consultation services are not in the same physical location as the EMS Medical Communications Center, vendor must provide communications between County EMS Communication Center and the facility where on-line medical direction is being offered that allows for either face-to-face or electronic connectivity capable of hosting visual and auditory communications (streaming video communications)
- Development of formal patient care protocols, policies, procedures, standards and guidelines necessary for the County's EMS Program.
- Advising the County on the County's scope of services for patients and medical equipment or supplies used in the performance of medical procedures within the Program.
- Consultation and assistance in the coordination of activities of the Quality Assessment and Assurance Improvement for the EMS system.
- Consultation, recommendations and participation regarding education programs and materials for Paramedics or other students enrolled in educational programs sponsored by the EMS Education Center.
- Assisting and consulting with the County on the scope of services for patients, medical equipment and/or other areas of the Program as determined by the Director or his/her designee.
- Medical direction and supervision for Emergency Medical Technicians – Basic of the Milwaukee County Airport, Cudahy, St. Francis and 128th Air Refueling Wing Fire Departments

- Consultation and recommendations regarding the collection of pre-hospital patient care data sets.
- Consultation, recommendations and direction regarding educational programs sponsored by the Milwaukee County EMS Education Center- American Heart association Community Training Center (CTC.)
- Participation in emergency planning and oversight of County EMS operations for disaster or mass casualty incidents.

SECTION 6: COMMUNITY BUSINESS DEVELOPMENT PARTNERS

Instructions for completing CDBP Forms

What follows is some general advice on completing Community Business Development Partners forms, as applicable. In all cases, the interpretation of the CDBP office regarding the applicability of individual forms takes precedence.

The Department of Health and Human Services (and all of its Divisions) has the goal of involving Disadvantaged Business Enterprises as defined by County Ordinance Chapter 42 in every Professional Service Contract in the amount of at least 17 percent of the total contract. DBE participation can take the form of direct subcontracting of contracted services, or can take the form of indirect services purchased by the contractor (such as printing and supplies, accounting or other professional services, office supplies, etc.).

Please note: If you are certified as a DBE vendor, subcontracting with a DBE is not a requirement. Please include a copy of your certification with your application.

Generally, proposers should complete forms found in this section under the following circumstances:

When completing your proposal: Complete Form DBD-014PS, "Commitment to Subcontract with DBE Firms" after you have identified a DBE firm to subcontract with or to buy supplies or services from. If bids were received from several subconsultants, complete DBD-002PS, "Subconsultant Information Sheet." If you have tried unsuccessfully to find a DBE partner agency, complete DBD-001PS, "Certificate of Good Faith Effort." These forms should be submitted with your proposal.

After Contract Award: Any additions or corrections to the above forms should be made and submitted to DHHS Contract Administration.

With each Billing or Invoice: Contractors with identified DBE subcontractors should complete DBD-016PS, "DBE Utilization Report" and submit it with each invoice.

At Contract Completion (Final Invoice): At the time that the contractor submits the final invoice for payment, Form DBD-018PS must be completed in cooperation with any DBE subcontractors used in the project. Final invoices received on contracts that have identified DBE subcontractors will not be paid until this form has been received by DHHS Contract Administration.

The most current Community Business Development Partner's forms can be downloaded from: http://county.milwaukee.gov/DHHS_bids

SECTION 7: ATTACHMENTS AND REQUIRED FORMS

COVER SHEET FOR THE MAIN PROPOSAL

In submitting and signing this proposal, we represent that we have thoroughly read and reviewed this Request for Proposal and are submitting this response in good faith. We understand the requirements of the program and have provided the required information listed within the Request for Proposal.

In submitting and signing this proposal, we also certify that we have not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free trade or competition; that no attempt has been made to induce any other person or firm to submit or not to submit a proposal; that this proposal has been independently arrived at without collusion with any other vendor, competitor, or potential competitor; that this proposal has not knowingly been disclosed prior to the opening of the proposals to any other vendor or competitor; that the above statement is accurate under penalty of perjury.

The undersigned certifies and represents that all data, pricing, representations, and other information of any sort or type, contained in this response, is true, complete, accurate, and correct. Further, the undersigned acknowledges that MC is, in part, relying on the information contained in this proposal in order to evaluate and compare the responses to the RFP for MEDICAL DIRECTION OF MILWAUKEE COUNTY EMERGENCY MEDICAL SERVICES.

Vendor's Name

Title

Signature

Date

Milwaukee County Department of Health and Human Services Medical Director of Emergency Medical Services 2014 Budget Proposal	
Organization Name:	
Address:	
Budget Proposal Total Proposed Budget \$ _____	
Budget Category:	Proposed Budget Amount : (All dollars amounts are annual)
Personnel Costs	
Staff Salaries	\$ _____
Fringe Benefits (_____ %)	\$ _____
Total Personnel Cost	\$ _____
Operational Costs	
Travel	\$ _____
Other 1 _____	\$ _____
Other 2 _____	\$ _____
Total Operational Cost	\$ _____

**MILWAUKEE COUNTY
MILWAUKEE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
REQUEST FOR PROPOSAL**

**MEDICAL DIRECTION OF
MILWAUKEE COUNTY EMERGENCY MEDICAL SERVICES**

CONFLICT OF INTEREST STIPULATION

For purposes of determining any possible conflict of interest, all vendors submitting a proposal in response to this RFP must disclose if any MC employee, agent or representative or an immediate family member is also an owner, corporate officer, employee, agent or representative of the business submitting the bid. This completed form must be submitted with the proposal. Furthermore, according to the Milwaukee County Code of Ethics, no person may offer to give to any County officer or employee or immediate family member, may solicit or receive anything of value pursuant to an understanding that such County representatives vote, official actions or judgment would be influenced thereby.

Please answer below either YES or NO to the question of whether any MC employee, agent or representative or immediate family member is involved with your company in any way:

YES _____

NO _____

If the answer to the question above is YES, then identify the name of the individual, the position with MC, and the relationship to your business:

Name _____

County Position _____

Business Relationship _____

The appropriate corporate representative must sign and date below:

Printed Name _____

Authorized Signatory _____

Title _____

Date _____

MILWAUKEE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

REQUEST FOR PROPOSAL

**MEDICAL DIRECTION OF
MILWAUKEE COUNTY EMERGENCY MEDICAL SERVICES**

SWORN STATEMENT OF BIDDER

I, being first duly sworn at _____,
City, State

On oath, depose and say I am the

Official Title

Of the Bidder, _____,
Name of Company

Do state the following: that I have fully and carefully examined the terms and conditions of this Request for Proposal, and prepared this submission directly and only from the RFP and including all accessory data. I attest to the facts that:

- I have reviewed the RFP, and all related attachments and information provided through MC, in detail before submitting this proposal.
- I have indicated review, understanding and acceptance of the RFP (or relevant service component being bid upon) by initials on each page of the RFP.
- I certify that all statements within this proposal are made on behalf of the Bidder identified above.

- I have full authority to make such statements and to submit this proposal as the duly recognized representative of the Bidder.
- I further stipulate that the said statements contained within this proposal are true and correct and this sworn statement is hereby made a part of the foregoing RFP response.

Signature

Legal Address

Subscribed and sworn to before me

This _____ **day of** _____, _____

Notary Public, _____ **County**

State of _____

My commission expires _____.

AUTHORIZATION FOR REFERENCE CHECK

This authorization should be on company letterhead.

Do not modify the contents of this letter.

The undersigned hereby authorizes the recipient of this authorization (or a copy thereof) to furnish to the Milwaukee County Department of Health and Human Services any and all information that said recipient may have concerning the undersigned's contract performance history.

This information is to be furnished to the Milwaukee County Department of Health and Human Services Office for the purposes of evaluating the ability of the undersigned to perform MEDICAL DIRECTION OF MILWAUKEE COUNTY EMERGENCY MEDICAL SERVICES to the Milwaukee County Department of Health and Human Services.

The undersigned further authorizes any person contacted to give the Milwaukee County Department of Health and Human Services any and all information concerning the undersigned's (and the employees of the undersigned) education, work experience, and character which they may have, personal or otherwise, and releases all parties from all liability for any damage that may result from furnishing the same to the Milwaukee County Department of Health and Human Services.

A photocopy of this authorization shall be deemed equivalent to the original.

Dated this _____ day of _____, 20____.

Authorized Signature

Title

Name of Firm

MILWAUKEE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

**REQUEST FOR PROPOSAL
MEDICAL DIRECTION OF
MILWAUKEE COUNTY EMERGENCY MEDICAL SERVICES
VENDOR REFERENCES**

1) Agency Name _____

Agency Address _____

Contact Person _____ Contact Number _____

E-Mail _____ Fax Number _____

Number of Sites _____ Number of Patients _____

Please list facility type:

Please list Accreditations:

Contract Term (original, extensions, renewals, rebids) _____

_____ Current Contract _____ Prior Contract

Contract End ____ Terminated, if so specify by whom ____ agency ____ vendor

Reason _____

____ Lost in Rebid, if so specify award recipient _____

Reason _____

____ Other, specify (i.e. returned to self-operated, transition to University)

Reason _____

2) Agency Name _____

Agency Address _____

Contact Person _____ Contact Number _____

E-Mail _____ Fax Number _____

Number of Sites _____ Number of Inmates _____

VENDOR REFERENCES
Page 2

Facility Type:

Accreditation:

Contract Term (original, extensions, renewals, rebids) _____

_____ Current Contract _____ Prior Contract

Contract End ___ Terminated, if so specify by whom ___ agency ___ vendor

Reason _____

 ___ Lost in Rebid, if so specify award recipient _____

Reason _____

 ___ Other, specify (i.e. returned to self-operated, transition to University)

Reason _____

3) Agency Name _____

Agency Address _____

Contact Person _____ Contact Number _____

E-Mail _____ Fax Number _____

Number of Sites _____ Number of Inmates _____

Facility Type:

Accreditation:

Contract Term (original, extensions, renewals, rebids) _____

_____ Current Contract _____ Prior Contract

Contract End ___ Terminated, if so specify by whom ___ agency ___ vendor

Reason _____

 ___ Lost in Rebid, if so specify award recipient _____

VENDOR REFERENCES
Page 3

Reason _____

____ Other, specify (i.e. returned to self-operated, transition to University)

Reason _____

4) Agency Name _____

Agency Address _____

Contact Person _____ Contact Number _____

E-Mail _____ Fax Number _____

Number of Sites _____ Number of Inmates _____

Facility Type:

Accreditation:

Contract Term (original, extensions, renewals, rebids) _____

_____ Current Contract _____ Prior Contract

Contract End ____ Terminated, if so specify by whom ____ agency ____ vendor

Reason _____

____ Lost in Rebid, if so specify award recipient _____

Reason _____

____ Other, specify (i.e. returned to self-operated, transition to University)

Reason _____

5) Agency Name _____

Agency Address _____

Contact Person _____ Contact Number _____

VENDOR REFERENCES
Page 4

E-Mail _____ Fax Number _____

Number of Sites _____ Number of Inmates _____

Facility Type:

Accreditation:

Contract Term (original, extensions, renewals, rebids) _____

_____ Current Contract _____ Prior Contract

Contract End ____ Terminated, if so specify by whom ____ agency ____ vendor

Reason _____

____ Lost in Rebid, if so specify award recipient _____

Reason _____

____ Other, specify (i.e. returned to self-operated, transition to University)

Reason _____

Printed Name _____

Authorized Signatory _____

Title _____

Date _____

**YEAR 2014 EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATE FOR MILWAUKEE COUNTY
CONTRACTS
TO BE COMPLETED AND SIGNED BY ALL APPLICANTS**

In accordance with Section 56.17 of the Milwaukee County General Ordinances and Title 41 of the Code of Federal Regulations, Chapter 60, SELLER or SUCCESSFUL PROPOSER or CONTRACTOR or LESSEE or (Other-specify), (Hence forth referred to as VENDOR) certifies to Milwaukee County as to the following and agrees that the terms of this certificate are hereby incorporated by reference into any contract awarded.

Non-Discrimination

VENDOR certifies that it will not discriminate against any employee or applicant for employment because of race, color, national origin, sex, age or handicap which includes but is not limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training including apprenticeship.

VENDOR will post in conspicuous places, available to its employees, notices to be provided by the County setting forth the provision of the non-discriminatory clause.

A violation of this provision shall be sufficient cause for the County to terminate the contract without liability for the uncompleted portion or for any materials or services purchased or paid for by the contractor for use in completing the contract.

Affirmative Action Program

VENDOR certifies that it will strive to implement the principles of equal employment opportunity through an effective affirmative action program, which shall have as its objective to increase the utilization of women, minorities, and handicapped persons and other protected groups, at all levels of employment in all divisions of the seller's work force, where these groups may have been previously under-utilized and under-represented.

VENDOR also agrees that in the event of any dispute as to compliance with the foretasted requirements, it shall be his responsibility to show that he has met all such requirements.

Non-Segregated Facilities

VENDOR certifies that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not permit its employees to perform their services at any location under its control, where segregated facilities are maintained.

Subcontractors

VENDOR certifies that it has obtained or will obtain certifications regarding non-discrimination, affirmative action program and nonsegregated facilities from proposed subcontractors that are directly related to any contracts with Milwaukee County, if any, prior to the award of any subcontracts, and that it will retain such certifications in its files.

Reporting Requirement

Where applicable, VENDOR certifies that it will comply with all reporting requirements and procedures established in Title 41 Code of Federal Regulations, Chapter 60.

Affirmative Action Plan

VENDOR certifies that, if it has 50 or more employees, it will develop and/or update and submit (within 120 days of contract award) an Affirmative Action Plan to: Mr. Amos Owens, Audit Compliance Manager, Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4246].

VENDOR certifies that, if it has 50 or more employees, it has filed or will develop and submit (within 120 days of contract award) for each of its establishments a written affirmative action plan. Current Affirmative Action plans, if required, must be filed with any of the following:

The Office of Federal Contract Compliance Programs or the State of Wisconsin, or the Milwaukee County Department of Audit, 2711 West Wells Street, Milwaukee, WI 53208 [Telephone No.: (414) 278-4246].

If a current plan has been filed, indicate where filed _____ and the year covered _____.

VENDOR will also require its lower-tier subcontractors who have 50 or more employees to establish similar written affirmative action plans.

Employees

VENDOR certifies that it has (No. of Employees) _____ employees in the Standard Metropolitan Statistical Area (Counties of Milwaukee, Waukesha, Ozaukee and Washington, Wisconsin) and (No. of Employees) _____ employees in total.

Compliance

VENDOR certifies that it is not currently in receipt of any outstanding letters of deficiencies, show cause, probable cause, or other notification of noncompliance with EEO regulations.

Executed this ___ day of _____, 20___ by: Firm Name _____

By _____ Address _____
(Signature)

Title _____ City/State/Zip _____

YEAR 2014 EQUAL OPPORTUNITY POLICY

_____ is in compliance with the equal opportunity policy and standards of the Wisconsin Department of Health and Family Services and all applicable Federal and State rules and regulations regarding nondiscrimination in employment and service delivery.

EMPLOYMENT - AFFIRMATIVE ACTION & CIVIL RIGHTS

It is the official policy of _____ that no otherwise qualified person shall be excluded from employment, be denied the benefits of employment or otherwise be subjected to discrimination in employment in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with Affirmative Action and Civil Rights standards to ensure that applicants are employed and that employees are treated during their employment without regard to the above named characteristics. Such action shall include but not be limited to the following: employment, upgrading, demotion, transfer, recruitment, or recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training including apprenticeship.

_____ has a written Affirmative Action Plan which includes a process by which discrimination complaints may be heard and resolved.

SERVICE DELIVERY - CIVIL RIGHTS

It is the official policy of _____ that no otherwise qualified applicant for services or service recipient shall be excluded from participation, be denied benefits or otherwise be subjected to discrimination in any manner on the basis of age, race, religion, color, sex, national origin or ancestry, handicap, physical condition, developmental disability, arrest or conviction record, sexual orientation, military/veteran status or military participation. We pledge that we shall comply with civil rights laws to ensure equal opportunity for access to service delivery and treatment without regard to the above named characteristics. _____

_____ has a written Civil Rights Action Plan which includes a process by which discrimination complaints may be heard and resolved.

All officials and employees of _____ are informed of this statement of policy. Decisions regarding employment and service delivery shall be made to further the principles of affirmative action and civil rights.

To ensure compliance with all applicable Federal and State rules and regulations regarding Equal Opportunity and nondiscrimination in employment and service delivery, _____ has been designated as our Equal Opportunity Coordinator. Any perceived discrimination issues regarding employment or service delivery shall be discussed with Ms./Mr. _____. Ms./Mr. _____ may be reached during week days at _____.

A copy of the Affirmative Action Plan and/or the Civil Rights Action Plan including the process by which discrimination complaints may be heard and resolved is available upon request.

(Director or Chief Officer) (Title) (Date)

This Policy Statement shall be posted in a conspicuous location.

CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

DEBARMENT AND SUSPENSION

The applicant certifies to the best of its knowledge and belief, that its' principals, owners, officers, shareholders, key employees, directors and member partners: (1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; (2) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; (3) are not presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in (2) of this certification; and, (4) have not within a three-year period preceding this proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Company: _____

ADDITIONAL DISCLOSURES

1. Has your company or any representative, owner, partner or officer ever failed to perform work awarded or had a contract terminated for failure to perform or for providing unsatisfactory service?

Yes No If yes, on a separate page please provide a detailed explanation.

2. Within the past five (5) years, has your organization or any representative, owner, partner or officer (collectively "your company") ever been a party to any court or administrative proceedings or disciplinary action, where the violation of any local, state or federal statute, ordinance, rules, regulation, or serious violation of company work rules by your Company was alleged?

Yes No If yes, on a separate page, please provide a detailed explanation outlining the following:

- **Date of citation or violation**
- **Description of violation**
- **Parties involved**
- **Current status of citation**

3. Have you, any principals, owners, partners, shareholders, directors, members or officers of your business entity ever been convicted of, or pleaded guilty, or no contest to, a felony, serious or gross misdemeanor, or any crime or municipal violation, involving dishonesty, assault, sexual misconduct or abuse, or abuse of controlled substances or alcohol, or are charges pending against you or any of the above persons for any such crimes by information, indictment or otherwise?

Yes No If yes, on a separate page, please provide a detailed explanation.

4. The Proposer certifies, and in the case of a joint Proposal, each party thereto certifies as to its own organization, that in connection with this procurement:

The prices in this Proposal have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder/Proposer or with any competitor;

Unless otherwise required by law, the prices which have been quoted in this Proposal have not been knowingly disclosed by the Proposer and will not knowingly be disclosed by the Proposer prior to opening in the case of an advertised procurement, or prior to award in the case of a negotiated procurement, directly or indirectly to any other Proposer or to any competitor; and

No attempt has been made or will be made by the Proposer to induce any other person or firm to submit or not to submit a Proposal for the purpose of restricting competition.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Company: _____

DEPARTMENT OF AUDIT HOTLINE

AUDIT HOTLINE

Milwaukee County has set up the Department of Audit Hotline to be the primary conduit for concerned employees, citizens, and contractors to communicate allegations of fraud, waste and abuse involving County government. Milwaukee County’s resolution states, in part,

“all department heads and administrators of Milwaukee County are hereby directed to provide information regarding Milwaukee County Department of Audit Fraud Hotline to all professional service and construction contractors when they commence work for Milwaukee County and, further, that instructions and bulletins shall be provided to said contractors that they post this information in a location where their employees will have access to it and provide said information to any and all subcontractors that they may retain; and

...Milwaukee County funded construction and work sites shall also have posted the bulletin that the Department of Audit has developed which provides the Fraud Hotline number and other information and the Department of Public Works shall inform contractors of this requirement”

A Hotline bulletin is attached. Please distribute the revised bulletin to contractors as contracts are let or renewed and also post it prominently at all County employee work locations associated with your organization (See flyer under Appendices).

Certified that, the copies of Audit Hotline poster have been posted at the prominent locations within our organization.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Agency: _____



MILWAUKEE COUNTY GOVERNMENT

H O T L I N E

**Ph: (414) 93-FRAUD – Fax: (414) 223-1895
(933-7283)**

**Write: Audit Hotline- 2711 W. Wells St., 9th Floor, Milwaukee, WI 53208
Website: my.execpc.com/~milcoaud**

A service of the Milwaukee County Comptroller's Office

For Reporting:

- **Incidents of fraud or waste in County government**
- **Concerns over inefficient Milwaukee County government operations**

CALLERS NOT REQUIRED TO IDENTIFY THEMSELVES

----- Other Numbers -----

Milwaukee County:		Sheriff's Department –	
Aging - Elder Abuse Helpline	414-289-6874	Community Against Pushers	414-273-2020
Child Support - TIPS Hotline (Turn in Parents for Support)	414-278-5222	(Anonymous Drug Reporting)	
District Attorney –		Guns Hotline	414-278-4867
Consumer Fraud Unit	414-278-4646		
Public Integrity Unit	414-278-4645		
Mental Health			
Crisis Hotline	414-257-7222		
Crisis Hotline (TTY/TDD)	414-257-6300		
City of Milwaukee:		State of Wisconsin:	
Fraud Hotline	414-286-3440	Child Abuse or Neglect Referrals	414-220-7233
		DOJ Consumer Protection Unit	1-800-998-0700
		Wisconsin W-2 Fraud Hotline	1-877-865-3432
		Wisconsin Child Care Fraud	1-877-302-3728
		Legislative Audit Bureau Hotline	1-877-372-8317
		Federal:	
		Medicare Fraud	1-800-447-8477
		Social Security Fraud	1-800-269-0271
		Federal Funds Fraud (FraudNet)	1-800-424-5454

(7/2/12)

INDEMNITY AND INSURANCE REQUIREMENTS ACKNOWLEDGEMENT

INDEMNITY

Contractor agrees to the fullest extent permitted by law, to indemnify, defend and hold harmless the County, its agents, officers and employees, from and against all liability. Including, but not limited to, costs and attorney's fees, all claims, and causes of actions by reason of liability for damages including suits at law or in equity, caused by any wrongful, intentional, or negligent act or omission of Contractor, or its (their) agents which may arise out of or are connected with any of the activities covered by this Contract.

INSURANCE

Contractor agrees to evidence and maintain proof of financial responsibility to cover costs as may arise from claims of tort, malpractice, errors and omissions, statutes and benefits under Workers' Compensation laws and/or vicarious liability arising from employees or agents. Such evidence shall include insurance coverage for Worker's Compensation claims as required by the State of Wisconsin, Commercial General Liability and/or Business Owner's Liability, Automobile Liability (if the Agency owns or leases any vehicles) and Professional Liability (where applicable) in the minimum amounts listed below.

Automobile insurance that meets the Minimum Limits as described in the Contract is required for all agency vehicles (owned, non-owned, and/or hired).

Contractor hereby certifies that Contractor's Direct Service Providers who use personal vehicles for any purpose related to the provision of Covered Services have in effect insurance policies in companies licensed to do business in the State of Wisconsin providing protection against all liability, including public liability and property damage, arising out of the use of their automobiles during the course of their employment. Contractor further certifies that said Direct Service Providers have a Driver's License valid in the state of Wisconsin.

If the services provided under the contract constitute professional services, Contractor shall maintain Professional Liability coverage as listed below. Treatment providers (including psychiatrists, psychologists, social workers) who provide treatment off premises must obtain General Liability coverage (on premises liability and off-premise liability), to which Milwaukee County is added as an additional insured, unless not otherwise obtainable.

It being further understood that failure to comply with insurance requirements might result in suspension or termination of the Contract:

<u>Type of Coverage</u>	<u>Minimum Limit</u>
<u>Wisconsin Workers' Compensation</u> or Proof of all States Coverage	Statutory
<u>Employers' Liability</u>	\$100,000/\$500,000/\$100,000
<u>Commercial General and/or Business Owner's Liability</u>	
Bodily Injury & Property Damage (Incl. Personal Injury, Fire, Legal Contractual & Products/Completed Operations)	\$1,000,000 - Per Occurrence \$1,000,000 - General Aggregate
<u>Automobile Liability</u> Bodily Injury & Property Damage All Autos - Owned, Non-Owned and/or Hired Uninsured Motorists	\$1,000,000 Per Accident Per Wisconsin Requirements
<u>Professional Liability</u> To include Certified/Licensed Mental Health and AODA Clinics and Providers and Hospital, Licensed Physician or any other qualified healthcare provider under Sect 655 Wisconsin Patient Compensation Fund Statute	\$1,000,000 Per Occurrence \$3,000,000 Annual Aggregate As required by State Statute
Any non-qualified Provider under Sec 655 Wisconsin Patient Compensation Fund Statute State of Wisconsin (indicate if Claims Made or Occurrence)	\$1,000,000 Per Occurrence/ Claim \$3,000,000 Annual Aggregate
Other Licensed Professionals	\$1,000,000 Per Occurrence \$2,000,000 Annual aggregate or Statutory limits whichever is higher

Should the statutory minimum limits change, it is agreed the minimum limits stated herein shall automatically change as well

Milwaukee County, as its interests may appear, shall be named as, and receive copies of, an "additional insured" endorsement, for general liability, automobile insurance, and

umbrella/excess insurance. Milwaukee County DHHS must be afforded a thirty day (30) written notice of cancellation, or non-renewal. Disclosure must be made of any non-standard or restrictive additional insured endorsement, and any use of non-standard or restrictive additional insured endorsement will not be acceptable.

Exceptions of compliance with “additional insured” endorsement are:

1. Transport companies insured through the State “Assigned Risk Business” (ARB).
2. Professional Liability where additional insured is not allowed.

A Waiver of Subrogation for Workers’ Compensation by endorsement in favor of Milwaukee County is also required. A copy of the endorsement shall be provided.

Contractor shall furnish County annually on or before the date of renewal, evidence of a Certificate indicating the above coverages (with the Milwaukee County Department of Health and Human Services named as the “Certificate Holder,” as noted below). The Certificate shall be submitted for review and approval by County throughout the duration of this Contract. If said Certificate of Insurance is issued by the insurance agent, it is Contractor’s responsibility to ensure that a copy is sent to the insurance company to ensure that the County is notified in the event of a lapse or cancellation of coverage.

Milwaukee County
Department of Administration
Attention: Risk Manager
901 North 9th Street Room 302
Milwaukee, WI 53233

Vendor must at the time of the contract award provide to the County proof of all Liability clauses listed above.

Indicate an understanding of Milwaukee County requirements and willingness to comply:

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Company: _____

DESIGNATION OF CONFIDENTIAL AND PROPRIETARY INFORMATION

The attached material submitted in response to the 2010 Request for Proposal includes proprietary and confidential information, which qualifies as a trade secret, s provided in s. 19.36(5), Wis. Stats. Or is otherwise material that can be kept confidential under the Wisconsin Open Records Law. As such, we ask that certain pages, as indicated below, of this bid/proposal response be treated as confidential material and not be released without our written approval.

Prices/Budget Info always become public information when bids/proposals are open, and therefore cannot be kept confidential.

Other information cannot be kept confidential unless it is a trade secret. Trade secret is defined in s. 134.90(1)(c). Wis. Stats. As follows: "Trade secret" means information, including a formula, pattern, compilation, program, device, method, technique or process to which all of the following apply:

1. The information derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use.
2. The information is the subject of efforts to maintain its secrecy that are reasonable under the circumstances.

RFP contain no confidential and proprietary information.
OR

We request that the following pages not be released:

Section	Page #	Topic

IN THE EVENT THE DESIGNATION OF CONFIDENTIALITY OF THIS INFOMRATION IS CHALLENGED, THE UNDERSIGNED HERBY AGREES TO PROVIDE LEGAL COULSEL OR OTHER NECESSARY ASSISTANCE TO DEFEND THE DESIGNATION OF CONFIDENTIALITY AND AGREES TO HOLD MILWAUKEE COUNTY HARMLESS FOR ANY COSTS OR DAMAGES ARISING OUT OF MILWAUKEE COUNTY’S AGREEMENT TO WITHOLD THE MATERIALS.

Failure to include this form in the Request for Proposal may mean that all information provided as part of the proposal response will be open to examination and copying. Milwaukee County considers other markings of confidential in the proposal document to be insufficient. The undersigned agrees to hold Milwaukee County harmless for any damages arising out of the release of any materials unless they are specifically identified above.

Company Name _____

Authorized Representative _____

Signature

Authorized Representative _____

Type or Print

Date _____