

COLUMBUS CONSOLIDATED GOVERNMENT
Georgia's First Consolidated Government



FINANCE DEPARTMENT
PURCHASING DIVISION

100 TENTH STREET, COLUMBUS, GEORGIA 31901
P. O. BOX 1340, COLUMBUS, GEORGIA 31902-1340
706-653-4105, Fax 706-225-3033
www.columbusga.org

Date: April 13, 2018

<p>REQUEST FOR PROPOSALS:</p> <p>RFP No. 18-0022</p>	<p>Qualified vendors are invited to submit sealed proposals, subject to conditions and instructions as specified, for the furnishing of:</p> <p align="center">INMATE MEDICAL & PHARMACY SERVICES FOR MUSCOGEE COUNTY PRISON (ANNUAL CONTRACT)</p>
<p>GENERAL SCOPE</p>	<p>Provide comprehensive medical and pharmacy services to inmates incarcerated in the Muscogee County Prison, in accordance with the specifications set forth herein.</p>
<p>NON-MANDATORY SITE VISIT</p>	<p>No later than seven (7) business days before the proposal due date, vendors desiring to do so may schedule a site visit to view the Clinic of the Muscogee County Prison. To schedule the site visit, contact Deputy Warden Daniel King at 706-225-5803 or dking@columbusga.org. Vendors are not required, but are strongly encouraged, to attend the Non-Mandatory Site Visit. Questions/concerns resulting from the Site Visit must be submitted in writing to the Purchasing Division, as specified on pages 9 and 10.</p>
<p>DUE DATE</p>	<p align="center">MAY 11, 2018 - 5:00 PM (EASTERN)</p> <p>Sealed proposals must be received and date/time stamped on or before the due date by the Finance Department/Purchasing Division of Columbus Consolidated Government, located on the 5th Floor, Government Center Tower, 100 Tenth Street, Columbus, GA.</p>
<p>ADDENDA</p>	<p align="center"><u>IMPORTANT INFORMATION</u></p> <p>The Purchasing Division will post addenda (if any) for this project at https://www.columbusga.gov/finance/purchasing/docs/opportunities/Bid_Opportunities.htm. It is the vendors' responsibility to periodically visit the web page for addenda, before the due date and prior to submitting a proposal.</p>
<p>NO PROPOSAL SUBMISSION</p>	<p>If you are not interested in this solicitation, please complete and return page 3.</p>

Andrea J. McCorvey,
Purchasing Division Manager



IMPORTANT INFORMATION

E-Notification

Effective December 31, 2014, Columbus Consolidated Government (the City) discontinued mailing postcard notifications to its registered vendors, and began using the Georgia Procurement Registry e-notification system.

You must register with the Team Georgia Marketplace to receive future procurement notifications at <http://doas.ga.gov/state-purchasing/suppliers/getting-started-as-a-supplier>.

If you have any questions or encounter any problems while registering, please contact the Team Georgia Marketplace Procurement Helpdesk:

Telephone: 404-657-6000

Fax: 404-657-8444

Email: procurementhelp@doas.ga.gov

STATEMENT OF "NO PROPOSAL SUBMISSION"

Notify the Purchasing Division if you do not intend to submit a Proposal:

Email bidopportunities@columbusga.org or return this form, via fax or mail, to:

Fax number 706-225-3033

Attn: Della Lewis, CPPB, Buyer Specialist

Columbus Consolidated Government

Purchasing Division

P. O. Box 1340

Columbus, Georgia 31902-1340

We, the undersigned decline to submit a proposal for **RFP No. 18-0022** for **Inmate Medical & Pharmacy Services for Muscogee County Prison (Annual Contract)** for the following reason(s):

- Specifications are too "tight", i.e. geared towards one brand or manufacturer (explain below)
- There is insufficient time to respond.
- We do not offer this product and/or service.
- We are unable to meet specifications.
- We are unable to meet bond requirements.
- Specifications are unclear (explain below).
- We are unable to meet insurance requirements.
- Remove us from your vendor list for this commodity or service.
- Other (specify below)

Comments

We understand that if this statement is not completed and returned, Columbus Consolidated Government may delete our company from its bidder list for this commodity or service.

COMPANY NAME: _____

AGENT: _____

DATE: _____

TELEPHONE NUMBER: _____

ADDRESS: _____

PROPOSALS WILL BE EVALUATED IN ACCORDANCE WITH THE PROCEDURES AS OUTLINED BELOW IN SECTIONS 3-110 AND 3-111 OF THE PROCUREMENT ORDINANCE. ALL PROPOSALS WILL BE KEPT CONFIDENTIAL.

3-110 Competitive Sealed Proposals (Competitive Sealed Negotiations) For Equipment, Supplies or Professional Services - \$10,000 and Above

(1) Conditions for Use

When the Purchasing Division Manager determines that the use of competitive sealed bidding for any procurement is either not practicable or not advantageous to the City, a contract may be entered into using the competitive sealed proposals (negotiation) method. In addition, the competitive sealed proposal process shall be used for the procurement of professional services.

The competitive sealed proposal process may be used for procurements with an estimated total cost less than \$10,000, if deemed to be in the best interest of the City. If the total cost can be determined, the authority to approve such solicitations will be as prescribed by Article 3-104, Purchasing Limits. If, due to the required services, a total cost cannot be determined then the award recommendation will be approved by Council.

A. Request for Proposals

Proposals shall be solicited through Request for Proposals. The Purchasing Division shall establish the specifications with the using agency and set the date and time to receive proposals. The request for proposal shall include a clear and accurate description of the technical requirements for the service or item to be procured.

B. Public Notice

Adequate public notice of the Request for Proposals shall be given in the same manner as provided under the section titled “Competitive Sealed Bids.”

C. Receipt of Proposals

Proposals must be received by the deadline date established. No public opening will be held. No proposals shall be handled so as to permit disclosure of the identity of any offeror or the contents of any proposal to competing offerors during the process of discussion. A register of proposals shall be prepared as part of the contract file, and shall contain the name of each offeror, the number of modifications received (if any), and a description sufficient to identify the item offered. The register of proposals shall be open for public inspection only after contract award.

D. Evaluation Factors

The Request for Proposals shall identify all significant evaluation factors (including price or cost) and their relative importance. Mechanisms shall be established for technical evaluation of the proposals received, determinations of responsible offerors for the purpose of written or oral discussions, and selection for contract award.

E. Discussion with Responsible Offerors and Revisions to Proposals

As provided in the Request for Proposals, discussions (negotiations) may be conducted with responsible offerors who submit proposals determined to be reasonably susceptible of being selected for award, to assure full understanding of

and conformance to the solicitation requirements. All qualified, responsible offerors shall be given fair and equal treatment with respect to any opportunity for discussion and revision of proposals, and such revisions may be permitted after submissions and prior to award for the purpose of obtaining best and final offers. In conducting discussions, there shall be no disclosure of the identity of competing offerors or any information derived from proposals submitted by competing offerors. If only one proposal response is received, then the award recommendation shall be to the single offeror, if the offeror meets all requirements.

F. Award.

After negotiations, the award recommendation must be presented to Columbus City Council for final approval. Award will be made to the responsible offeror whose proposal is determined to be the most advantageous to the City, taking into consideration total cost (if determined) and all other evaluation factors set forth in the Request for Proposals.

After Council approval, a contract based on the negotiations (if negotiations were necessary) will be drawn and signed by all necessary parties. If Council does not approve the award, further negotiations may take place with the recommended offeror or negotiations will begin with the next most qualified offerer. The contract file shall contain the basis on which the award is made.

After contract award, the contract file will be made public. Offerors will be afforded the opportunity to make an appointment to review the contract file.

DO YOU HAVE QUESTIONS, CONCERNS OR NEED CLARIFICATION ABOUT THIS SOLICITATION?

COMMUNICATION CONCERNING ANY SOLICITATION CURRENTLY ADVERTISED MUST TAKE PLACE IN WRITTEN FORM AND ADDRESSED TO THE PURCHASING DIVISION.

ALL QUESTIONS OR CLARIFICATIONS CONCERNING THIS SOLICITATION SHALL BE SUBMITTED IN WRITING. THE CITY WILL NOT ORALLY OR TELEPHONICALLY ADDRESS ANY QUESTION OR CLARIFICATION REGARDING BID/PROPOSAL SPECIFICATIONS. IF A VENDOR VISITS OR CALLS THE PURCHASING DIVISION WITH SUCH QUESTIONS, HE OR SHE WILL BE INSTRUCTED TO SUBMIT THE QUESTIONS IN WRITING.

ALL CONTACT CONCERNING THIS SOLICITATION SHALL BE MADE THROUGH THE PURCHASING DIVISION. BIDDERS SHALL NOT CONTACT CITY EMPLOYEES, DEPARTMENT HEADS, USING AGENCIES, EVALUATION COMMITTEE MEMBERS OR ELECTED OFFICIALS WITH QUESTIONS OR ANY OTHER CONCERNS ABOUT THE SOLICITATION. QUESTIONS, CLARIFICATIONS, OR CONCERNS SHALL BE SUBMITTED TO THE PURCHASING DIVISION IN WRITING. IF IT IS NECESSARY THAT A TECHNICAL QUESTION NEEDS ADDRESSING, THE PURCHASING DIVISION WILL FORWARD SUCH TO THE USING AGENCY, WHO WILL SUBMIT A WRITTEN RESPONSE.

THE PURCHASING DIVISION WILL FORWARD WRITTEN RESPONSES TO THE RESPECTIVE BIDDER OR IF IT BECOMES NECESSARY TO REVISE ANY PART OF THIS SOLICITATION, A WRITTEN ADDENDUM WILL BE ISSUED TO ALL BIDDERS.

THE CITY IS NOT BOUND BY ANY ORAL REPRESENTATIONS, CLARIFICATIONS, OR CHANGES MADE TO THE WRITTEN SPECIFICATIONS BY CITY EMPLOYEES, UNLESS SUCH CLARIFICATION OR CHANGE IS PROVIDED TO THE BIDDERS IN A WRITTEN ADDENDUM FROM THE PURCHASING MANAGER.

BIDDERS ARE INSTRUCTED TO USE THE ENCLOSED "QUESTION/CLARIFICATION FORM" TO FAX OR EMAIL QUESTION.

ANY REQUEST, AFTER A SOLICITATION HAS CLOSED AND PENDING AWARD MUST ALSO BE SUBMITTED IN WRITING TO THE PURCHASING DIVISION.

QUESTION/CLARIFICATION FORM

Date: _____

To: Della Lewis, Buyer Specialist
Email bidopportunities@columbusga.org or
Fax (706) 225-3033

Re: **RFP No. 18-0022 - Inmate Medical & Pharmacy Services for Muscogee County Prison
(Annual Contract)**

.....
Questions and requests for clarification must be submitted at least five (5) business days before the due date:

From:

Company Name Website

Representative Email Address

Complete Address City State Zip

Telephone Number Fax Number

COLUMBUS CONSOLIDATED GOVERNMENT GENERAL PROVISIONS FOR REQUEST FOR PROPOSALS

Inmate Medical & Pharmacy Services for
Muscogee County Prison (Annual Contract)
RFP No. 18-0022

Provide comprehensive medical and pharmacy services to inmates incarcerated in the Muscogee County Prison, in accordance with the specifications set forth herein.

A. PROPOSAL SUBMITTAL DATE:

SEALED PROPOSALS ARE DUE: MAY 11, 2018 NO LATER THAN 5:00 PM (Eastern).
Submit one (1) original and seven (7) identical copies of the proposal. For proper identification, the proponent's complete name and address should appear on the exterior of the proposal package.

The proposal should be hand delivered or mailed to the following:

Columbus Consolidated Government - Purchasing Division
RE: Inmate Medical Services for Muscogee County Prison (Annual Contract) – RFP No. 18-0022

Mail: P.O. Box 1340
Columbus, Georgia 31902-1340

Deliver: 100 10th Street
Columbus, Georgia 31901

If the proposal does not reach the Purchasing Division on or before the due date, the proposal will be returned to the Proposer unopened. It is the Proponent's responsibility to insure the proposal is mailed or delivered by the due date. The City will not be held responsible for proposals delayed by the US Mail or any other courier.

The City shall not be held liable for any expenses incurred by the respondent in preparing and submitting the proposal and/or attendance at any interviews, final contract negotiations or applicable site visits. The City reserves the right to award this project or to reject any and all proposals; whichever is in the best interest of the City.

B. RECEIPT OF PROPOSALS:

Unless otherwise stated in the technical specifications of the RFP, the City will accept one, and only one, proposal per Offeror. In the event a team of firms is entering into a joint venture to respond to the RFP, one firm shall be named the prime contractor and the proposal shall be submitted in the name of the prime contractor. All correspondence concerning the RFP will be between the City and prime contractor.

C. SUBCONTRACTING:

Should the offeror intend to subcontract all or any part of the work specified, names and address of subcontractors must be provided in proposal response. The offeror shall be responsible for

subcontractors' full compliance with the requirements of the RFP specifications. If awarded the contract, payments will only be made to the offerors submitting the proposal. The Columbus Consolidated Government will not be responsible for payments to subcontractors.

D. QUESTIONS ABOUT THE RFP:

Communication concerning any solicitation currently advertised must take place in writing and addressed to the Purchasing Division. See page titled "Do You Have Questions ..." within this proposal package. **Questions and Requests for Clarification will be received until five business days prior to the proposal due date.**

E. PUBLIC INFORMATION:

All information and materials submitted will become the property of the Columbus Consolidated Government, Columbus, Georgia; and shall be subject to the provisions of the Georgia public records law. If awarded the contract, the proposal submission, in its entirety, will be included as part of the contract documents and filed, as public record, with the Clerk of Council.

F. ADDENDA:

The proposer shall include acknowledgment of receipt of addenda (if any) in their sealed proposal. The proposer should include an initialed copy of each addendum in the proposal package. It is the proposer's responsibility to contact the City for copies of addenda if they receive the proposal document from any other source other than the City.

G. CONTRACT:

Each proposal is received with the understanding that an acceptance in writing by the City of the offer to furnish any or all of the services and materials described shall constitute a contract between the proposer and the City. This contract shall bind the proposers to furnish and deliver the services and materials quoted, at the prices stated and in accordance with the condition of said accepted proposal.

It is agreed that the successful respondent will not assign, transfer, convey or otherwise dispose of the contract or its right, title or interest in or to the same, or any part thereof, without previous consent of the City and any sureties.

H. NON-COLLUSION:

Proposer declares that the proposal is not made in connection with any other proposer submitting a proposal for the same commodity or commodities, and that the proposal is bona fide and is in all respects fair and without collusion or fraud.

I. INDEMNITY:

The successful respondent agrees, by entering into this contract, to defend, indemnify and hold City harmless from any and all causes of action or claims of damages arising out of or under this contract.

J. DISADVANTAGED BUSINESS ENTERPRISE CLAUSE:

Disadvantaged Business Enterprises (minority or women owned businesses) will be afforded full opportunity to submit proposals in response to this invitation and will not be discriminated against on the grounds of race, color, creed, sex, sexual orientation, gender identity or national origin in consideration for an award. It is the policy of the City that disadvantaged business enterprises and minority business enterprises have an opportunity to participate at all levels of contracting in the

performance of City contracts to the extent practical and consistent with the efficient performance of the contract.

K. AFFIRMATIVE ACTION PROGRAM - NON-DISCRIMINATION CLAUSE:

The City has an Affirmative Action Program in connection with Equal Employment Opportunities. The successful vendor will comply with all Federal and State requirements concerning fair employment and employment of the handicapped, and concerning the treatment of all employees, and will not discriminate between or among them by reason of race, color, age, religion, sex, sexual orientation, gender identity, national origin or physical handicap.

L. SPECIFICATION DESCRIPTIONS:

The specifications detailed herein represent the quality of equipment, goods or services required by the City. Whenever in this invitation any particular process, service or equipment is indicated or specified by patent, proprietary or brand name of manufacturer/developer/inventor, such wording will be deemed to be used for the purpose of facilitating descriptions of the process, service or equipment desired by the City. It is not meant to eliminate offerors or restrict competition in any RFP process. Proposals that are equivalent or surpass stated specifications will be considered. Determination of equivalency shall rest solely with the City.

M. TAXES:

The City is exempt from State Retail Tax and Federal Excise Tax. Tax Exemption No. GA Code Sec. 48-8-3. Federal ID No. 58-1097948.

N. DRUG-FREE WORKPLACE:

Per Ordinance No. 93-55, in compliance with Federal and State Drug Free Workplace Acts, the Council of Columbus, Georgia adopted a drug free Workplace Policy. Consequently, any vendor providing goods or services to Columbus Consolidated Government must comply with all applicable Federal and State Drug Free Workplace Acts.

O. FEDERAL, STATE, LOCAL LAWS:

All respondents will comply with all Federal, State and Local laws, ordinances, rules and regulations relative to conducting business in Columbus, Georgia and performing the prescribed service. Ignorance on the part of the respondent shall not, in any way, relieve the respondent from responsibility for compliance with said laws and regulations or any of the provisions of these documents.

P. PROVISIONS OF THE PROCUREMENT ORDINANCE:

The provisions of the Procurement Ordinance for the Consolidated Government of Columbus, Georgia as adopted and amended by Council shall apply to all invitations to respond to Requests for Proposals and is specifically incorporated herein by this reference. A copy of the ordinance is on file in the Purchasing Division.

Q. INSURANCE:

All respondents shall maintain, and if requested, show proof of insurance applicable for services described in these specifications.

R. HOLD HARMLESS AGREEMENT:

The successful respondent hereby agrees to indemnify, hold free and harmless Columbus Consolidated Government (The City), its agents, servants, employees, officers, directors and

elected officials or any other person(s) against any loss or expense including attorney fees, by reason of any liability imposed by law upon the City, except in cases of the City's sole negligence, sustained by any person(s) on account of bodily injury or property damage arising out of or in the consequence of this agreement.

S. TERMINATION OF CONTRACT:

- 1. Default:** If the contractor refuses or fails to perform any of the provisions of this contract with such diligence as will ensure its completion within the time specified in this contract, or any extension thereof, otherwise fails to timely satisfy the contract provisions, or commits any other substantial breach of this contract, the Purchasing Division Director may notify the contractor in writing of the delay or nonperformance and if not cured within **ten (10) days** or any longer time specified in writing by the Purchasing Division Director, such director may terminate the contractor's right to proceed with the contract or such part of the contract as to which there has been delay or a failure to properly perform.

In the event of termination in whole or in part the Purchasing Division Director may procure similar supplies or services, from other sources, in a manner and upon terms deemed appropriate by the Purchasing Division Director. The contractor will continue performance of the contract to the extent it is not terminated and will be liable for excess costs incurred in procuring similar goods or services.

- 2. Compensation:** Payment for completed supplies or services delivered and accepted by the City will be at the contract price. The City may withhold from amounts due the contractor such sums as the Purchasing Director deems to be necessary to protect the City against loss because of outstanding liens or claims of former lien holders and to reimburse the City for the excess costs incurred in procuring similar goods and services.
- 3. Excuse for Nonperformance or Delayed Performance.** Except with respect to defaults of subcontractors, the contractor shall not be in default by reason of any failure in performance of this contract in accordance with its terms (including any failure by the contractor to make progress in the prosecution of the work hereunder which endangers such performance) if the contractor has notified the Purchasing Division Director within 15 days after the cause of the delay and the failure arises out of causes such as: acts of God; acts of public enemy; acts of the City and any other governmental entity in its sovereign or contractual capacity; fires; floods; epidemics; quarantine restrictions; strikes or other labor disputes; freight embargoes; or unusually severe weather, If the failure to perform is caused by the failure of a subcontractor to perform or to make progress, and if such failure arises out of causes similar to those set forth above, the contractor shall not be deemed to be in default, unless the supplies or services to be furnished by the subcontractor was reasonably obtainable from other sources in sufficient time to permit the contractor to meet the contract requirements.

Upon request of the contractor, the Purchasing Division Director shall ascertain the facts and extent of such failure, and, if such director determines that any failure to perform was occasioned by anyone or more of the excusable causes, and that, but for the excusable cause, the contractor's progress and performance would have met the terms of the contract, the delivery schedule shall be revised accordingly.

T. TIME FOR CONSIDERATION:

Due to the evaluation process, proposals must remain in effect for at least **120 days** after date of receipt.

U. CONTRACT AWARD:

Award of this contract will be made in the best interest of the City.

V. REQUEST FOR EVALUATION RESULTS:

Per the City's Procurement Ordinance, evaluation results cannot be divulged until after the award of the contract. After contract award, proponents desiring to review documents relevant to the RFP evaluation results will be afforded an opportunity by appointment only.

W. GOVERNING LAW:

The parties agree that this Agreement shall be governed by the laws of Georgia, both as to interpretations and performance.

X. FINAL CONTRACT DOCUMENTS:

It is understood that the final contract shall include the following: 1) The RFP; 2) Addenda; 3) Awarded Vendors(s) response; 4) Awarded Vendor(s) Clarifications; 5) Negotiated Components; 6) Additional Agreements required by Awarded Vendor(s); and 7) Awarded Vendor(s) Business Requirements.

Y. PAYMENT DEDUCTIONS:

The City reserves the right to deduct from payments to awarded vendor(s), any amount owed to the City for various fees, to include, but not limited to: False Alarm fees, Ambulance fees, Occupation License Fees, Landfill fees, etc.

Z. PAYMENT TERMS:

The City's standard payment term is usually net 30 days, after successful receipt of goods or services. Payment may take longer if invoice is not properly documented or not easily identifiable, goods/services are not acceptable, or invoice is in dispute.

NOTICE TO VENDORS

Columbus Council, by Ordinance 92-60 has prohibited any business, which is owned by any member of Columbus Council or the Mayor, or any business in which any member of Columbus Council or the Mayor has a substantial pecuniary interest from submitting a bid for goods or services to the Consolidated Government of Columbus, Georgia.

Likewise, by Ordinance 92-61, no business which is owned by any member of any board, authority or commission, subordinate or independent entity, or any business in which any member of any board, authority or commission, subordinate or independent entity has substantial pecuniary interest may submit a bid to the Consolidated Government if such bid pertains to the board, authority or commission.

INMATE MEDICAL & PHARMACY SERVICES FOR MUSCOGEE COUNTY PRISON (ANNUAL CONTRACT) RFP NO. 18-0022

I. INTRODUCTION

It is the intent of Columbus Consolidated Government (the City) and the Muscogee County Prison (MCP) to enter into an annual contract with a qualified medical correctional provider for comprehensive medical and pharmacy services to those patients incarcerated in the MCP. Currently, approximately 576 offenders (528 State and 48 County offenders) are housed at MCP, which is an all-male facility. The medical services will reflect the Georgia Department of Corrections medical standards for prisons and will be commensurate with the accepted community standard of care. These services are further delineated in **Appendix A**. Refer to **Appendix B** for current staffing and **Appendix C** for the 2017 Statistical Report.

Correctional Healthcare Companies, LLC (Greenwood Village, CO) is the current provider of inmate medical services; the contract does not include mental health services. The monthly cost for the medical services is \$58,927.85. The Muscogee County Prison does not currently have a contract for pharmacy services.

II. VENDOR QUALIFICATION

- A. Five (5) years successful experience providing comprehensive health care to jails/prisons with a population of approximately 600 inmates.
- B. Five (5) Years of successful experience providing comprehensive health care to state, county, or private prisons.
- C. Successful NCCHC accreditation of at least one jail/prison of comparable size.

III. TRANSITION PERIOD

Columbus Consolidated Government and Correctional Healthcare Companies, LLC have exhausted all renewals for the contract, which will expire on **August 31, 2018**. If the incumbent contractor is not awarded this contract, the successful contractor is expected to coordinate with Correctional Healthcare Companies, LLC to effect a smooth transition.

IV. TERM AND CONDITIONS

- A. The term of this contract will be for two (2) years, with an option to renew for three (3) additional twelve-month periods. Contract renewal will be contingent upon the mutual agreement of the City and the Contractor(s).

Notice of intent to renew will be given to the contractor in writing by the City Purchasing Manager, normally sixty days before the expiration date of the current contract. This notice shall not be deemed to commit the City to a contract renewal.

It should be noted that multi-year contracts may be continued each fiscal year only after funding appropriations and program approval have been granted by the Council of the Consolidated Government of Columbus, Georgia. In the event that the necessary funding is not approved, then the affected multi-year contract becomes null and void, effective July 1st of the fiscal year for which such approvals have been denied.

B. Termination for Convenience

For the protection of both parties, either party giving 90 days prior notice in writing to the other party may cancel this contract.

V. INDEMNITY CLAUSE

The Contractor covenants to save, defend, hold harmless, and indemnify the City, and all of its officers, departments, agencies, agents, and employees (collectively the "City") from and against any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney's fees), charges, liability, or exposure, however caused, resulting from, arising out of, or in any way connected with the Contractor's intentional, negligent, or grossly negligent acts or omissions in performance or nonperformance of its work called for by the Contract Documents.

VI. INSURANCE

The vendors shall be required, at their own expense, to furnish to the City of Columbus Purchasing Division, evidence showing the insurance coverage to be in force throughout the term of the contract. Insurance requirements are listed on the attached **Insurance Checklist (Form 3)**. **The limits shown are minimum limits. Vendor shall indicate the actual limit they will provide for each insurance requirement. The bidder shall complete the Insurance Checklist and include with bid response. Certificate of Insurance is acceptable.** The Insurance Checklist will indicate to the City, the bidder's ability and agreement to provide the required insurance, in the event of contract award.

The successful candidate shall provide the required Certificates of Insurance within **10 business days** after award notification. The Certificates of Insurance will be included with the contract documents prior to signing.

VII. GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT

In accordance with the Georgia Security and Immigration Compliance Act/E-Verify, every public employer, every contractor of a public employer, and every subcontractor of a public employer's contractor must register and participate in a federal work authorization program (see http://www.dol.state.ga.us/spotlight/sp_sb_529_new_rules.htm). **A completed, notarized E-Verify Affidavit must be included with sealed proposal; failure to do so will render the firm's or individual's proposal non-responsive and ineligible for award consideration.**

VIII. PROPOSAL PREPARATION AND SUBMISSION

The complete proposal shall contain the following information and shall be submitted in the order shown below. Please address each section in your proposal submission; divide each section with identifying tabs.

Firms should submit proposals that address each of the sections specified below. *With the exception of the E-Verify Affidavit*, the City reserves the right to request any omitted information. Firms shall be notified, in writing, and shall have two (2) days after notification to submit the omitted information. If the omitted information is not received within two (2) days, the firm shall be deemed non-responsive and the proposal will not receive further consideration.

PART A. TECHNICAL PROPOSAL

Section 1: Transmittal Letter

Transmittal letter shall introduce the applicant/business, describe the ownership, include complete address, phone and fax numbers (if applicable), and include the name and email of contact person(s) during this proposal process. Include a statement to the effect that the proposal is binding for at least 120 days from the proposal date. **An authorized agent of the business must sign the transmittal letter.**

Section 2: Affidavit for E-Verify/Georgia Security and Immigration Compliance Act (Form I)

A properly completed, notarized E-Verify Affidavit must be included with sealed proposal; failure to do so will render the firm's proposal non-responsive and ineligible for further consideration. To access your E-Verify Company Identification Number, see <https://e-verify.uscis.gov/emp/vislogin.aspx?JS=YES>.

Section 3: Addenda Acknowledgement

Acknowledge receipt for all addenda (if any). Addenda will be posted at: https://www.columbusga.org/finance/purchasing/docs/opportunities/Bid_Opportunities.htm. It is the vendors' responsibility to periodically visit the web page for addenda, before the due date and before submitting a proposal.

Section 4: Experience and Qualifications

This section shall address the firm's ability to fulfill the requirements of the RFP. Provide responses to the following:

- A. Describe in detail the firm's ability and experience in providing the medical and pharmacy services to incarcerated clients, as specified in Appendix A, as well as other clients with similar needs.
- B. Provide the names and titles of professional staff, including administrative and medical personnel, who will be dedicated to this contract to perform the services required. Provide copies of resumes, medical licenses, credentials, etc.
- C. Attach additional facts about your firm that you feel will be an asset in evaluating your proposal.

Section 5: Client Work History

Use **Form 2** to provide details of the last three (3) state, county or private jails/prison for which you have provided the specified services. The City reserves the right to contact additional clients not listed.

Section 6: Service Plan

- A. Describe the firm's understanding of the scope of service.
- B. Provide a written narrative, which demonstrates the method, or manner in which the offeror proposes to satisfy the requirements of this Request for Proposals. Include a proposed transition plan, and the requirements from Columbus Consolidated Government and the incumbent contractor, in the event the incumbent contractor is not awarded the new contract.
- C. Provide a list of all known equipment that will be provided by the vendor, or must be provided by the Muscogee County Prison under this contract.
- D. Describe any similar contracts vendor is currently involved in and their duration. Include the entity name and contact person, project, location, services provided, date of completion, and contact telephone and email.

Section 7: Cost Proposal (*subject to negotiations*)

Use **Form 5** to provide annual fees for medical services, which will be paid in twelve (12) equal monthly installments, and the percentage for pharmacy services. Delineate other associated costs required to provide the services but are not included in the annual fee.

Section 8: Contract Signature Page

Complete **Form 6**. City officials will sign the copies after Columbus Council approves the contract award with the successful firm. Contracts for Columbus Consolidated Government are typically comprised of the RFP specifications and addenda; the business documents of the successful firm; the proposal of the successful firms; cost proposal and negotiation documents; and any clarification documents.

Per Section 9 below, the firm’s agreement/contract form may be incorporated into the contract; subject to review and approval by the City’s Legal Department.

Section 9: Agreement/Contract Form (*If Applicable*)

Provide a copy of any and all Agreement(s)/Contract Form(s) the City would be required to sign prior to entering into a contract with your firm.

PART B. BUSINESS REQUIREMENTS

IN A SEPARATE ENVELOPE, SUBMIT ONE (1) COPY OF THE FOLLOWING DOCUMENTS:

1. Provide Insurance Checklist (**Form 3**) or Certificate of Insurance
3. W-9 (**Form 4**)
4. Provide a current copy of the Business License (Occupation License) that is required to conduct business at your location.

If awarded the contract, the successful vendor must obtain a business license from the City of Columbus. However, if the business is located in Georgia and has proof of being properly licensed by a municipality in Georgia, and paid applicable occupation taxes in that city, the contractor will not be required to pay occupation taxes in Columbus, Georgia.

If you have questions regarding this requirement, please contact Yvonne Ivey, Revenue Division Manager, at telephone 706-225-3091.

X. RFP EVALUATION

Each submittal will be evaluated to determine the ability of each offeror to provide the required services. The following weighted criteria will be used to evaluate proposals:

Criteria for Evaluation Weight	Weight
A. Experience and Qualifications	40%
B. Service Plan	40%
C. Client Work History	15%
D. Proposed Cost (<i>subject to negotiations</i>)	5%
Total	100%

Each of the above criteria (A-D) will be given a rating, of 1 through 100, by each member of the Evaluation Committee. The ratings are as follows:

RATING	DESCRIPTION
1-20	Poor
21-40	Fair
41-60	Good
61-80	Excellent
81-100	Superior

After the review and rating of proposal(s) by the evaluation committee, individual scores will be averaged and ranked. Offerors will be ranked in descending order of numerical predominance.

APPENDIX A

CONTRACT REQUIREMENTS

I. SCOPE OF SERVICES

Contractor will be required to provide the staffing, supplies, in-clinic contracts, systems, and administration to provide the following services to the patients at the Muscogee County Prison within the time frame and to a level of quality that will meet Georgia Department of Corrections (GDC) medical standards for prisons.

GDC has separate guidelines that Muscogee County Prison must meet, due to the 528 state inmates housed at MCP. Any changes in population or standard of care set forth in the GDC guidelines may require an adjustment in the staffing level agreed upon in the original contract. The changes shall be discussed between GDC and the awarded vendor. If an agreement in staffing or service levels cannot be met, either party may terminate upon a 90-day written notice.

The following list will serve as a minimum expectation of services the vendor will be required to provide within the scope of this contract:

A. Health Care Services:

1. Intake Screening
2. 14 day physicals
3. Sick Call
4. Chronic Care
5. Medical Delivery
6. Nursing Services
7. Emergency Services
8. Referrals to Hospital and Specialty Care
9. Case management
10. Utilization Management
11. Prior Authorization
12. Billing Adjudication
13. Quality Assurance/Quality Improvement
14. Offender Health Education
15. Medical Records management
16. Expendable Medical Supplies (Includes all expendables in sufficient quantity to execute daily delivery of medical care such as antifungal creams dressings, over the counter analgesics, cold medicines) (excludes pharmacy orders for prescription meds)
17. All office supplies, printing postage, manuals, telephones, and computer not directly involved in the actual point of delivery inmate medical care will be responsibility of the vender.
18. Formulary Development and Management
19. In clinic labs (includes contract with lab services provider)
20. In clinic x-ray services (includes contract with mobile x-ray)
21. Dental services (will not include costs associated with partials, dentures, and oral surgery conducted off site)
22. Hazardous Waste Management and Disposal (includes contract with waste management disposal company)
23. Vender is responsible for providing its employees with all equipment required for conducting routine medical assessments and procedures to include but not limited to any

- devices used to access vital signs, dopplers, stethoscopes, glucometers and test strips, dressings, suture kits etc.
- 24. Drugs and Alcohol Withdrawal and Detox.
- 25. Vender is responsible for filing Medicare.

B. Pharmacy Services

- 1. Formulary and non-formulary oversight
- 2. Prescribing and dispensing of medications
- 3. Recordkeeping
- 4. Management data and reports quantifying medications ordered, processed, delivered, and disposed.
- 5. Reports shall be delivered in a mutually agreed upon HIPAA-compliant format.
- 6. Secure and proper storage of all medications in accordance with NCCHC standards, Muscogee County Prison policy, and applicable state and federal laws.
- 7. Contracted vendor shall invoice (monthly) the Muscogee County Prison for amounts paid by the contracted vendor, on behalf of the Muscogee County Prison for pharmacy services, and cost details for the same, plus the management fee (percentage).

II. PERSONNEL/STAFFING

Vendor will be required to recruit, train, and manage all clinical staff. The Muscogee County Prison has provided a sample-staffing matrix below, but vendors are encouraged to offer innovative ways to enhance the delivery of care with more efficient staffing models. Any changes in population or standard of care set forth in the GDC guidelines may require an adjustment in the staffing level agreed upon in the original contract. The changes shall be discussed between GDC and the awarded vendor. If an agreement in staffing or service levels cannot be met, either party may terminate upon a 90-day written notice.

Staffing Matrix Proposed by the MCP for the Muscogee County Prison

1. Medical Director (1)	8 hours per week
2. NP/PA (1)	8 hours per week
3. RN (1)	40 hours per week
4. Administrative Assistant (1)	40 hours per week
5. LPNs (5)	200 hours per week (40 hours each)
6. Dentist (1)	4 hours per week
7. Optometrist (1)	4 hours per week
8. X-Ray Technician (1)	1 hour weekly

III. VENDOR REQUIREMENTS

- A. Vendor will be responsible for arranging emergency service and emergency transport. Vendor will not be financially responsible for emergency room costs or the cost of transport.
- B. Vendor will be responsible for arranging hospital and specialty care. Vendor will not be responsible for the costs of either hospital or specialty care.
- C. Vendor will not be responsible for elective care. Elective care is any treatment or medical intervention not required to prevent deterioration in the patient’s health or required to avoid obvious harm to the inmate/patient. The vendor’s Medical Director will determine what treatments, interventions, therapies and pharmaceuticals are elective as opposed to those required to maintain the patients’ health.

- D. Vendor will be required to provide emergency services to anyone on the property of the MCP to include visitors, other contractors and staff. The vendor is not responsible for any costs associated with transport of or follow-up care provided to these patients.
- E. Vendor is responsible for providing the MCP with a pharmaceutical formulary, which includes an objective process and peer oversight/ prior authorization for any prescriptions, which deviate from the base line first tier drug formulary. The vendor is NOT responsible for the cost associated with any prescription, which is derived from the formulary and/or follows the process agreed upon for ordering non-formulary drugs. In those cases in which the vendor's provider does not follow the formulary or the process of prior authorization for ordering non-formulary drugs, the vendor WILL be responsible for the cost associated with that prescription.
- F. Vendor will be responsible for all Utilization Management and Claims Adjudication for any off site hospitalization or specialty care. The vendor will be identified as the administrative agent for all off-site medical care for the MCP. The vendor will not be financially responsible for any off-site specialty or hospital care.
- G. Vendor will bill the MCP thirty (30) days after the end of the contract quarter for reimbursement equal to all the money the vendor has paid off-site medical services on behalf of the MCP. The MCP will submit payment to the vendor equal to the amount the vendor has billed within 30 days of receipt.
- H. The MCP will provide all the office space, clinic space, durable medical equipment and security that will be required by the vendor to allow the vendor to provide medical services to inmate/patients within the time frame and of the quality required.
- I. Vendor will not be responsible for mental health treatment.
- J. Vendor will provide monthly summary reports on clinical services to the MCP. These reports will include as a minimum the following:
 - 1. Number of patients on Psychotropic Drugs (A contracted mental health provider will prescribe the drugs and the successful Inmate Medical & Pharmacy Services provider shall dispense/administer the drugs to the inmates.)
 - 2. Treatment of patients with alcohol and drug abuse issues
 - 3. Any use of restraints
 - 4. Any use of forced medications
 - 5. Sick call
 - 6. Chronic care
 - 7. Physicals
 - 8. Intake Screening
 - 9. TB prevention
 - 10. Infection Control Tracking
 - 11. HIV Treatment
 - 12. Staffing report with actual FTEs, hours worked and level of professional certifications.
 - 13. Any sentinel events
 - 14. Legal Cases
 - 15. Dental Sick Call
 - 16. Vision Screening
 - 17. Referrals to outside specialists
 - 18. Any refusals of care by patients
 - 19. Any refusals of medication
 - 20. Narcotics counts
 - 21. Emergency Room visits (requires additional documentation and justification)
 - 22. Specialist visits (requires additional documentation and justification)

IV. EQUIPMENT PROVIDED BY MUSCOGEE COUNTY PRISON

- A. Examination Tables 2 each
- B. Centrifuge 1 each
- C. Dental Chair (New) 1 each
- D. AED (New) 1 each
- E. Medication Cart 1 each
- F. Sharps Cart 1 each
- G. Glucometer 1 each
- H. Oxygen Tanks 4 each
- I. Emergency Bags (Stocked) 2 each
- J. Scales (1 digital, 1 manual) 2 each
- K. Wheel Chair 1 each
- L. Back Board 1 each
- M. Medical Refrigerator 1 each
- N. Specimen Refrigerator 1 each
- O. Gurnee 1 each
- P. Ophthalmoscope 1 each
- Q. Portable Pulse oximeter 1 each
- R. Dental X-ray Machine 1 each
- S. Autoclave 1 each
- T. Mobile Blood Pressure 1 each
- U. Copier (Under contract) 1 each
- V. Physician stools 3 each
- W. Compressor Nebulizer 1 each
- X. IV Pole 1 each
- Y. Office Desks 4 each

V. EQUIPMENT/SERVICES TO BE PROVIDED BY VENDOR

If the incumbent service provider is not awarded this contract, the successful vendor shall provide the following:

- A. EKG Machine (New) 1 each
- B. Computers (New) 2 each
- C. Otoscopes 2 each
- D. Internet services
- E. Telephone services

VI. SUMMARY

The MCP has purposely elected to not describe the methods of and procedures by which the selected vendor will execute the medical services they will be contracted to provide. Rather we expect that the vendor will be cognizant of the Georgia Department of Corrections guidelines and evolving legal/medical environment from which the concept of “Community Standard of Care” is derived. We expect that the selected vendor can articulate innovative, efficient practices that will ensure the inmate/patient receives the quality of care required to protect their health, meets this community’s expectation of humaneness and applies the investment the taxpayers have made as effectively as possible.

APPENDIX B

Staffing Matrix of Current Contractor

Position	Hours/Week	Total Full-Time Employees
Medical Director – Physician	8	.20
Dentist	4	.10
Registered Nurse	40	1.00
Licensed Practical Nurse	112	2.80
Licensed Practical Nurse	56	1.40
Licensed Practical Nurse	56	1.40

Muscogee County Prison Division													
Health Services Statistical Report	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals YTD
AVERAGE DAILY POPULATION													
MEDICAL													
INPROCESSING SCREENING BY CCS	11	15	16	15	24	27	15	25	10	34	14	24	230
SICK CALL - NURSE						449	378		518	405	234	324	2308
SICK CALL - PROVIDER							11	6	13	0	0	0	30
SICK CALL - PHYSICIAN VISITS	126	126	103	135	108	80	119		127	123	117	106	1270
SICK CALL - TOTAL ENCOUNTERS	509	672	617	681	666	529	497		658	528	351	430	3138
SICK CALL - TOTAL REFERRALS RECEIVED													
EMERGENCY RESPONSE - ON-SITE	0	0	0	0	0	1	0	0	0	0	0	0	1
NURSE CONTACTS - TREATMENTS & MONITORING													
14 DAY HEALTH ASSESSMENTS COMPLETED													
14 DAY HEALTH ASSESSMENTS UNCOMPLETED													
ANNUAL HEALTH ASSESSMENTS COMPLETED	6	2	1	7	5	6	5	38	11	15	10	6	112
ANNUAL HEALTH ASSESSMENTS DUE													
X-RAYS (NON-TB RELATED) ON-SITE	19	6	9	21	14	9	6	9	10	10	10	11	134
EKGs								1	0		0	1	2
MEDICAL RECORDS													
SCANNED PAPERWORK													
MENTAL HEALTH													
PSYCHIATRY													
INMATES SEEN	8	0	0	0	11	1	11	0	11	0	2	1	45
EMERGENCY/ URGENT INMATES SEEN	0	0	0	0	1		0	0	0	0	0	1	2
PSYCH EVALS (HD)						1	2	0	0	0	1	2	6
MENTAL HEALTH PROVIDERS													
# OF MENTAL HEALTH REQUEST	0	0	0	1	1	0	2	0	1	0	4	0	9
FOLLOW-UP VISITS	0	0	0	0	10	0	0	0	10	0	12	0	32
SEGREGATION ROUNDS	31	26	28	30	31	31	30	31	31	0	30	31	330
# OF MENTAL HEALTH REFERRALS	0	0	0	0	1	0	0	0	0	0	4	0	5
SELF-HARM													
# OF INMATES ATTEMPTED SUICIDE	0	0	0	0	0	0	0	0	0	0	0	0	0
DENTAL													
DENTAL EXAMS	36	34	33	35	47	23	48	34	34	38	47	36	445
DENTAL SICK CALL / SCREENS	36	34	33	35	47	23	48	34	34	38	50	37	445
EXTRACTIONS	31	32	22	26	27	17	31	28	18	25	38	27	322
REFUSALS	14	6	6	8	12	9	2	9	11	4	9	3	93
OFF-SITE DENTAL REFERRALS	1	1	2	2	0	2	1	2	1	2	0	2	16
OFF-SITE SERVICES													
EMERGENCY ROOM VISITS	1	4	0	3	1	3	3	2	4	5	2	4	32
AMBULANCE TRANSPORTS to ER	0	1	0	0	1	1	0	0	0	2	1	1	7
PRISON TRANSPORTS to ER	1	0	0	0	0	2	3	2	4	3	1	3	19
HOSPITAL ADMISSIONS	0	1	0	0	0	1	0	0	0	1	0	1	4
HOSPITAL DAYS	0	1	0	0	0	1	0	0	0	3	1	1	7
AVERAGE LENGTH OF STAY	0	1	0	0	0	1	0	0	0	3	0	1	6
ON-SITE SPECIALTY CONSULTATIONS	1	0	0	0	0	0	0	0	0	0	0	0	1
OFF-SITE SPECIALTY CONSULTS	1	2	0	1	1	0	0	0	0	0	1	0	6
ONE DAY SURGERIES	0	0	0	0	0	0	0	0	0	0	1	0	1
OFF-SITE RADIOLOGY	0	0	0	0	0	1	0	0	0	1	0	0	2
DEATHS ON-SITE	0	0	0	0	0	0	0	0	0	0	0	0	0
DEATH IN CUSTODY	0	0	0	0	0	0	0	0	0	0	0	0	0
PHARMACEUTICALS													
TOTAL I/MS ON MEDS	257	153	148	125	179	112	110	102	110	98	107	111	1512
TOTAL I/MS ON MEDICAL MEDS	257	153	148	125	179	112	110	102	110	98	107	111	1512
TOTAL I/MS ON PSYCHOTROPIC MEDS	9	9	10	10	11	12	11	9	11	10	10	11	123
TOTAL I/MS NONFORMULARY MEDS	51	42	44	28	63	31	16	34	30	0	33	22	384
# OF MEDICATION CARDS RETURNED TO PHARMACY	15	6	10	22	31	21	27	23	12	13	9	15	165
# OF MEDICATION BOXES RETURNED TO PHARMACY	0	0	23	24	1	0	0	0	0	0	0	0	48
CHRONIC CARE													
ASTHMA/COPD	3	2	6	6	3	6	7	3	6	7	1	6	56
DIABETICS	0	2	4	0	0	1	1	0	0	1	0	1	10
DIALYSIS	0	0	0	0	0	0	0	0	0	0	0	0	0

Muscogee County Prison Division													
Health Services Statistical Report	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals YTD
HIV	0	0	0	0	0	0	0	0	0	0	0	0	0
PREGNANCY	0	0	0	0	0	0	0	0	0	0	0	0	0
HYPERTENSION / CARDIOVASCULAR	14	9	7	14	15	7	17	10	5	15	11	10	134
SEIZURE DISORDERS	0	0	0	0	0	1	0	0	0	0	0	0	1
THYROID	0	10	0	0	0	0	0	0	0	0	0	0	0
TUBERCULOSIS	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER	4	3	4	4	4	5	5	4	3	7	2	2	43
INFECTIOUS DISEASE CONTROL													
PPDs PLANTED	13	28	16	13	41	35	36	61	47	28	15	18	351
PPDs READ	13	28	16	13	41	35	36	61	47	28	15	18	351
POSITIVE PPDs	0	0	0	0	0	0	0	0	0	0	0	0	0
TB RELATED CHEST X-RAYS	1	2	1	3	3	4	2	8	3	7	7	0	38
ACTIVE TB	0	0	0	0	0	0	0	0	0	0	0	0	0
HIV TEST	6	10	10	18	18	18	13	61	29	26	34	0	188
POSITIVE HIV	1	0	0	0	0	0	0	0	0	0	0	0	1
# OF POSITIVE HIV INMATES	1	0	0	0	0	0	0	0	0	0	0	0	1
HEPATITIS A													
HEPATITIS B													
HEPATITIS C	1	1	1	0	2	1	1	0	1	2	3	2	15
CHLAMYDIA													
GONORRHEA													
SYPHILIS	2	0	0	0	0	1	0	1	0	0	0	0	4
Other STD/ PID Not listed					1	1	1	1	2	2	2	2	12
PEDICULOSIS													
SCABIES													
MRSA CONFIRMED													
CONFIRMED MRSA TREATED													
SUSPECTED MRSA TREATED													
GRIEVANCES													
INMATES WITH GRIEVANCES													
DISSATISFIED WITH MEDICAL CARE													
DISSATISFIED WITH DENTAL CARE													
DISSATISFIED WITH MENTAL HEALTH CARE													
DISSATISFIED WITH STAFF CONDUCT													
DISSATISFIED WITH DELAY IN HEALTHCARE													
PROBLEMS WITH MEDS													
REQUEST TO BE SEEN													
OTHER													

**VENDOR INFORMATION REGARDING
GEORGIA SECURITY AND IMMIGRATION COMPLIANCE**
and

House Bill 87, also known as, The Illegal Immigration Reform and
Enforcement Act of 2011

Section 3 of House Bill 87 amends O.C.G.A. §13-10-91.

O.C.G.A. §13-10-91(b)(1) states, in part, “A public employer shall not enter into a contract ... for the physical performance of services unless the contractor registers and participates in the federal work authorization program.”

Accordingly, the affidavits on the pages that follow relate to documentation you must provide the City.

All contractors must complete the attached “CONTRACTOR AFFIDAVIT”**. Additionally, if you utilize subcontractors, they must complete the “SUBCONTRACTOR AFFIDAVIT” and or the “SUB-SUBCONTRACTOR AFFIDAVIT.”**

***In lieu of the affidavit required by this subsection, a contractor, subcontractor, or sub-subcontractor who has no employees and does not hire or intend to hire employees for purposes of satisfying or completing the terms and conditions of any part or all of the original contract with the public employer shall instead provide a copy of the state issued driver's license or state issued identification card of such contracting party and a copy of the state issued driver's license or identification card of each independent contractor utilized in the satisfaction of part or all of the original contract with a public employer. A driver's license or identification card shall only be accepted in lieu of an affidavit if it is issued by a state within the United States and such state verifies lawful immigration status prior to issuing a driver's license or identification card.

See <https://e-verify.uscis.gov/emp/vislogin.aspx?JS=YES> to access your E-Verify Company Identification Number.

Information is available at: http://www.dol.state.ga.us/spotlight/sp_sb_529_new_rules.htm

**CONTRACTOR AFFIDAVIT
E-VERIFY / GEORGIA SECURITY & IMMIGRATION COMPLIANCE ACT**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of **Columbus Consolidated Government** has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Company ID Number (*numerical, 4-7 digits*)

Date of Authorization

****See <https://e-verify.uscis.gov/emp/vislogin.aspx?JS=YES> to access your E-Verify Company Identification Number.**

Name of Contractor

Inmate Medical & Pharmacy Services for MCPPrison (Annual Contract); RFP No. 18-0022

Name of Project

Columbus Consolidated Government

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ____, 20__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

Subscribed and sworn before me on this the ____ day of _____, 201__.

NOTARY PUBLIC

My Commission Expires:

A properly completed, notarized E-Verify Affidavit must be included with sealed proposal; failure to do so will render the firm's proposal non-responsive and ineligible for further consideration.

CLIENT WORK HISTORY

Provide details of the last three (3) state, county or private jails/prison for which you have provided the specified services. The City reserves the right to contact additional clients not listed.

Facility Name:	
Contact Name:	
Address:	Telephone:
	Fax Number:
	E-Mail Address:
Description of Services Provided:	
Facility Name:	
Contact Name:	
Address:	Telephone Number:
	Fax Number:
	E-Mail Address:
Description of Services Provided:	
Facility Name:	
Contact Name:	
Address:	Telephone Number:
	Fax Number:
	E-Mail Address:
Description of Service Provided:	

Company Name

Authorized Signature

Date

INSURANCE CHECKLIST

**INMATE MEDICAL & PHARMACY SERVICES
FOR MUSCOGEE COUNTY PRISON (ANNUAL CONTRACT)
RFP NO. 18-0022**

**CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGE
AND ENDORSEMENTS INDICATED BY "X"**

CSL = Combined Single Limit; BI = Bodily Injury; PD=Property Damage

Required Coverage(s)		Limits (Figures denote minimums)	Bidders Limits/Response
X	1. Worker’s Compensation and Employer’s Liability	STATUTORY REQUIREMENTS	
	Comprehensive General Liability		
X	2. General Liability Premises/Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
X	3. Independent Contractors and Sub - Contractors	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
	4. Products Liability	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
	5. Completed Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
	6. Contractual Liability (Must be shown on Certificate)	\$ 1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
	Automobile Liability		
X	7. *Owned/Hired/Non-Owned Vehicles/ Employer non ownership	\$1 Million BI/PD each Accident, Uninsured Motorist	
	Others		
X	8. Miscellaneous Errors and Omissions	\$1 Million per occurrence/claim	
	9. Umbrella/Excess Liability	\$1 Million Bodily Injury, Property Damage and Personal Injury	
	10. Personal and Advertising Injury Liability	\$1 Million each offense, \$1 Million annual aggregate	
	11. Professional Liability	\$1 Million per occurrence/claim	
	12. Architects and Engineers	\$1 Million per occurrence/claim	
	13. Asbestos Removal Liability	\$2 Million per occurrence/claim	
X	14. Medical Malpractice	\$1 Million per occurrence/claim	
X	15. Medical Professional Liability	\$1 Million per occurrence/claim	
	16. Dishonesty Bond		

	Required Coverage(s)	Limits (Figures denote minimums)	Bidders Limits/Response
	17. Builder's Risk	Provide Coverage in the full amount of contract	
	18. XCU (Explosive, Collapse, Underground) Coverage		
	19. USL&H (Long Shore Harbor Worker's Compensation Act)		
	20. Contractor Pollution Liability	\$2 Million per occurrence/claim	
	21. Environmental Impairment Liability	\$2 Million per occurrence/claim	
<input checked="" type="checkbox"/>	22. Carrier Rating shall be Best's Rating of A-VII or its equivalents		
<input checked="" type="checkbox"/>	23. Notice of Cancellation, non-renewal or material change in coverage shall be provided to City at least 30 days prior to action.		
<input checked="" type="checkbox"/>	24. The City shall be named Additional Insured on all policies		
<input checked="" type="checkbox"/>	25. Certificate of Insurance shall show Bid Number and Bid Title		
	26. Pollution:	\$2 Million per occurrence/claim	

*If offeror's employees will be using their privately owned vehicles while working on this contract and are privately insured, please state that fact in the **Bidders Limits/Response** column of the insurance checklist.

BIDDER'S STATEMENT:

If awarded the contract, I will comply with contract insurance requirements.

BIDDER NAME: _____

AUTHORIZED SIGNATURE: _____

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

**Give Form to the
requester. Do not
send to the IRS.**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ _____

C Corporation S Corporation Partnership Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
 Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number												
				-				-				

or

Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in Items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ¹
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ¹
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ¹
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

***Note.** Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

COST PROPOSAL

**Inmate Medical Services for Muscogee County Prison (Annual Contract)
RFP No. 18-0022**

OPTION 1: Specified Staffing

DESCRIPTION	CONTRACT YEAR	*ANNUAL CONTRACT AMOUNT
Medical Services	1 st Year	\$
	2 nd Year	\$
	Total Initial Contract Amount	\$
Medical Services	3 rd Year	\$
Medical Services	4 th Year	\$
Medical Services	5 th Year	\$
Pharmacy services at pass-through cost with a management fee		_____ % Management Fee

*Subject to negotiations

OPTION 2: Vendor’s Recommended Staffing

DESCRIPTION	CONTRACT YEAR	*ANNUAL CONTRACT AMOUNT
Medical Services	1 st Year	\$
	2 nd Year	\$
	Total Initial Contract Amount	\$
Medical Services	3 rd Year	\$
Medical Services	4 th Year	\$
Medical Services	5 th Year	\$
Pharmacy services at pass-through cost with a management fee		_____ % Management Fee

*Subject to negotiations

Company Name

Authorized Signature

Date

CONTRACT SIGNATURE PAGE

**Inmate Medical & Pharmacy Services for Muscogee County Prison (Annual Contract)
RFP No. 18-0022**

THE UNDERSIGNED HEREBY DECLARES THAT HE HAS/THEY HAVE CAREFULLY EXAMINED THE SPECIFICATIONS HEREIN REFERRED TO AND WILL PROVIDE ALL EQUIPMENT, TERMS AND SERVICES TO THE CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA.

Witness as to the signing of the contract

By: _____
Signature of Authorized Representative Date

Witness as to the signing of the contract

(Corporate seal, if applicable)

Print Name and Title of Signatory

Company: _____

Company Ordering Address

Company Payment Address

Contact: _____
Contact Email _____
Telephone _____ Fax _____

Contact: _____
Contact Email _____
Telephone: _____ Fax _____

CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA

Accepted this ___ day of _____ 20__

APPROVED AS TO LEGAL FORM:

Isaiah Hugley, City Manager

Clifton C. Fay, City Attorney

ATTEST:

Tiny B. Washington, Clerk of Council

****COMPLETE AND RETURN THIS PAGE WITH SEALED PROPOSAL****