REQUEST FOR PROPOSAL/QUALIFICATIONS
TO PROVIDE PROFESSIONAL ENVIRONMENTAL AND SAFETY MEDICAL SERVICES

1.0 Subject

The School District of Philadelphia’s (District) Office of Capital Programs is requesting proposals to provide “PROFESSIONAL ENVIRONMENTAL AND SAFETY MEDICAL SERVICES” for four (4) fiscal years (July 1, 2018 through June 30, 2022).

The School District of Philadelphia, intends to make awards for professional service contracts to one or more vendors who can provide experienced and quality consulting services firm.

(THE SCHOOL DISTRICT OF PHILADELPHIA RESERVES TO RIGHT TO AWARD THIS CONTRACT IN ITS BEST INTEREST.)

The District was designated a distressed school district on December 21, 2001 pursuant to the Pennsylvania Public School Code (PSC), 24 P.S. §6-691(c). The School Reform Commission (SRC) has been established pursuant to PSC, 24 P.S. §6-696, and is responsible for the operation, management, and educational program of the School District pursuant to PSC, 24 P.S. §6-696(e)(1).

2.0 Place and Date of Submission

One (1) original and four (4) copies each of the Technical Proposal and Fee Proposal shall be submitted in separate sealed envelopes clearly marked: “PROFESSIONAL ENVIRONMENTAL AND SAFETY MEDICAL SERVICES PROPOSAL” and “PROFESSIONAL ENVIRONMENTAL AND SAFETY MEDICAL SERVICES– FEE PROPOSAL” with the name of the proposing firm and their address.

Faxed and electronically transmitted proposals will not be accepted.
Responses must be received by no later than Monday, April 30, 2018 at 3:00 PM.
The proposal shall be addressed to:

The School District Philadelphia
Office of Capital Programs
440 North Broad Street, “Portal C” Third Floor
Philadelphia, PA 19130
Attn: Francine Locke, Environmental Director

It is the submitting firm’s responsibility to ensure timely delivery of the RFP at the designated location. We strongly urge that proposals be hand delivered to avoid delivery delays within the District’s mail room. Failure to meet this deadline, unless extended by the District, will result in immediate disqualification. The District reserves the right to accept RFP responses received after this date and time if it is determined to be in the best interests of the School District to do so.

3.0 Questions and Communications

Please include in all e-mail communications regarding this RFP: “PROFESSIONAL ENVIRONMENTAL AND SAFETY MEDICAL SERVICES” RFP in the e-mail subject.

All questions must be submitted in writing via e-mail to flocke@philasd.org no later than 10:00am on April 20, 2018. The e-mail must include “PROFESSIONAL ENVIRONMENTAL AND SAFETY MEDICAL SERVICES RFP” in the subject line. The District will not be bound by any oral communications. All responses, including addenda to the RFP, will be provided for every inquiry and posted on the District’s website just below the advertisement of the RFP. From the date of release of the RFP to the date of authorization of a contract, there shall be no communication concerning the RFP between prospective respondents and/or their agents or staff with any District staff, except as provided in the RFP. Communication with other District staff is expressly prohibited. Any communication in violation of this provision will not be binding on the District and shall be grounds for immediate disqualification.

4.0 Schedule and Milestone Dates:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date/Time</th>
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<tr>
<td>Deadline for all RFP Questions</td>
<td>April 20, 2018, 10:00am</td>
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<tr>
<td>Answers to questions posted online</td>
<td>April 23, 2018, 5:00pm</td>
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<tr>
<td>Due date for submission of proposals</td>
<td>April 30, 2018, 3:00pm</td>
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<tr>
<td>Anticipated date of contract award by</td>
<td>June 2018</td>
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<tr>
<td>Anticipated effective date of contract</td>
<td>July 1, 2018</td>
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5.0 Project Scope

The School District of Philadelphia (SDP) manages a large environmental and safety program. This includes implementing an Employee Medical Surveillance Program that requires certain medical assessments and periodic monitoring of School District of Philadelphia Employees. The SDP intends to contract with Medical Service Provider(s) to provide medical services on an as needed basis for this program. All medical services shall meet all of the applicable requirements of the laws, rules, regulations, standards or guidelines as specified in this Request for Proposal (RFP) and per the attached Table 1: Medical Service Matrix.

In summary, Medical Services to be provided are:

1. Medical Surveillance for Asbestos Workers (OSHA), including
   • Initial Examinations, and
   • Periodic (Annual) Examinations
2. Chest roentgenograms with interpretation and classification (B Reader)
3. Medical Clearance to use Respirator
4. Respiratory Fit Testing (Qualitative and Quantitative)

The School District personnel to receive the Medical Services generally fall within these groups:

• Those who Manage and Implement the District’s AHERA Program
• Asbestos Abatement and Lead Abatement Workers and Supervisors
• Designated Facilities, Maintenance and Operations Staff
• Capital Programs Inspectors and Project Managers

This Request for Proposal (RFP) provides interested qualified firms with information enabling them to submit a Service Bid Proposal for providing the Medical Services described herein.

A. Proposal and Qualification Summary

This RFP provides instructions and the requirements for qualified firms to submit a technical proposal and fee proposal to The School District of Philadelphia to provide professional Medical Services for the School District’s Environmental and Safety Programs.

To qualify, firms must be accredited, certified or licensed to provide the Medical Services specified in this RFP. For asbestos related Medical Services, this includes providing at least one B-Reader, or and experienced physician with known expertise in pneumoconioses, for roentgenograms interpretation. Firms submitting a proposal must be able to provide or form a team to provide “ALL” of the Medical Services as described in the RFP. If necessary, firms may team with other firms to be able to deliver a full offering. Teaming may be used to comply with the Minority and Women Owned Business Enterprise (M/W/BE) participation goals. If a multi-firm team is proposed then each firm in the team must submit their required qualifications and certifications together as part of a single Technical Proposal.
B. Scope of Services

Qualified firms must provide the Medical Services to School District employees as mandated by various Federal, State, and Local regulatory programs and guidelines as per attached Table 1, Medical Services Matrix. All Medical Services provided shall meet the regulatory requirements and standards referenced in Table 1, including, but not limited to, the Acts, laws, and regulations and all related standards, standard interpretations, rules, guidance, guidelines and programs that require or recommend the Medical Services.

General Requirements

- All examinations and procedures must be performed by or under the supervision of a licensed physician.
- This RFP requires firms to provide the Medical Services in their own facilities and that these facilities are available at a reasonable time and place. The RFP also requires Medical Providers have the capability to provide a mobile medical unit to provide the Medical Services at a District Designated Locations.
- The firm must have an on-going schedule of operation to enable School District personnel to be scheduled to receive for Medical Services at a time and place convenient to the employee. Services at provider’s location shall be available within at least 48 hours after making a request for an appointment. If a mobile service unit is requested for a District location, the services shall be scheduled and provided within one month of the initial District request.
- Service providers shall have the capacity to provide medical services for at least 40 employees a day in either their own facilities or a mobile medical unit.
- It is a requirement for this contract that all records be kept and reported to The School District via secure electronic computer files.
- The Fee Schedule lists the Medical Services and includes a place for firms to propose unit prices for each of these services. An estimated number of staff per year to receive the services is provided for consideration by the firms providing a proposal. However, Firms must note that the School District is not committing to, nor guaranteeing any minimum amount of Medical Services to be procured by providing this information.
- This Section 5.0-B of this RFP, Scope of Services, and the referenced Table 1, will be attached to the executed Agreement for Services. This language from the RFP will be combined with the Contractor's Description of Scope of Services, as provided in their proposal, and will become "Exhibit "A" - the "Contractor's Scope of Services" incorporated in the Agreement for Services.
- Medical Services in Table 1 and the Fee Schedule are anticipated to be required over the first fiscal year of the School District, which is from July 1st to June 30th of the following year. The initial 1-year Contract Term shall begin on the date of the Notice to Proceed and shall continue until the funds are exhausted, or the end of the fiscal year of the School District, unless otherwise noted.
- The School District shall have the option, in its sole discretion, to renew the Service Contract, for up to three (3) additional periods, upon the same terms, fees, conditions and compensation methods specified in Service Contract, the Fee Schedule and the Terms and Conditions of the executed Agreement for Services.
- Medical Service Providers shall organize, secure, and transmit the employee medical records developed under this service agreement in a format so that they may be retained and made available in accordance with 29 CFR 1910.1020.
Services Specific Descriptions and Requirements

Medical Surveillance

The provider shall provide initial and periodic Medical Surveillance examinations according to 29 CFR 1910.1001(1) for each applicable District employee. All medical examinations and procedures must be performed by, or under the supervision of, a licensed physician. An exception is for persons other than such licensed physicians who administer the pulmonary function testing required by this section, these persons must have completed a training course in spirometry sponsored by an appropriate academic or professional institution (the specific institution must be designated on Form S for such personnel).

1. Content and of medical surveillance examinations and consultations shall be as required by 29 CFR 1910.1001(1)(2). These minimum elements shall be required in the medical examinations:
   a. A medical work history;
   b. A complete physical examination of all systems with emphasis on the respiratory system, the cardiovascular system and digestive tract;
   c. The completion of the respiratory disease standardized questionnaire in Appendix D of section 1910.1001, (Part 1 for Initial, Part 2 for Periodical);
   d. A chest roentgenogram (see additional details below, Chest Roentgenograms with Interpretation);
   e. Pulmonary function tests to include forced vital capacity (FVC) and forced expiratory volume at 1 second (FEV(1.0)); (see additional details below - Pulmonary Function Tests); and,
   f. Any additional tests deemed appropriate by the examining physician.

2. Medical Services providers shall provide the School District written opinions (Written Opinion) for each employee as required by 29 CFR Part 1910.1001(1)(7) Appendix I. A second copy of the written opinions shall be provided to the School District for delivery to the employee. The written signed opinion from the examining physician shall contain the results of the medical examination and shall include the following:
   a. The physician’s opinion as to whether the employee has any detected medical conditions that would place the employee at an increased risk of material health impairment from exposure to asbestos;
   b. Any recommended limitations on the employee or upon the use of personal protective equipment such as clothing or respirators;
   c. A statement that the employee has been informed by the physician of the results of the medical examination and of any medical conditions resulting from asbestos exposure that require further explanation or treatment; and
   d. A statement that the employee has been informed by the physician of the increased risk of lung cancer attributable to the combined effect of smoking and asbestos exposure.

3. The examining physician shall not to reveal in the written opinion specific findings or diagnoses
unrelated to occupational exposure to asbestos.

4. The Service Provider shall deliver a copy of the physician’s written opinion to the affected employee within 30 days of the examination. The delivery of the physician’s written opinion shall be sent to the affected employee via certified mail, return receipt requested, or by other direct delivery courier that provides a signed proof of delivery. The Service Provider and record receipt.

5. The School District will provide the physician with the information required under this OSHA standard listed at 1910.1001(1)(6), which includes:
   a. A copy of OSHA standard 1910.1001 and Appendices D and E.
   b. A description of the affected employee's duties as they relate to the employee's exposure.
   c. The employee's representative exposure level or anticipated exposure level.
   d. A description of any personal protective and respiratory equipment used or to be used.
   e. Information from previous medical examinations of the affected employee that is not otherwise available to the examining physician.

6. Summary Reports of the Medical Surveillance shall be supplied as follows and will contain the following minimum information:
   a. A quarterly summary report providing the number of employees evaluated with a breakdown of periodic and initial evaluations as well as those with and without Chest Roentgenograms.
   b. A list in alphabetical order of all employees who received a medical surveillance.

**Chest Roentgenograms with Interpretation**

1. Medical Services providers shall perform Chest Roentgenograms (posterior-anterior 14 x 17 inches) and interpret and classify as required by 29 CFR Part 1910.1001, Appendix E.

2. Chest roentgenograms shall be interpreted and classified in accordance with a professionally accepted classification system and recorded on an interpretation form following the format of the CDC/NIOSH (M) 2.8 form.

3. Roentgenograms shall be interpreted and classified only by a B-reader, or an experienced physician with known expertise in pneumoconioses.

4. All interpreters, whenever interpreting chest roentgenograms made under this section, shall have immediately available for reference a complete set of the ILO-U/C International Classification of Radiographs for Pneumoconioses, 1980.

**Medical Clearance to Use Respirator**

The Service provider shall perform a medical evaluation to determine the employee's ability to use a respirator according to the requirements of OSHA 29 CFR 1910.134. All medical evaluations shall be performed by a Physician or other Licensed Health Care Professional (PLHCP).
The medical services for Medical Respirator Clearance shall be provided during the employee’s normal working hours or at a time and place convenient to the employee. The Service requirements are outlined below which may augment or refine the OSHA Respiratory Protection standard; however, these services outline shall not reduce or change any requirements of the cited OSHA standard.

1. Provide each employee with an OSHA questionnaire to complete (OR do you want the Physician or other Licensed Health Care Professional (PLHCP) to perform medical evaluations using medical examination that obtains the same information as the medical questionnaire?). The Service provider shall ensure that the employee understands the questionnaire content and to discuss the questionnaire and examination results with the PLHCP as necessary with each employee.

2. Require each employee to complete a respirator user evaluation form to be reviewed by the PLHCP. This form shall be devised to meet the minimum requirements of 29 CFR 1910.134(e)(5), Supplemental information for the PLHCP. This form shall also identify the manufacturers, and model numbers and size of the respirators to be used by the employee.

3. A pulmonary function test (PFT) shall be performed at the time of testing:
   a. Testing shall be performed by NIOSH accredited technicians of properly licensed and certified physicians.
   b. The testing shall provide a real time graph chart documentation to be provided to the School District.
   c. Respirator Medical Clearance must be determined by a Board Certified Occupational Health Physician with a special NIOSH certification for the interpretation of PFT results

4. For every medical evaluation, the PLHCP shall provide a written recommendation regarding the employee’s ability to use the respirator. The recommendation shall provide only the following information:
   a. Any limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator;
   b. The need, if any, for follow-up medical evaluations; and
   c. A statement that the PLHCP has provided the employee with a copy of the PLHCP's written recommendation.

5. Summary Reports of the Medical Clearance to Use Respirator evaluations shall be supplied as follows and will contain the following minimum information:
   a. A quarterly summary report providing the number of employees tested for the period and the pass/fail status.
   b. A list in alphabetical order of all employees who received a respirator medical clearance test and the status of all test results for each employee.
c. A form depicting status with the board certified occupational health physician's determination of medical clearance shall be provided to the SDP. A copy of the determination form required to be distributed to employees will also be provided. This form shall identify the type, size, manufacturer, and model number of the respirators that the employee is cleared to use.

6. The Service Provider may assume that the SDP will provide a copy of the written respiratory protection program and a copy of OSHA 29 CFR 1910.134(e).

Respirator Fit Testing

1. The Service Provider shall administer an OSHA-accepted Quantitative fit test (QNFT) in accordance to the protocol and requirements of 29 CFR 1910.134 Respiratory Protection paragraph (f), and Appendix A of the same standard. District Specific requirements will be as per the District’s written respiratory protection program.

2. Each employee must be fit tested with the same make, model, style, and size of respirator that they were approved to use.

3. A Quantitative Fit Test will be performed in the following manner:

a. Positive-pressure check: With the exhaust port(s) blocked, the positive pressure of slight exhalation should remain constant for several seconds.

b. Negative-pressure check: With the intake port(s) blocked, the negative pressure of slight inhalation should remain constant for several seconds.

c. The Medical Service Provider shall ensure that persons administering QNFT are able to calibrate equipment and perform tests properly, recognize invalid tests, calculate fit factors properly and ensure that test equipment is in proper working order.

d. The Medical Service Provider shall ensure that QNFT equipment is kept clean, and is maintained and calibrated according to the manufacturer's instructions so as to operate at the parameters for which it was designed.

4. The Rainbow passage shall be used in addition to all other Test Exercises listed in 29 CFR 1910.134 Appendix A and District’s written respiratory protection program. The written respiratory protection program tests are:

a. Normal Breathing (NB): In the normal standing position, without talking, the subject shall breathe normally for at least one minute.

b. Deep Breathing (DB): In the normal standing position, the subject performs deep breathing for at least one minute, pausing so as not to hyperventilate.

c. Turning Head Side to Side (SS): Standing up, the subject shall slowly turn his/her head from side to side between the extreme positions to each side. The head shall be held at each extreme position for at least 5 seconds.

d. Moving Head Up and Down (UD): Standing up, the subject shall slowly move his/her head up and down between the extreme position straight up and the extreme position straight
down. The head shall be held at each extreme position for at least 5 seconds.

e. Jaw Movements (JM): The subject will be asked to perform some jaw movements during this test.

5. The Results of the Fit Testing shall be reported as follows:

a. The name or identification of the employee tested.

b. Confirm the type of fit test performed (must be QNFT) and method and test equipment used.

c. The specific make, model, style, and size of respirator tested;

d. Date of test;

e. Identification of all the Test Exercises performed;

f. The pass/fail results and strip chart recording or other recording of the QNFTs test results.

6. For employees that pass the fit test, an identification card shall be issued by the Medical Provider. The Respirator Fit Test ID Card shall include the following:

a. The Fit Testing information as listed in 5.a. through 5.d. above, plus,

b. The name or unique identification number of the person who administered the fit test.

c. The name and/or logo of the Medical Provider.

d. The Respirator Fit Test ID Card shall be no larger than the size of a standard credit card, no smaller than a standard business card and include tamper proof laminated protection.

7. Summary reports of the Respirator Fit Testing evaluations shall be supplied as follows and will contain the following minimum information:

a. A quarterly summary report providing the number of employees Fit Tested for the period and the pass/fail status.

b. A list in alphabetical order of all employees who received a respirator fit test and the status of all test results for each employee.

6.0 Proposal Requirements

This section describes how to prepare a proposal and lists the required contents of a qualified proposal.

A. Proposal Format and Outline

- **Form of Proposal:** Firms must submit both a Technical Proposal (1 original, 3 copies) and a separate Fee Proposal (1 original). See 2.0 (Place and Date of Submission) for details.
• **Technical Proposals:** The Technical Proposal must contain the information described in more detail in items B to D below. Each section must be separated by indexed tabs for easy reference. In addition to a table of contents, the Proposal shall be organized into the following sections and contain the following information:

1. Cover Letter.
2. Medical Services Provider Description of Scope of Services.
3. Background of the Firm.
4. Summary Qualifications of Principals and Key Personnel (Form S)
5. Supporting Information: Resumes, Required Forms, and Certificates.

• The Technical Proposal must be presented with all requested information as described in subsections B through D and must be signed by a principal member of the firm.

• Cover Letter: The cover letter must be signed by a person of the Firm who is duly authorized by the Firm to (a) commit resources of the firm to provide the Medical Services described in this RFP, and (b) to execute a Service Contract with the School District of Philadelphia to provide the Medical Services described in this RFP.

The cover letter must include a statement certifying that the proposing firm can, and will, meet the insurance requirements as described in this RFP and the attached "Exhibit C". Selected Medical Service firm(s) will be required to submit a Certificate of Insurance which specifically names the School District of Philadelphia and The School Reform Commission as additional insured.

The cover letter must include a statement certifying that the Medical Service firm will accept the School District Standard Terms and Conditions as provided in "Exhibit C" attached to this RFP.

**B. Medical Services Provider’s Description of Scope of Services**

• The Proposal shall include a description in clear and precise terms of the Medical Service firm’s understanding of the scope of work for this project. Include a narrative and description of the proposed effort and the Medical Services that will be provided.

• Outline your understanding of this project, scope of services, technical plan and organization. List, in detail, the full scope of services you intend to provide, as listed under Section 5.0, to achieve a successful completion of this program.

**C. Background of Firm and Key Personnel**

• The Medical Service firm responding to the RFP must prepare and submit a Form X and Form S to provide the background and experience of the Firm and Key Personnel and Summary Qualifications of Principals and Key Personnel. The following information must be included:

  1. Indicate the number of years the firm has been in business and providing Medical Services as an individual owner or partnership
2. List the principal owner(s) of the firm and their professional background and resumes.

3. List Key Personnel of the firm who are proposed to provide Medical Services under this services agreement.

- Form X shall be the first page presented in this section. Other information regarding the firm's qualifications and experience, if provided, may be included in this section following the completed form(s). Additional information shall be limited to 15 pages.

- Names and summary qualifications of principals and key personnel of the firm are listed in the background Form X. The detailed qualifications for these personnel are to be presented as per the next section. (A Form S must be provided for each person listed on Form X).

- An Organization Chart showing the proposed Medical Service Providers, Key Personnel and Principals for this Medical Services project. If a multi-firm Team is proposed, the chart must show the management approach and reporting relationships between the firms.

D. Personnel and Consultants – Qualifications and Experience

- Proposing firms must provide a Summary Qualifications for each Principal/Key Personnel and/or Proposed Medical Services provider who will participate in, and be assigned to, this Service Contract.

- The provided Forms S must be completed and submitted to summarize qualifications, licensing, certifications and training required to provide the Medical Services for this contract.

- It is optional to provide additional resume information in the firm's standard format to support the Summary Qualification Form. These should be arranged after each Summary Qualifications Form.

- Please note that personnel not presented in the proposal will not be qualified to provide services until a similar Summary Qualifications (such as a Form S) are presented and accepted by the School District. Any invoice containing charges for services provided by personnel not previously qualified in this manner will be rejected and returned for correction and resubmission.

- Experience in occupational health relating to asbestos is of particular interest for the purpose of evaluating prospective Medical Services firms. The School District reserves the right to discuss the qualifications and experience listed on the submitted forms.

7.0 Fee Proposal

Firms responding to the RFP shall complete and return a separate fee proposal in a separate sealed envelope at the same time as their technical proposals. **If it is deemed to be in the best interest of the District, the District may select one or more vendors for these services. In addition, the District does not guarantee any amount or percentage of the work to any vendor.**

All fees are to be provided on the “fee template” provided (Attachment H) in this RFP. All fee line items
must be completed and no changes, deletions or exceptions to the fee schedule will be accepted.

All proposed fees should cover all related overhead, profit, supplies, materials, travel, etc., for performance of work required.

**FEE SCHEDULE (ATTACHMENT H)** - The information requested in this section is for THE SCHOOL DISTRICT OF PHILADELPHIA’s use only. These schedules will be used for evaluation and not as the sole criteria for an award. This portion of the proposal must be bound and sealed separately from the remainder of the proposal and both are to be received by the submission deadline.

Information for the cost and price analysis evaluation must be submitted on the completed cost breakdown form(s) and fee schedules included in this RFP/RFQ. Only one (1) price per line item is permitted.

All fees are to be based on each unit identified as Per Hour, Per Day, Per Week and/or Per Sample as listed in the fee schedule.

Respondents are not permitted to place minimum or maximum values to any line item listed in the fee schedule.

Rates and costs provided on the form(s) should cover all related overhead, profit, supplies, materials, travel, etc., for performance of work required. Request for compensation beyond that stated on the Cost Breakdown form will be rejected. Costs shown on the Cost Breakdown form(s) will remain firm and fixed for the duration of this contract except that costs shown will increase or decrease each year in accordance with the CPI-U Index. Prices for each of the option years will be adjusted (increased or decreased) according to the corresponding increase or decrease in the CPI-U Index “All Urban Consumers, All Items, Philadelphia, Wilmington, Atlantic City, PA-DE-NJ-MD” for the previous twelve month period from April to April.

**7.1 Personnel**

List individuals from your company (with employment history) who will be working on District projects. For each individual, provide a brief resume that includes the following: Education, Experience, Certification(s), and the responsibilities each will be assigned. A copy of any Employee Certifications and all Laboratory Certifications should be included along with other documentation.

**8.0 Evaluation Criteria**

The selection committee will review all RFP submittals and assign a technical score based on the evaluation criteria and the weighting for each section described, including:

- a. Qualifications of the personnel and education of the key team members to provide the services being proposed.
- b. Proposer’s ability to responsibly manage the completion of the proposed programs.
- c. Ability to support meeting M/WBE goals for the project as a whole.
- d. Extent and depth of experience specific to: “PROFESSIONAL ENVIRONMENTAL AND SAFETY MEDICAL SERVICES PROPOSAL” as outlined in the Scope section of this RFP.
- e. Level of client satisfaction determined from supplied references (5 minimum)
- f. Quality of proposal depth response to Section 5.0, Project Scope.
9.0 Selection Procedure

The District is following a two-stage qualifications-based-selection (QBS) process for this solicitation (sometimes referred to as the Brooks Act process). The District may at any time terminate the RFP process provided for herein for any reason or no reason in the sole discretion of the School District. The receipt of proposals or other documents by proposers during any state of the RFP process will in no way obligate the School District to enter into any agreement with any proposer or make the District liable for any proposer costs.

**Stage 1:**

**Step 1:** Technical proposals of firms will be evaluated by the selection committee and ranked on the basis of their technical qualifications and suitability for this assignment.

**Step 2:** A limited number of firms (to be determined by the District) with the highest rated technical proposals will be invited to interviews and oral presentations with the selection committee.

Each technical proposal will be reviewed by a selection committee to determine responsiveness. Proposals deemed non-responsive will be rejected without evaluation. The District reserves the right to reject any or all proposals when such rejection is in the best interest of the District. A responsible proposal is complete and addresses all requirements of the RFP. The District reserves the right to waive any informalities and technicalities in the RFP process or any non-material defects in proposals.

If for any reason whatsoever, the District rejects the proposer’s proposal, the proposer agrees that it will not seek to recover lost profits on work not performed nor will it seek to recover its proposal preparation costs. By submitting its proposal, the proposer expressly states that it intends to be legally bound and accepts the limitation of remedies set forth in this paragraph. By submitting its proposal, the proposer further expressly states that should it file, initiate, or persuade another to file, initiate or in any other manner pursue or encourage any lawsuit or that such filing, initiating, or other pursuit constitutes a breach of its agreement with the District and that it will be liable for damages incurred by the District arising from the breach of this agreement including, but not limited to, the District’s attorneys’ fees and costs of defending such action.

The District may at any time terminate the RFP process provided for herein for any reason or no reason in the sole discretion of the District. The receipt of proposals or other documents by proposers during any state of the RFP process will in no way obligate the District to enter into any agreement with any proposer or make the District liable for any proposer costs. The District may alter these and any other procedures, as it deems necessary and appropriate. The District will evaluate all proposals based on a number of factors to determine what is in the best interests of the District.
If the selected firm(s) are approved by the School Reform Commission, the District will notify the successful proposer(s) of the award and prepare and distribute the necessary contract documents for execution. The unsuccessful proposers will be notified by letter after the awarding of the contract.

Technical proposals shall provide the following required information and adhere to the following organization in the proposal by providing tabs for sections listed below as noted.

**Tab 1 – Cover Letter, Table of Contents and Legal Structure of Firm**

- Provide a cover letter that references the RFP and confirms that all elements of the RFP have been read and understood. The cover letter shall be signed by an individual authorized to contractually bind the proposer and shall include Attachment F (Acceptance of Terms and Conditions of the Contract). In the event that the firm does not provide signed and sealed Attachment F, the District will deem the firm’s proposal non-responsive to the RFP.
- Identification of the legal structure of the firm, or consortium of firms, making the proposal. Discuss the organizational structure for the project, the management approach and how each partner and major subcontractor in the structure fits into the overall team.
- Table of Contents

**Tab 2 – Experience**

Provide the following specific information:

- “PROFESSIONAL ENVIRONMENTAL AND SAFETY MEDICAL SERVICES PROPOSAL” program management projects for similar organizations. (minimum 3 projects).
- Sample reports
- An outline of how firm will implement items in section 5.0

**Tab 3 – Project Organization, Personnel Experience, and Qualifications**

Define the key personnel who will perform the tasks outlined in the scope of this RFP, the decision-making ability in the process, and the qualifications of the key personnel. At a minimum, include the following:

- Organization Chart to include key personnel responsible for completing all tasks of this RFP as outlined in the Scope.
- Key personnel experience and educational requirements.
- “Certificate of Authorization” from the State granting the authority of the proposing Laboratory firm to provide analytical services in the Commonwealth of Pennsylvania.
- Three references of clients similar in scope to the requirements of this RFP with other school districts. (Do not list School District of Philadelphia references).
Tab 4 – Project Schedule and Plan

Provide a conceptual schedule and plan that includes the following:

- Medical Evaluationa Events
- Sample Reports
- Data Management and communication with District
- Final Report submission

Tab 5 – Proof of Current Insurance Coverages

The firm shall provide a Certificate(s) of Insurance reflecting current insurance coverage of the firm for the following:

- Workers’ Compensation and Employees’ Liability Insurance
- Commercial General Liability Insurance
- Automobile Liability Insurance
- Professional Liability Insurance
- Excess Umbrella Insurance

Successful proposer(s) must provide evidence of current insurance coverage prior to the execution of the Contract for “PROFESSIONAL ENVIRONMENTAL AND SAFETY MEDICAL SERVICES” firm. The amounts and types of such insurance coverage are as followed and as indicated in the consulting services sample Contract that will be posted with this RFP.

Tab 6 – Good Standing or Subsistence Certificate

All firms must submit a copy of their firm’s Good Standing or Subsistence Certificate issued by the Pennsylvania Department of State, Corporation Bureau. You can contract the Corporation Bureau at (717) 787-1057 or you can go online and order the Certificate. You may have to register your company before ordering.

Tab 7 – Completed Executed Attachments

The RFP proposing firm shall complete attachments as follows:

1. Attachment A – Complete the Disclosure of Ownership form.
2. Attachment B – Equal Opportunity
3. Attachment C – Review and sign the Anti-Discrimination Policy.

The proposer shall not discriminate in employment and shall abide by all anti-discrimination laws.
4. Attachment D – MBE/WBE Participation Plan

5. The MBE/WBE Participation Goal will be set for the entire duration of the project. See Attachment “C”, ANTI-DISCRIMINATION POLICY, for details. Proposers must complete and sign Attachment “D”, MBE/WBE Participation Plan. Proposers shall identify the specific firms that make up its commitment to the percentage goals stated. Do not put TBD (to be determined) for M/WBE participation goals. Goals are scored by the % provided in Attachment “D”, M/WBE Participation Plan of your Proposal.

6. Attachment F – Acceptance of Terms and Conditions of the Contract
In the event that the firm does not provide signed and sealed Attachment F, the District will deem the firm’s proposal non-responsive to the RFP.

7. Attachment G – City of Philadelphia Tax Compliance Certificate
The District will not enter into a contract with a firm, business, or other legal entity that has not submitted a copy of its “Certificate of Tax Clearance” with the City of Philadelphia to the District. See the attachment for the City of Philadelphia website to obtain the certificate and the City of Philadelphia Department of Revenue Tax Clearance Unit phone number.

8. Attachment H- Fee Schedules for: “PROFESSIONAL ENVIRONMENTAL AND SAFETY MEDICAL SERVICES PROPOSAL”. (Must be separate from proposal)

Tab 8 – Acknowledgement of Receipt of Addenda (if any)

The firm will acknowledge and list the number of addenda received.

Tab 9 – Company’s Financial Statements

The proposing firm must provide a copy of the most current financial statement. Audited financial statements are preferred. If not available, provide reviewed financial statements or compilation.
<table>
<thead>
<tr>
<th>Service ID</th>
<th>Service Description</th>
<th>Regulatory Basis, Additional Requirements and Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>CXR</td>
<td>Chest Roentgenograms: Taking, printing and Interpretation and Classification Chest Roentgenograms</td>
<td>Basis/Standard: 29 CFR Part 1910.1001 Appendix E Requirements: Roentgenograms shall be interpreted and classified only by a B-reader, or an experienced physician with known expertise in pneumoconiosis Roentgenograms shall be conducted in accordance with 29 CFR 1910.1001(1)(3)(ii) and Table 1 – Frequency of Chest Roentgenogram thereof. Documentation: CDC/NIOSH (M) 2.8 form and Quarterly Summary Report</td>
</tr>
</tbody>
</table>
ATTACHMENT “A”

DISCLOSURE OF OWNERSHIP
FOR PROFESSIONAL AND CONSULTING SERVICES

All businesses submitting proposals are required to complete the appropriate portion of this form. If more space is needed attach additional pages. In submitting its proposal, of which this Disclosure of Ownership form is a part, the business certifies that the information submitted in this Disclosure of Ownership form is correct as of the date of the submittal of the proposal.

1. If the business is a corporation, check here and complete the following:
If the shares of the Corporation are not listed on the New York Stock Exchange or any regional exchange, list the names of each person who possesses either normal or beneficial ownership of 5% or more of the Corporation's stock (listed below). If none, type or print "none" in space below.

Is the Corporation listed on the New York Stock Exchange?  yes  no  
If the Corporation is listed on an exchange other than the NYSE, list the name of the exchange  

<table>
<thead>
<tr>
<th>Name</th>
<th>% Interest</th>
</tr>
</thead>
</table>

2. If the business is a partnership, check here and complete the following:
The name of each general, limited or individual partner entitled to receive 5% or more of the profit derived from partnership activities (list below). If none, type or print "none" in space below.

<table>
<thead>
<tr>
<th>Name</th>
<th>% Interest</th>
</tr>
</thead>
</table>

3. If the business is a sole proprietorship, check here and complete the following:
The name of each person other than the owner entitled to receive 5% or more of the profits derived from the activities of the business (list below). If none, type or print "none" in space below.

<table>
<thead>
<tr>
<th>Name</th>
<th>% Interest</th>
</tr>
</thead>
</table>

This form is completed and certified as accurate by:

Signature: _________________________________

Title: _________________________________

Date: _________________________________
ATTACHMENT “B”

EQUAL OPPORTUNITY NON-DISCRIMINATION IN HIRING NON-DISCRIMINATION IN CONTRACTING

NOTICE

1) The successful Proposer shall not discriminate nor permit discrimination against any person because of race, color, religion, age, national origin, ancestry, creed, handicap, sexual orientation, union membership, disabled or Vietnam era veteran status, in the performance of the contract including but not limited to, preparation, manufacturer, fabrication, installation, erection and delivery of all supplies and equipment. In the event of receipt of such evidence of such discrimination by the successful Proposer or its agents, employees or representatives, District shall have the right to terminate the Contract. In the event of the continued refusal on the part of the Proposer to comply with this anti-discrimination provision, the Proposer may be removed from the list of approved bidders of District

2) The successful Proposer agrees to include subparagraph (1) above with appropriate adjustments for the identity of the parties in all subcontracts, which are entered into for work to be performed pursuant to the Contract.

______________________________
(seal) (Trade Name of Firm)

______________________________
(seal) (Signature of Owner or Partner)

______________________________
(Date)
ATTACHMENT “C”

ANTI-DISCRIMINATION POLICY
of the
SCHOOL DISTRICT OF PHILADELPHIA ADOPTED
NOVEMBER 14, 2007

SECTION 1. THE POLICY

It is the policy of the School District of Philadelphia (the "District") acting through and by the School Reform Commission (the "SRC") to ensure equal opportunity in all contracts let by the District (the "Contracts"). In light of this policy, the District has adopted this Anti-discrimination Policy (the "Policy") which is applicable to all Contracts, including but not limited to, Contracts for the design, development, construction, operation and maintenance of school buildings and other buildings and structures owned, leased or used by the District or its contractors, assignees, lessees and licensees (the "Facilities"); Contracts for professional services and Contracts for the purchase of goods, services, supplies and equipment for the District and the Facilities. The objective of the Policy is the promotion of prime contract and subcontract opportunities for minority and woman-owned business enterprises ("M/W/BEs") that are approved by the District or that are certified by the Minority Business Enterprise Council of the City of Philadelphia, Southeastern Pennsylvania Transportation Authority or any other certifying agency designated by the District in its discretion.

The fundamental requirement of the Policy is that all contractors, vendors and consultants that contract with the District (the "Contractors"), satisfy the District that they will: (1) not discriminate against any person in regard to race, color, religion, age, national origin, sex, ancestry, handicap or disability; and (ii) provide a full and fair opportunity for the participation of M/W/BEs in Contracts. Contractors must demonstrate that the participation of M/W/BEs is "meaningful and substantial" in all phases of a Contract under criteria adopted by the District. "Meaningful and substantial" shall be interpreted by the District as meaning the range of participation that reflects the availability of bona fide M/W/BEs in the Philadelphia Metropolitan Statistical Area. Participation shall be measured in terms of the actual dollars received by M/W/BEs.

As used in this Policy, the word "Contractors" includes any person, firm, partnership, non-profit corporation, for-profit corporation, Limited Liability Company or other legal entity that contracts with the District.

For purposes of this policy, "minority person" refers to the following: African American or Black (persons having origins in any of the Black racial groups of Africa); Hispanic American (persons of Mexican, Puerto Rican, Cuban, Dominican, Central or South American, or other Spanish or Portuguese culture or origin regardless of race); Asian American (persons having origins from Japan, China, Taiwan, Korea, Burma (Myanmar), Vietnam, Laos, Cambodia (Kampuchea), Thailand, Malaysia, Indonesia, the Philippines, Brunei, Samoa, Guam, the U.S. Trust Territories of the Pacific Islands (Republic of Palau), the Commonwealth of the Northern Marianas Islands, Macao, Fiji, Tonga, Kiribati, Juvalu, Nauru, Federated States of Micronesia, Hong Kong, India, Pakistan, Bangladesh, Bhutan, the Maldives Islands, Nepal or Sri Lanka); and Native Americans (which includes persons who are American Indians, Eskimos, Aleuts or Native Hawaiians).
SECTION 2. PROCEDURES FOR IMPLEMENTATION

1. Articulation of the Policy. Staffing and Reporting

The Office of General Counsel and Office of Small Business Development will develop language to be included in bid solicitations and requests for proposals that clearly sets forth the objective of the Policy (the "Solicitation Language"). District employees shall include the Solicitation Language in all bids, public solicitations, requests for proposals and all communications to potential Contractors, including those who wish to provide professional services to the District. The Policy shall be articulated to the public in general, and to each Contractor, assignee, lessee or licensee doing or seeking to do business with the District. The District may employ additional staff or contract with other public or private entities to assist in the implementation of the Policy. SBD shall provide the SRC with annual reports on the level of M/W/BE participation in all contracting activities.

2. Promotion of M/W/BEs

The District recognizes the importance of having meaningful and substantial M/W/BE participation in all Contracts. To that end, the District will take steps to ensure that M/W/BEs are afforded a fair and equal opportunity to participate. Those steps may include but are not limited to: (i) making public contracting opportunities; (ii) advertising in newspapers and periodicals published by community-based organizations and M/W/BEs; and (iii) designing bid packages in such a way as to promote rather than discourage M/W/BE participation.

3. Contracting Requirements
   a. Bids, Request for Proposals, and Public Solicitations

Prior to the dissemination of any bid, request for proposals or public solicitation (the "Solicitation"), the applicable contracting department of the District shall submit proposed ranges of M/W/BE participation in the area to be bid (the "Participation Range") to SBD for approval. The Participation Range, as approved by SBD, shall be included in each Solicitation and, if applicable, the Solicitation shall include the names and addresses of bona fide M/W/BEs that are available for contracting or joint-venture opportunities. Each bidder or respondent shall be required to submit: (i) a plan with its bid or proposal that meets the Participation Range set forth in the Solicitation and lists the names, addresses, dollar amounts and scope of work to be performed by M/W/BEs (the "Participation Plan"); or (ii) brief narrative explaining its reasons for not submitting a Plan that meets the Participation Range set forth in the Solicitation. Submission of the Participation Plan is an element of responsiveness. Failure to submit a completed Participation Plan or a narrative explaining the reasons that the Participation Ranges could not be met may result in the rejection of a bid or proposal. If the Participation Range in a bid or proposal meets or exceeds the level determined by the District to be meaningful and substantial, there shall be a presumption of compliance with the Policy. If, however, the proposed Participation Range falls below the level determined by the District to be meaningful and substantial, the bidder or respondent must prove to the satisfaction of the District that it did not discriminate in the solicitation of potential subcontractors and/or joint venture partners.
b. **Contracts for Professional Services**

Contracts for professional services that are not the subject of a Solicitation must also include approval Participation Plans. If a proposed Contract for professional services is subject to the approval of the Limited Contracts Authority Committee of the District (the “LCA”), the applicable contracting department shall submit a proposed Participation Plan for the written approval of SBD prior to the submission of the Contract to the LCA. In instances where proposed Contract for professional services must be approved by a Resolution adopted by the SRC, SBD’s approval of the Participation Plan shall be incorporated into the on-line resolution process prior to the submission of Resolution to the SRC.

4. **Sanctions**

The Participation Plan shall be a part of each Contract between the District and a Contractor and shall be enforceable as any other contractual term or condition. Sanctions for breach of a Participation Plan may include suspension, cancellation of the Contract and/or disbarment from future contracting opportunities with the District.

**EQUAL OPPORTUNITY**

A. **EQUAL OPPORTUNITY**

The School District of Philadelphia (the “School District”) is an Equal Opportunity Employer and demands no less of the companies with which it does business. The School District will not do business with companies or persons who unlawfully discriminate on the basis of race, color, national origin, sex, creed, disability, or any other impermissible ground in their hiring, promotion, subcontracting or procurement practices. By submitting any proposal to contract or entering into any contract with the School District, the Respondent (the “Respondent”) represents and certifies that Respondent is an Equal Opportunity Employer; and conducts business affairs without improper regard to race, color, national origin, sex, creed, or disability, and has not been debarred, suspended, or declared ineligible to contract by any public or private agency or entity because of the Respondent’s discriminatory practices. If the Respondent has been debarred or suspended, Respondent must submit a statement with the bid identifying the debarring or suspending entity and giving the date that the debarment or suspension was or is scheduled to be lifted. All certifications contained in a Respondent’s proposal are material representations of fact upon which reliance will be placed if the School District awards a contract pursuant to this Request for Proposals. If it is later discovered or determined that the Respondent knowingly rendered an erroneous certification, then the School District may pursue available remedies, including termination of the contract.

B. **NON-DISCRIMINATION**

1. **Non-Discrimination in Hiring**

The Respondent agrees that it will comply with provisions of the Philadelphia Fair Practices Ordinance administered by the Human Relations Commission of the City of Philadelphia, the Pennsylvania Human Relations Act. No. 222, October 27, 1955, as amended, 43 P.S. Section 951 et seq; Title 7 of the Civil Rights Act of 1964, 42 U.S.C. Section 2000 et seq., and all pertinent regulations adopted pursuant to
the foregoing in providing equal employment opportunities in connection with all work performed by it pursuant to any contract awarded to Respondent, (the "Contract"). The Respondent therefore agrees:

(a) That it will not discriminate nor permit discrimination by its agents, servants or employees against any employee or applicant for employment with regard to hiring, tenure or employment, promotion, or any other terms, conditions or privileges of employment because of race, color, sex, religion, age, national origin, sex, ancestry, handicap or disability and will move aggressively as is hereinafter set forth to prevent same.

(i) In all publications or advertisements for employees to work at the job site covered by the Contract placed by or on behalf of the Respondent, the Respondent will state that all qualified applicants will receive consideration for employment without regard to race, color, religion, age, national origin, sex, ancestry, handicap or disability.

(ii) The Respondent will notify each labor union or workers' representative from whom it seeks workers of the Respondent's commitment as set forth in its proposal, and request that each union or workers' representative include minority group members and women among its referrals.

(iii) The Respondent will hire minority and female workers for the skilled and unskilled jobs required to perform the Contract in proportion to their availability in the relevant labor pools in the Philadelphia Metropolitan Statistical Area, or to their availability in its qualified applicant pool, whichever is greater.

(iv) The Respondent will post in conspicuous places available to its employees and to applicants for employment, a notice of fair practices to be provided by the Philadelphia Human Relations Commission.

(v) The Respondent will maintain a work environment free of harassment, intimidation and coercion, and will ensure that all on-site supervisory personnel are aware of and carry out Respondent's obligation to maintain such a working environment.

(b) That it will identify on each certified payroll form submitted to the School District those of its employees who are minority group members and those who are female. As used here, "minority" means African American, Hispanic, Asian, or Native American. The School District shall at all times have access to work site and to the Respondent's employment records to assure compliance with this subsection.

(c) That it will maintain on forms to be supplied by the School District, the name, race, sex, national origin, skill or craft, address, telephone number, and source of referral of each applicant for employment, which record shall show which applicants were hired.

(d) That in the event apprentices are hired in any skilled craft area, the Respondent will endeavor to hire equal numbers of culturally diverse male and female trainees in each skill area.

2. Non-Discrimination in Contracting

It is the policy of the School District of Philadelphia, that business concerns owned and controlled by minority group members and women shall have full and fair opportunity to participate in performance
of contracts let by the School District. A Respondent's plan to joint venture with or subcontract to minority and woman-owned firms (M/WBEs) and/or to utilize M/WBEs as sources of supplies, equipment, or services will be a significant part of the evaluation of the Respondent's responsibility.

(a) The Respondent will consider all proposals from potential M/WBE firms and document on the forms supplied by the School District, the reasons for not entering into a joint venture or subcontract with a M/WBE.

(b) **Respondent to this RFP shall employ the services of Sub-consultant(s), as necessary, to achieve combined Minority Owned Business Enterprise (MBE) and Woman Owned Business Enterprise (WBE) participation goals in a range of 15%-20% of the total amount of services provided. If the Firm is a MBE or WBE firm, then the Firm will have achieved the goal for that category. A non-MBE or WBE firm shall employ a MBE or WBE firm to achieve these goals.**

(c) The Respondent's agreement to meet the requirements of the Section is a material representation of fact upon which reliance will be placed if a contract is awarded. If it is later determined that the Respondent has not made a good faith effort to comply, within the School District's sole judgment, the School District may pursue available remedies, including suspension or debarment of the Respondent from future School District work as non-responsible.

Liability of Subcontractors

Any subcontractor of the Respondent shall have the same responsibilities and obligations as the Respondent to comply with the provisions of this Section and shall be subject to the same penalties for failure to comply as set forth below.

3. **Penalties for Failure to Comply**

It is hereby agreed that failure to comply and demonstrate a good faith effort to comply with the foregoing requirements shall constitute a substantial breach of the Contract.

_________________
(seal) (Trade Name of Firm)

_________________
(seal) (Signature of Owner or Partner)

_________________
(Date)
MINORITY/WOMAN-OWNED BUSINESS ENTERPRISE (MWBE) PARTICIPATION PLAN FORM

I. Information in this section refers to the Prime Contractor/Vendor.

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Contact Person</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Phone: ____________________________
Fax: _____________________________
E-mail: __________________________

Owner: □ African-American, □ Hispanic, □ Asian, □ Native American, □ Woman, □ Non-Profit, □ Caucasian, □ Other

Federal Tax ID __________________________ Certifying Agency: __________________________

Certification No.: __________________________

Bid Number or Subject of Resolution: __________________________

II. Information in this section refers to MWBE firms to be used in the performance of this contract.

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Contact Person</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Phone: ____________________________
Fax: _____________________________
E-mail: __________________________

Owner: □ African-American, □ Hispanic, □ Asian, □ Native American, □ Woman, □ Non-Profit, □ Caucasian, □ Other

Federal Tax ID __________________________ Certifying Agency: __________________________

Certification No.: __________________________

Description of Work: __________________________

Dollar Value $ __________________________

Percentage of Total Contract __________________________

Vendor Signature __________________________
If no commitment, give reasons and supporting documentation (e.g., evidence of contacting M/WBEs).

I certify that the information provided is true and correct:________________________________________

Authorized Representative

Date: ______________________________

Rev. 01-12
“PROFESSIONAL ENVIRONMENTAL AND SAFETY MEDICAL SERVICES PROPOSAL”

The “PROFESSIONAL ENVIRONMENTAL AND SAFETY MEDICAL SERVICES PROPOSAL” Contract shall serve as a “sample” document for the Firms to review. Said “sample” contract shall not be construed as a contract between the Firm and the District.

The Sample Contract will be posted on the website for this RFP.
ATTACHMENT “F”

ACCEPTANCE OF TERMS AND CONDITIONS OF CONTRACT FOR
“PROFESSIONAL ENVIRONMENTAL AND SAFETY MEDICAL SERVICES PROPOSAL”

I have read the “The “PROFESSIONAL ENVIRONMENTAL AND SAFETY MEDICAL SERVICES PROPOSAL” Contract” and agree to enter into a Contract for this Project under the Terms and Conditions of the CONTRACT and will not take any exceptions to the Terms and Conditions.

Firm Name: ____________________________ Corporate Seal: Affix Here

Signature: ____________________________ Title: ____________________________ Date: ________
(Principal/Owner)
ATTACHMENT “G”

TAX COMPLIANCE
WITH THE CITY OF PHILADELPHIA

Provide a copy of your firm’s “Certificate of Tax Clearance” with the City of Philadelphia.

You can search your firm’s tax compliance at the following website:

https://secure.phila.gov/revenue/TaxCompliance/Header.aspx

If your firm is compliant, you can print out the “Certificate of Tax Clearance”.

If your firm is not tax compliant, please contact the City Revenue Department Tax Clearance Unit at (215) 686-6565.
**ATTACHMENT “H” (RFP Exhibit “B”) – Fee Schedule**

**Proposal must Include a Fee per each Unit Price Listed Below**

*A proposed fee must be provided at each $ sign to be deemed a complete fee proposal*

<table>
<thead>
<tr>
<th>ID</th>
<th>Medical Service</th>
<th>Provider Location</th>
<th>Estimated* Deliverables or Patients/Year</th>
<th>District Location**</th>
</tr>
</thead>
<tbody>
<tr>
<td>AME-I</td>
<td>Asbestos Examination – Initial</td>
<td>$</td>
<td>10</td>
<td>$</td>
</tr>
<tr>
<td>AME-P</td>
<td>Asbestos Examination – Periodic</td>
<td>$</td>
<td>120</td>
<td>$</td>
</tr>
<tr>
<td>CXR</td>
<td>Chest X-Rays</td>
<td>$</td>
<td>90</td>
<td>$</td>
</tr>
<tr>
<td>RMC</td>
<td>Respirator Medical Clearance Initial Clearance</td>
<td>$</td>
<td>100</td>
<td>$</td>
</tr>
<tr>
<td>RFT</td>
<td>Respirator Fit Test</td>
<td>$</td>
<td>130</td>
<td>$</td>
</tr>
<tr>
<td>CE-1</td>
<td>Combined Examination 1 AME-I + CXR + RMC + RFT</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CE-2</td>
<td>Combined Examination 2 AME-P + CXR + RMC + RFT</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CE-3</td>
<td>Combined Examination 1 AME-P + RMC + RFT</td>
<td>$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OS-M1</td>
<td>Mobilization Charge per District Location Transportation and Set-up Charge</td>
<td>N/A</td>
<td>1</td>
<td>$</td>
</tr>
<tr>
<td>OD-DC</td>
<td>Daily Charge for Equipment and Personnel Per Diem Charge to Provide Medical Services at a District Location Inclusive of all Equipment, Medical Personnel, Supplies, and Expenses</td>
<td>N/A</td>
<td>2</td>
<td>$</td>
</tr>
<tr>
<td>QSR</td>
<td>Quarterly Summary Report (one report for all services)</td>
<td>$</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>RFTID</td>
<td>Respirator Fit Test ID Card</td>
<td>$</td>
<td>130</td>
<td>N/A</td>
</tr>
</tbody>
</table>

* The estimated number of medical service patients are provided here for proposal information only. These estimates are not binding in any way and shall not represent or imply minimum total annual fee.

This fee table is a tool to submit cost proposal and for the District to evaluate a proposal, it is not a binding agreement. It shall not be interpreted as a commitment to purchase, or contract to procure any implied total amount of medical services.

** Please submit proposed fees for providing these medical services On-Site at a location designated by the District. The District may choose to conduct medical services at the same location and time as a group receives required annual training. Medical Provider shall provide staff and equipment and mobile facilities capable of servicing up to 40 people per day.

(Version 01-12-09) Firm/Team Name: _____________________________________________
FORM X – BACKGROUND OF FIRM AND KEY PERSONNEL

This form must be used to submit required Background Information regarding the Medical Services Firm submitting a proposal.

Firm Name: _________________________________________________________________ (full legal name)

1. Indicate the number of years the firm has been in business and providing Medical Services as an individual owner, corporation or partnership: _________ years

2. List principals or owner(s) of the firm and provide information in the following table.

<table>
<thead>
<tr>
<th>Principal Name/Title</th>
<th>Educational Degree(s)</th>
<th>Medical Degrees and/or Certifications</th>
<th>Years of Technical Experience</th>
<th>Years with the Firm</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

3. List Key Personnel of the firm who are proposed to participate in providing Medical Services under this agreement. Participation may include actually providing the services, or other organizational, professional or administrative duties.

<table>
<thead>
<tr>
<th>Key Personnel Name</th>
<th>Educational Degree(s)</th>
<th>Certifications (list CIH, CSP, etc.)</th>
<th>Years of Technical Experience</th>
<th>Will be an Instructor (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

“Principals” are those individuals in a firm who are full-time and have responsibilities for its business enterprise, profitability, and satisfying commitments of this Medical Services agreement. Principals may have the official Title and Role as an Officer of the Firm, or be listed Principal, Partner, or Associate in the firm’s literature.

“Key Personnel” are full-time management and technical staff who have a significant (key) role in the firm and will materially participate in providing services under the proposed services agreement.
Form S – Summary Qualifications of Principals, Key Personnel and Service Providers

Name of Key Person ________________________________________________________________
Key Person’s Title ________________________________________________________________
Firm Name __________________________________________________________________________

Position for this Project:  □ Service Provider  □ Supervisor  □ Manager/Administration

Professional or Medical Degrees:
Degree: ___________________________  School: ______________________________________
Degree: ___________________________  School: ______________________________________
Degree: ___________________________  School: ______________________________________

Professional Certification: Indicate here and provide details below for all that apply:
□ Licensed Physician
□ Certified Industrial Hygienist
□ Licensed Health Care Professional
□ Board Certified Occupational Health Physician
□ Board Certified Occupational Health Physician with NIOSH certification for Interpretation of PFT
□ Person who may administer pulmonary function testing due to completion of a training course in
   spirometry sponsored by an appropriate academic or professional institution.
   Specify academic or professional institution: ______________________________________
□ B-Reader (Chest Roentgenograms)
□ An experienced Licensed Physician with known expertise in pneumoconiosis

Experience
Total Years Providing Medical Services and/or Occupational Medical Services _____________
Years with this Firm __________

Brief Resume:

<table>
<thead>
<tr>
<th>Employer</th>
<th>Position</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
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<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Active Registrations / Licenses / Certifications:

<table>
<thead>
<tr>
<th>Accreditation, License, Certification or Registration, etc. (description)</th>
<th>Issuing State, Agency, or Organization</th>
<th>Expiration Date</th>
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Add additional pages as/if necessary
FEE PROPOSAL AND CERTIFICATION (FORM Y)

Instructions: Complete this Form to prepare the Fee Proposal and include documents as indicated. Certification sections must be duly signed and notarized as shown.

Firm Name: ____________________________________________________________________
Address: _______________________________________________________________________
_______________________________________________________________________
Contact Name: _________________________________________________________________
Contact E-mail: _________________________________________________________________
Telephone: ______________________________ Fax: ____________________________

Attach: □ Fee Schedule (Exhibit B)
□ Minority/Woman Owned Business Enterprise (M/W/BE) Participation Plan Form
□ Equal Opportunity/Non-Discrimination in Hiring/Contracting Notice
□ Certificate of Subsistence (Good Standing)

CERTIFICATION

This section must be used to certify the Fee Proposal. This Certification must be signed by a Principal listed on Form X who is authorized to make this certification and would have direct responsibility for this services contract.

I, ______________________________ , being duly sworn, state that
I am ______________________________ of ______________________________ ,
I agree and warrant that I am duly authorized by the entity named above to make these commitments.
I agree and warrant that providing this Fee Proposal is an event entirely under my control.

ATTESTED: Sworn and subscribed before me
on the _______ day of _______ Original Signature: __________________________ Date: _______

PRINT OR TYPE Name: ______________________________
Notary Public

Original Signature:______________________________ Title: __________________________