



PURCHASING DEPARTMENT

TWELVE EAST 4TH AVENUE, SUITE 106 • ROME, GEORGIA 30161
PHONE: 706.291.5118 • FAX: 706.290.6099 • www.romefloyd.com

REQUEST FOR PROPOSAL

PUBLIC NOTICE

RFP – 17-0406

Employee Wellness Clinic/Medical Services for Floyd County Government

Floyd County Georgia is requesting proposals from qualified firms to provide an Employee Wellness Clinic/Medical Services for Floyd County Government employees and their eligible dependents that are currently enrolled in the Floyd County Group Health Insurance Plans. It is the goal of Floyd County Government to decrease health insurance cost by providing increased levels of health assessment screening, wellness programs and other services while improving the general health of employees and their dependents. It is the intention of Floyd County Government to work with medical firms to establish a facility for the purpose of better health for employees, as well as, lower health insurance cost. Floyd County Government reserves the right to accept, reject, and /or negotiate any or all proposals as determined by them to be in Floyd County Government's best interest. The County intends that the successful firm be awarded a minimum of a one year contract with the option to renew for up to four (4) additional years, on an annual basis. Contract extensions must be mutually agreed upon by both parties.

Interested parties may acquire a copy of the proposal package by logging on to the joint City of Rome/Floyd County Website at www.romefloyd.com or by contacting the Floyd County Government, Purchasing Director, Bill Gilliland at 706-291-5109 or gillilandb@floydcountyga.org.

A pre-proposal conference will be held at **9:00 a.m. on Tuesday, February 14, 2017** in the Community Room of the Floyd County Administration Building located at 12 East 4th Ave, Rome, Georgia 30161.

Proposals shall be received until **4:00 p.m. on Thursday, April 6, 2017** in the Purchasing Department of Floyd County at 12 East 4th Ave, Suite 106, Rome, Georgia 30162-0946. All proposals will be publicly opened and acknowledged at that time.

Floyd County Board of Commissioners

By: William P. Gilliland, Purchasing Director

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REQUEST FOR PROPOSALS

RFP-17-0406

Employee Wellness Clinic/Medical Services for Floyd County Government

Background

Floyd County Government is currently self-insured with a third party administrator for providing health insurance coverage to employees and their dependents. In an effort to curb or reduce cost, while maintaining a high level of medical coverage, proposals are being requested for the development and operation of an Employee Wellness/Medical Services Clinic. The Wellness Clinic is intended to provide a variety of medical services that are currently being provided by outside physicians and clinics. It is the intention of Floyd County to consider proposals based on convenience, quality and the number of services to be provided at a single location that would lead to the greatest overall health benefit for employees and their dependents.

Proposal Submittal

Sealed proposals will be accepted by Floyd County Purchasing Department, 12 East 4th Ave, Suite 106, Rome, Georgia 30162-0946. All proposals must be submitted by **Thursday, April 6, 2017 at 4:00 p.m.** in accordance with the conditions and instructions provided herein. Proposals will be publicly opened and acknowledged and no proposals will be accepted after the stated time of acceptance. All proposals submitted become the property of Floyd County Government and will not be returned to the submitting firm. All proposals received must remain open for acceptance for no less than ninety (90) calendar days. Proposals received after the deadline will not be considered under any circumstances and will be returned unopened to the submitting firm. Unsealed proposals, including facsimile proposals will not be considered.

It is the intention of Floyd County to require the successful firm to provide office space for the clinic and may consider sharing the purchase of necessary equipment and office furniture to properly equip the clinic for operations. However, the county would prefer a proposal that provides a location already equipped for operations.

SCORABLE MANDATORY REQUIREMENTS

After reviewing submittals, the County may elect to interview the most qualified firms. The successful firm is anticipated to be selected within ninety (90) days of the submittal date. A contract should be executed within that time frame. The submitting firm must provide a proposed timeline for the opening of clinic operations. Submit six (6) copies of the proposal and a disc/thumb drive containing the complete proposal along with qualifications of the submitting firm/team with the required sections noted below. Include as attachments to your firm’s qualification any other relevant materials you would like to submit for consideration as part of your response.

Proposals must include the following information, which will be scored. The proposal judged in each category as the best will receive the maximum points and other assigned percentages of the maximum. The proposals will be ranked from highest scoring to the lowest based on:

- a. **History and experience of the firm:** Describe the firm’s history, the qualifications of the principals and specific expertise in all professional areas as requested by this solicitation. This should include a list of similar established clinic operations, location, name and contact person managing each operation. (20 points)
- b. **Approach to the project:** How does your firm propose to provide all the services and meet all responsibilities as outlined in the **RFP 17-0406** (15 points)
- c. **Project personnel:** Provide names, resumes and experience of persons who will be working on the project including listing of similar projects on which they have worked and their role in each project. (15 points)
- d. **Time schedule:** Provide a comprehensive schedule of all tasks necessary to be performed before the clinic could become operational and an associated timeline for each task. Proposals that can provide the complete task/timeline schedule will be awarded (10 points)
- e. **Budget:** Provide a cost for each service listed as part of this proposal request, as well as, individual annualized cost for each proposed professional and support staff position. Be specific and include a proposed compensation schedule. (20 points)
- f. **References:** Provide references for at least three (3) current clinic operations of a similar nature and size (10 points)
- g. **Examples:** Provide examples and references of any clinics that are in the process of becoming or have become operational within the last 24 months (10 points)

Evaluation and Selection Process

Proposals will be evaluated by a committee consisting of key Floyd County staff. Committee members will review the proposals individually and collectively to determine total points and rank them accordingly.

The top three proposals, as ranked by the review committee, will be invited to interview with the review committee, and a selection will be made from the interview process.

It is the policy of Floyd County to prohibit discrimination against any person or business in pursuit of business opportunities on the basis of race, color, sexual orientation, religion, national origin or geographic location and to conduct its contracting and purchasing programs so as to prevent such discrimination. **Submittal must describe the firm's plan to utilize disadvantaged, minority-owned and woman-owned business enterprises in executing the project, if any.** Proposed staff and team members must be the actual project resources who serve Floyd County on this project. Indicate professional registrations, licenses and other pertinent information to demonstrate the team meets local, State, and Federal requirements.

Award

The successful firm, if a contract is awarded will be required to sign a contract that is all inclusive of services to be provided after final negotiations. The contract will outline the cost for each service to be provided, length of the contract, contract renewal or extension provisions if any, hours of operations, staffing, etc. The contract, if awarded, will be awarded to the firm considered to be the most advantageous to Floyd County Government s set forth in the evaluation criteria. All items and service must meet or exceed requested services as stated by the proposal request. Floyd County reserves the right to waive any technicalities and to accept or reject any proposal in its entirety or to accept any portion thereof, if it is determined that either method results in lower cost, better service, final satisfaction, or it otherwise determined to be in the best interest of the Floyd County Government.

Scope of Services

Floyd County Government seeks a firm to provide Employee Wellness Clinic/Medical Services to its approximately 650 employees and their eligible dependents to include but not limited to:

- Primary care
- Health risk assessments
- Call support

- Immunizations, injections
- New hire physicals, public safety (public safety physicals)
- Exams and screening, including new hire, random and required drug testing
- Prescriptions
- Pharmaceuticals
- Disease management and primary care case management
- Health risk assessments
- Job injury services including the treatment of injuries and case management as allowed by the Workers Compensation Laws of the Stat of Georgia
- The provider will work within or hand in hand with Floyd County and its existing Wellness Program structure to provide educational, intervention and incentive programs.
- Required drug testing and employment physicals for positions that fall under the regulations of :Federal Highway Administration Regulations Sensitive, Federal Transit Administration for Operators and Safety Sensitive positions, and United States Coast Guard Boat Captain's

NOTE: The services to be considered and offered may be tiered as followed:

1. Primary Care
2. Occupational Health
3. Wellness Program Coordination
4. Drug/Alcohol Testing

The firm submitting a response should provide a complete ad detail plan explaining how they will work with Floyd County Government regarding site designation, to staffing, to stocking, to making ready a facility, to opening the clinic. State the expected number of work days required to open the clinic after an award is made. The responding firm must comply with all guidelines and regulations set forth in the Health Insurance Portability and Accountability Act (HIPPA) and Clinical Laboratory Improvement Act (CLIA) and Affordable Healthcare Act, if applicable.

Submittal Requirements

Each submitting firm must submit six (6) copies of their proposal and a CD/Thumb drive containing the complete proposal, enclosed in a sealed envelope or box, addressed to Mr. Bill Gilliland, Purchasing Director, 12 East 4th Ave, P.O. Box 946, Rome, Georgia, 30162-0946, and labeled “**Proposal for Employee Wellness Clinic**” RFP 17-0406. Proposals shall be received until **4:00 p.m. Thursday, April 6, 2017** in the Floyd County Purchasing Department at 12 East 4th Ave, Suite 106, Rome, Georgia 30162-0946, at which time and place all proposals will be publicly opened and acknowledged.

All proposals must include clear, concise and comprehensive explanations of all areas that information has been requested, as well as, all documents that are provided must have all information required including a signature of a company officer. The submitting firm must detach all documents requiring signatures and include them in the proposal package. **The proposal should be formatted in a manner that is consistent with the request for information in this proposal solicitation.**

Proposals must contain the following information and signed documents:

1. Non-Collusion Affidavit
2. Certificate of Non-Discrimination
3. Drug Free Work-Place Certification
4. E-Verify Registration
5. Description of the Scope of Services to be provided, consistent with this request, including any substantial differences between the Services Requested and those Proposed.
6. The firm’s statement of qualifications and experience.
7. Cost proposal for services that is detailed sufficiently to determine the value of the work to be performed. The firm will be expected to provide a minimum of 20 hours of operations per week not to exceed 40 hours per week. The firm shall provide an all-inclusive cost per hour, per employee or a lump sum monthly fee for services rendered during clinic operating hours and a complete fee schedule of all services to be provided. **Pricing should be submitted in an Excel spreadsheet format on a CD/Thumb drive.**

Qualification and Experience

Proposals must provide the following information to establish the qualifications and experience of the bidder.

1. A brief description of the firm, including a short history of the company, a complete description of the operating organization of the firm. A complete summary of typical professional, technical and support staff, the resources that are available to the company pertinent to the proposal, and the number of years the company has been in existence. Provide the name and state of the firm incorporation and the type. Certification that the firm or its officers or any predecessor companies are not under any part of the Bankruptcy Act nor have filed under the Bankruptcy Act within the previous seven years.
2. Provide a listing of at least three current locations that similar services are being provided with emphasis on service similar in scope and size to that requested by Floyd County.
3. Provide references from each of the entities listed. Provide the name of a contact person with a telephone number or other contact information.
4. Provide a summary of qualification, specific and general, of the company and the resume of the managing and professional staff to be assigned to the project.
5. Provide an outline of the proposed organizational structure to be used by your firm with a description of each person's role in development and delivery of the proposed services. Explain if sub-contractors will be used and for what purpose.

Cost Proposal

The cost proposal should include an hourly rate schedule for all staff positions that are anticipated to be involved in the project. The Proposal should state any service that will not be provided but may be necessary to complete all activities as required by this Request for Proposal. Invoicing should not be submitted more frequently than bi-weekly and will be billed for already provided service.

Additional Agencies: Parties providing a proposal should acknowledge if they are willing to include other local governmental agencies in the event other agencies were to join together with Floyd County Government for the purpose of a joint clinic.

Additional Services to be Provided: Health Risk Assessments are currently done on a voluntary basis during the Floyd County Annual Health Fair. It is our desire to use HRAs as a baseline for addressing medically "at risk" employees along with the use of biometric data modeling. The following summarizes what tests/indices are currently being performed.

Comprehensive Chemistry Profile (Cholesterol Level, LDL, HDL, Triglycerides, Total)

Lipid Profile

CBC Series

Thyroid Profile for all employees over the age of 35

Blood Pressure

Body Mass Index

Use of Nicotine Products

Age

Family/personal history of Coronary Disease

TSH

PSA (for males >40 or in an “at risk” category)

Pricing Schedule for Services---Service Types:

Recruit Physical – Non Public Safety

Complete Physical – Public Safety

Physical – DOT

Limited Physical

Titers

Hepatitis B Vaccination

Flu Shot, Pneumonia Shot and Shingles Shot

EKG

Stress Test

Chest X-Ray

Pulmonary Function Test

Audiogram

Vision Test

Vital Signs

PPD (TB Skin Test)

CBC with Diff

Urine Dip

CMP (Comprehensive Metabolic)

Lipid Profile

Respiratory Questionnaire

Breath-Alcohol Test

Drug Screen Panel 9

Drug Screen Panel 10

DOT Drug Screen (NIDA 5)

Spirometry

Lift Test

Dexterity Test

Psychological Profile

Delivery of Service

In order for the Floyd County Government to fully understand your services, please answer the following questions thoroughly and succinctly as possible:

Primary Care:

1. How are appointments scheduled?
2. Is the appointment scheduling process available online?
3. Describe the types of problems that can be addressed on-site.
4. Describe the medications to be administered on-site.
5. What if a disease escalates?
6. Will your physician(s) have hospital privileges? If so, where?
7. Describe the primary care case management process.
8. What if the medical team is not available on the day the care is needed?
9. What if a problem occurs after hours?

Workers' Compensation:

1. Describe the types of problems that can be addressed on-site.
2. What if a medical problem escalates?
3. Describe the role of the on-site physician in conjunction with the City and County's Job Injury case management services.
4. What if the medical team is not available on the day that the accident happens?
5. What if a problem occurs after hours?
6. How is case management triggered?
7. Describe the process for determining fitness for duty.

Communication Plan and Member Services:

Please provide a proposed communication plan for introducing the Employee Wellness Clinic/Medical Services program and reference the ongoing communication process. Outline your company's responsibilities in these processes. Please include copies of your educational materials and timelines for distribution.

1. How can employees communicate with the medical team?
2. How do you determine locations of service and standard hours of operation for member services?
3. Will you utilize existing resources for clinics?
4. Is your health risk assessment available both on-line and off-line?
5. Can your website be linked with Floyd County's website?
6. Describe your ability to communicate with an employee population that is geographically dispersed. Provide examples.
7. Will you provide bi-lingual communication? If so, what?
8. Discuss the frequency and type of communications that eligible persons will receive throughout the program period.
9. How can an employee access your company for Member Services after hours?
10. Provide your website address and any access codes needed to explore your services.
11. Are you willing for the County to use its own branding in communication and program materials?

Identification of High Risk Individuals:

Understanding that there are a variety of methodologies for implementing a HRA/targeted intervention process, please explain in detail the HRA/targeted intervention model that your organization would recommend be implemented. Explain the rationale behind your recommendation. Please keep in mind that this needs to be a confidential process following all HIPPA guidelines.

1. How would your company identify high-risk members? (i.e., health risk assessments, member service calls, medical claims data, pharmacy claims, etc.)
2. Please describe your methodology for tracking and intervening with high-risk members on an on-going basis.
3. Do you Classify members by severity of risk for complication? Please elaborate.
4. What Health Risk Assessment (HRA) do you use and how long have you used it? List all risk factors you identify in your profile. Please provide a sample HRA in your response.
5. How often do you recommend distributing the HRA?

6. Please describe turnaround time for each of the following areas:
 - a. Provide the HRA results to individuals
 - b. Contacting individuals for possible interventions
 - c. Providing the County with a summary report of the initial HRA results for each government.
7. Please describe how your organization would provide a system to assist HRA participants' in completion of their questionnaires and in the interpretation of their personal file.
8. What level of participation can we expect in years one, two and three of this program?
9. Describe how your organization will set and reach participation goals
10. Do you recommend using incentives? If so, please describe the incentives your organization recommends.
11. Please describe your plan to involve new employees in the HRA process.
12. Please describe your capabilities to update an individual's HRA record while conducting follow-up calls.
13. How does your HRA monitor and report individual change from year to year?

Intervention:

Please describe a typical intervention conversation.

1. Are intervention conversations monitored for quality assurance? How?
2. Describe the process for engaging the targeted individual.
3. Describe the process for persons you are unable to reach.
4. Describe and provide samples of any support materials used with the intervention.
5. Describe the process for documentation and tracking of each conversation.
6. Describe and provide samples of any management reports on intervention activity.
7. How do you link on-site or community programs (Employee Assistance Program, wellness screenings, etc.)?
8. Describe your methods of ensuring confidentiality of caller information.

9. Indicate what type of provider interventions and education your Plan provides and the results of these interventions.

Measurement Tools and Results:

Provide a copy of our quality assurance program. This should include standards and measurement criteria for clinic healthcare activities, costs, outcomes, HRA, disease management, member services, member intervention, and educational materials.

1. How would you propose measuring the outcomes and successes of the overall program?
2. Describe your standard management reports. Describe your custom reporting capabilities and the associated costs. Please provide a recommendation and examples of reports that you would provide Floyd County Government, (reports would be coded and maintained separately for each governmental agency).
3. Please provide examples of the following reports:
 - a. Employee Health Healthcare Activity
 - b. HRA and Member Profile
 - c. Member Participation
 - d. Member Intervention
 - e. Financial Summary/Savings
 - f. Are management reports available on-line?
4. Describe how your plan specifically evaluates the effectiveness of primary care case management. Include any results of the evaluation as an attachment.
5. Provide all clinical indicators used to track the success of the program and the results, if any, by year since the inception of the program. Please include the following:
 - a. Program outcomes
 - b. Utilization Measures (List Measures)
 - c. Member satisfaction
 - d. Changes in the Cost of Care
 - e. Productivity/Absenteeism (list Indicators)

6. Describe specifically how records for individuals with both personal health and job injury clinic experience will be managed.

HIPPA Compliance:

1. Is your firm HIPPA compliant?
2. Describe your system for the assurance of personal health data security.
3. Have your network security systems ever been breached? Describe.

Proposed Program Costs:

It is Floyd County's Intention to provide an Employee Health/Medical Services Clinic and Population Health Management services including Health Risk Assessment to every employee, retiree, and their dependents that are currently covered on our fully insured medical plan.

1. Please include the following in your detail pricing proposal:
 - a. Baseline fees
 - b. Start-Up fees
 - c. Indicate all payment terms and conditions
 - d. Number of year's baseline fees is guaranteed
 - e. Do you offer any performance guarantees?
2. Indicate outcome measures you are willing to use and performance standards you are willing to guarantee including financial penalties for non-performance.

The successful firm will be required to sign this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. and Georgia Department of Labor Rule 300-10-1.02, stating affirmatively that the individual, firm, or corporation which is contacting with Floyd County Government, Rome, Georgia has registered with and is participating in a Federal work authorization program in accordance with the applicability provisions and deadlines established in O.C.G.A. and Georgia department of Labor Rule 300-10-1.02.

The undersigned contractor further agrees that, should it employ or contract with subcontractors in connection with the physical performance of services pursuant to the contract with Floyd County Government of which this affidavit is a part, the undersigned contractor will secure from such subcontractors similar verification and compliance with O.C.G.A. and Georgia Department of Labor Rule 30010-1-.02 through the subcontractor's execution of the subcontractor affidavit required by the Georgia Department of Labor Rule 300-10-4-.08 or a substantially similar subcontractor affidavit. The undersigned contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the City of Rome at the time the subcontractor is retained to perform such service.

EEV Company Identification Number: _____

By: Authorized Officer or Agent _____ Date _____

Contractor Name _____

Title of Authorized Officer or Agent of Contractor _____

Printed Name of Authorized Officer or Agent _____

Required Minimum Insurance Coverage:

- Require \$2,000,000 Minimum Liability Coverage
- Require that Floyd County Government be named as “additional insured” on that general liability policy
- Require that Floyd County Government be named additional insured on any professional liability coverage that company has in place, if applicable
-

For the Physician:

- Require \$10,000,000 minimum Medical Malpractice coverage
- Require that County be named as additional insured on that policy
- If the Physician is part of a clinic (e.g. Longstreet Clinic), then require that the County be named as additional insured on clinic’s general liability policy

Additional Recommendations:

- Include a hold harmless agreement in the contract that Floyd County is not responsible for damage to their equipment used or stored t the clinic location
- Include a statement that Floyd County reserves the right to review insurance coverage for and make determinations about sufficiency of coverage prior to the contract award

Important Information:

- All questions regarding this RFP must be submitted to Bill Gilliland via e-mail gillilandb@floydcountyga.org. All questions and answers will be posted as addendum on the County’s website rome.floyd.com. Verbal responses will be considered non-binding.

SUBMITTING FIRM DECLARATION

The firm understands, agrees and warrants:

That the firm has carefully read and fully understands the full scope of the request for proposal.

That the firm has the capability to successfully undertake and complete the responsibilities and obligations in said proposal.

That the submitting firm has liability insurance and declaration of insurance form is included in the proposal package.

That this proposal may be withdrawn by requesting such withdrawal in writing at any time prior to **April 6, 2017 at 4:00 p.m.** but may not be withdrawn after such date and time.

That Floyd County Georgia Government reserves the right to reject any or all proposals and to accept that proposal which will, in its opinion, best serve the public interest. The Floyd County Government reserves the right to waive any technicalities and formalities in the bidding.

That by submission of this proposal the firm acknowledges that the Floyd County Government has the right to make any inquiry or investigation it deems appropriate to substantiate or supplement information supplied by the firm.

If a partnership, a general partner must sign.

If a corporation, the authorized corporate officer (s) must sign and the corporate seal must be affixed to this bid.

Firm Name _____

Name _____

Title _____

Name _____

Title _____

AFFIX CORPORATE SEAL (If Applicable)

CERTIFICATE OF NON-DISCRIMINATION

In connection with the performance of work under this contract, the firm agrees as follows:

The firm agrees not to discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, ancestry or disability. The firm shall take affirmative action to insure that employees are treated without regard to their race, creed, color, sex, national origin, ancestry or disability, such action shall include, but not be limited to the following: employment, upgrading, demotion, transfer, recruiting or recruitment, advertising, lay-off or termination, rates of pay or other compensation and selection for training, including apprenticeship.

In the event of the firm's non-compliance with this non-discrimination clause, the contract may be canceled or terminated by the Floyd County. The firm any be declared, by the Floyd County, ineligible for further contracts with the Floyd County until satisfactory proof of intent to comply shall be made by the vendor.

The firm agrees to include this non-discrimination clause in any sub-contracts connected with the performance of this agreement.

Firm_____

Signature_____

Title_____

NON-COLLUSION AFFIDAVIT

The following affidavit is to accompany the Proposal:

STATE OF _____

COUNTY OF _____

Owner, Partner or Officer of Firm _____

Company Name, Address, City and State _____

Being of lawful age, being first duly sworn, on oath says that he/she is the agent authorized by the firm to submit the attached proposal. Affidavit further state as proposing firm, that they have not been a party to any collusion among other firms in restraint of competition by agreement to submit at a fixed price or to refrain from providing a proposal: or with any office of Floyd County or any of their employees as to quantity, quality or price in the prospective contract: or any discussion between firms and any official of Floyd County or any of their employees concerning exchange of money or other things of value for special consideration in submitting a sealed proposal for:

FIRM NAME _____

SIGNATURE _____

TITLE _____

Subscribed and sworn to before me this _____ day of _____, 2017.

NOTARY PUBLIC _____

Georgia Security and Immigration Compliance Act Affidavits

Floyd County Georgia and Contractor agree that compliance with the requirements of O.C.G.A. Sec. 13-10-91 and Rule 300-10-.02 of the Rules of the Georgia Department of Labor are conditions of this Agreement for the physical performance of services.

The Contractor represents that it employs:

_____ 500 or more employees;

_____ 100 or more employees; or

_____ fewer than 100 employees

(Contractor must initial appropriate category).

The Contractor further agrees that its compliance with the requirements of O.C.G.A. See 13-1091 and DOL Rule 300-10-1-.02 is attested to on the executed Contractor Affidavit and Agreement attached hereto as EXHIBIT A.

If employing or contracting with any subcontractor(s) in connection with this Agreement, Contractor further agrees:

1. To secure from the subcontractor(s) such subcontractor(s) indication of the employee number category applicable to the subcontractor(s); and
2. To secure from the subcontractor(s) an affidavit attesting to the subcontractor's compliance with O.C.G.A. Sec. 13-10-91 and DOL Rule 30-10-1-.02; such affidavit being in the form attached hereto and referenced as EXHIB A-1; and
3. To submit such subcontractor affidavit(s) to the County when the subcontractor's is retained, but in any event, prior to the commencement of work by the subcontractor(s)

The failure of Contractor to supply the affidavit of compliance at the time of execution of this Agreement and/or the failure of Contractor to continue to satisfy the obligations of O.C.G.A. Sec. 13-10-91 and DOL Rule 300-10-1-1.02 as set forth in this Agreement during the term of the Agreement shall constitute a material breach of the contract. Upon notice of such breach, Contractor shall be entitled to cure the breach within then days, upon providing satisfactory evidence of compliance with the terms of this Agreement and State law. Should the breach not be cured, the County shall be entitled to all available remedies, including termination of the contract and damages.

SEE AFFIDAVITS ON FOLLOWING PAGES

Georgia Security and Immigration Compliance Act Affidavits

CONTRACTOR AFFIDAVIT & AGREEMENT

EXHIBIT A

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 contracting with [Owner], has registered and is participating in a federal work authorization program* [an electronic verification of work authorization program operated by the U.S. Department of Homeland Security or any equivalent federal work authorization program operated by the U.S. Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), I.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. § 13-1091.

The undersigned further agrees that should it employ or contract with any subcontractor(s) for the physical performance of services pursuant to the contract with [Owner], the Contractor will secure from the subcontractor(s) verification of compliance with O.C.G.A. §13-10-91 on the attached Subcontractor Affidavit. (EXHIBIT A-1). The contractor further agrees to maintain records of such compliance and shall provide a copy of each such verification to [Owner], at the time the subcontractor(s) is retained to perform such services.

BY: Authorized Officer or Agent

Date

[Contractor Name]

Title

Printed Name

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____ 2017.

_____ Notary Public My Commission Expires: _____

*The applicable federal work authorization program as of the effective date of the statute is the Basic Pilot program of the Systematic Alien Verification for Entitlements (SAVE) Program Office of U.S. Citizenship and Immigration Service (LISCIS).

Georgia Security and Immigration Compliance Act Affidavits

SUBCONTRACTOR AFFIDAVIT

EXHIBIT A-1

By executing this affidavit, the undersigned subcontractor 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 [Owner], has registered and is participating in a federal work authorization program* [and electronic verification of work authorization program operated by the U.S. Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA) in accordance with the applicability provisions and deadlines established in O.C.G.A. § 13-1091.

BY: Authorized Officer or Agent

Date

[Contractor Name]

Title

Printed Name

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____ 2017.

_____ Notary Public My Commission Expires: _____

*The applicable federal work authorization program as of the effective date of the statute is the Basic Pilot program of the Systematic Alien Verification for Entitlements (SAVE) Program Office of U.S. Citizenship and Immigration Service (USCIS).

END OF SECTION

FLOYD COUNTY GEORGIA

DRUG-FREE WORKPLACE CERTIFICATE

By signature on this certificate, the Bidder certifies that the provisions of O.C.G.A. Section 50-24-1 through 50-24-6 related to the “Drug-Free Workplace Act” will be complied with in full. The Bidder further certifies that:

1. A drug-free workplace will be provided for the Bidder’s employees during the performance of the contract; and
2. Each contractor who hires a subcontractor to work in a drug-free workplace shall secure from that subcontractor the following written certification: “As part of the subcontracting agreement with (contractor’s name), (subcontractor’s name) certifies to the contractor that a drug-free workplace will be provided for the subcontractor’s employees during the performance of this contract pursuant to O.C.G.A. Section 50-24-3(b)(7).”
3. By signature on this certificate, the Bidder further certifies that it will not engage in the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana during the performance of the contract.

BIDDER _____

BY _____

NAME PRINTED _____

TITLE _____

DATE _____

