

CITY OF LEE'S SUMMIT  
PROCUREMENT AND CONTRACT SERVICES DEPARTMENT  
220 S.E. GREEN STREET LEE'S SUMMIT, MO 64063  
Phone: 816-969-1087 Fax: 816-969-1081  
[deedee.tschirhart@cityofls.net](mailto:deedee.tschirhart@cityofls.net)

**TITLE-SIGNATURE PAGE****REQUEST FOR PROPOSAL 2020-002**

The City of Lee's Summit will accept electronically submitted proposals through Public Purchase from qualified persons or firms interested in providing the following:

**MEDICAL SERVICES FOR THE FIRE DEPARTMENT  
IN ACCORDANCE WITH THE ATTACHED SCOPE OF SERVICES**

**PROPOSALS MUST BE UPLOADED INTO PUBLIC PURCHASE E-BIDDING SYSTEM PRIOR TO THE CLOSING DATE OF  
WEDNESDAY, DECEMBER 4, 2019 AT 3:00 PM LOCAL TIME**

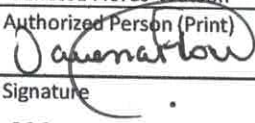
It is the responsibility of interested firms to check the City's e-bidding system, Public Purchase for any addendums prior to the closing date and time of this Proposal. All addendums must be signed and included with submitted proposal.

The City reserves the right to reject any and all proposals, to waive technical defects, and to select the proposal(s) deemed most advantageous to the City.

The undersigned certifies that he/she has the authority to bind this company in an agreement to supply the service or commodity in accordance with all terms and conditions specified herein. Please type or print the information below.

**Respondent is REQUIRED to complete, sign and return this form with their submittal.**

**NOTE:** All businesses doing business in the State of MO should be registered with the Missouri Secretary Of State. Upon MO registration, a charter number is issued and should be identified below. If your business is exempt, the exemption number should be referenced below, in lieu of a charter number.

SiteMed North America LLC	Vanessa Flores-Watson
Company Name	Authorized Person (Print)
112 Donmoor Ct.	
Address	Signature
Garner, NC 27529	COO
City/State/Zip	Title
919-661-3779	11/26/19
Telephone #	26-2516238
877-875-8683	Tax ID #
Fax #	Limited Liability Company
<a href="mailto:vflores@sitemed.net">vflores@sitemed.net</a>	Entity Type
E-mail	FL001420852
	Missouri Charter Number or Exemption Number

**ENCLOSURE III**  
**TABLE OF CONTENTS**

The following table sets forth the specific items to be addressed in the proposal. Respondents are requested to use this page with their proposal and with the corresponding page numbers indicated on the information submitted within their proposal:

A.	TITLE-SIGNATURE PAGE	
B.	TABLE OF CONTENTS: Submit this page with page numbers provided.	
C.	LETTER OF TRANSMITTAL: Limit to four (4) pages; to be submitted on the provider's letterhead. 1. Concisely state the provider's understanding of the services required by the City. 2. Include additional relevant information not requested elsewhere in this RFP. 3. The signature of the letter shall be that of a person authorized to represent and bind the firm/provider.	Proposal pages 1-3
D.	ADDENDA (if applicable) The respondent must return the correct number of all numbered addenda with submitted proposal. All Addenda must be signed.	No addenda issued
E.	PROVIDER PROFILE: Form 1 provided	Form 1=Page 11
F.	LIST OF OUTSIDE KEY CONSULTANTS/ASSOCIATES OR AGENCIES THAT WILL BE USED FOR THE CITY'S SERVICE: Form 2 provided; Form 4 provided	Forms 2 & 4 = Pages 12-13
G.	EXPERIENCE/REFERENCES: Form 3 provided and page 9 of our proposal	Form 3 & Proposal page 9
H.	RESUMES OF SITEMED KEY PERSONNEL: See also medical licenses attached	Resumes attached
I.	PROJECT APPROACH NARRATIVE: Form 5 provided signed and dated. Main narrative is located in our proposal pages 1-7.	Page 14 & Proposal pages 1-7
J.	COST: Form 6 provided but more detailed information on our proposal page 6 and TB Screening Program attachment.	Form 6 & Proposal pages 4-7

See attached also copies of SiteMed North America's:

- Certificate of Registration with the State of Missouri
- Certificate of Liability
- Notarized Work Affidavit and E-Verify Affidavit





Chief Dan Manley  
Lee's Summit Fire Department  
207 SE Douglas Street  
Lee's Summit, MO 64063

November 26, 2019

Please find the attached proposal for your Firefighter Medical Clearance Program. We have listed several key factors that differentiate us from other companies.

### **Detailed Executive Summary**

SiteMed is a physician-owned health care company specializing in on-site NFPA 1582 firefighter medical exams. Our comprehensive approach combines proven lifesaving screenings with one-on-one personalized medical counseling.

Our medical providers have performed over 50,000 NFPA 1582 firefighter, HAZMAT, Police, EMS and fire brigade exams, and have over 50 years combined experience with NFPA 1582 and OSHA standards. SiteMed is an Equal Opportunity Employer and an E-Verify participant employer since October 15, 2010. Our E-Verify ID # 364885.

SiteMed uses state of the art equipment and trained experienced staff. Testing is done under NFPA, OSHA, NIOSH and CAOHK procedures. We value your firefighter's privacy and maintain medical confidentiality throughout the entire testing process.

### **The SiteMed Difference**

**Our Medical Staff is Licensed to practice medicine in Missouri.** Our Medical Director Paul Lance Walker D.O. Missouri License Number 2016040833 has been licensed in Missouri since 2016. Our principle Nurse Practitioner Dawne Michael License Number has been licensed since 2017.

**We are registered to practice medicine in your state.** SiteMed North America LLC Charter number FL001420852 has been registered in Missouri since 2017.

**We insist on the highest medical standards.** This means that all lab and imaging studies will be ordered by a Missouri licensed physician. All imaging studies will be interpreted by a Missouri licensed board certified radiologist, a written report of all studies will be given to all members.

### **We are a physician owned company.**

Our physicians specialize in NFPA 1582 medical exams. They lecture and write articles on firefighter health and wellness on the local, state and national level. They have performed over 50,000 NFPA 1582 Firefighter, Fire Brigade, EMS and HAZMAT exams. They understand the inherent medical risks firefighters face, and know that a comprehensive NFPA 1582 firefighter evaluation program is the key to keeping firefighters healthy and reducing your department's health care costs. What does this mean for you? Consistency, Reliability, & Dependability.

Other companies owned by non-physicians will often hire temporary outside doctors who may not have experience with firefighter physicals. We specialize in Occupational Medicine and firefighter exams; this is what we do all day every day. Let us put our experience to work for you.

#### **ON-SITE FIREFIGHTER PHYSICALS**





**Our examination meets and can exceed the NFPA 1582 standard.**

Other companies and clinics usually only perform portions of an NFPA 1582 exam or perform just an OSHA 1910.156 exam that does not meet the requirements for NFPA 1582. OSHA 1910.156 is commonly referred to as the Fire Brigade Standard, and is meant for companies that have Fire Brigades manned by their employees, not for Fire Departments.

The SiteMed NFPA 1582 medical exam program meets and with optional specialized testing, can exceed all aspects of the NFPA 1582 standard. We work with hundreds of departments, and our program has been effective for large 1000+ member departments as well as small volunteer departments.

**Proposed Communication Process.**

We assign our clients a Clinical Coordinator to work with the Fire Department's appointed person once the agreements are signed. The Clinical Coordinator arranges the dates and times for phase 1 and phase 2 according to the agreement terms and working with the Fire Department's shift schedule and needs.

The Fire Department appointed contact should have the authority to bind the Department to the dates and times scheduled and assist in the rotation of trucks or assist in the scheduling of personnel in order to ensure great participation at both testing phases.

The Clinical Coordinator and the Department's Point of Contact will communicate throughout this process.

**We come on-site to you.**

We realize yearly exams can be a daunting process. By coming on-site, we are able to perform up to 25-50 exams per day, and can usually perform all your physical exams in a short time period. We perform 4-8 exams per hour, which greatly helps minimize time away from work. Typically, all we need is a conference room and office to perform all of our testing. There is no need to sit and wait at an urgent care, local clinic or hospital, which puts firefighters and trucks out of service for hours at a time. This saves your department time, money and minimizes hassles related to annual physical exams.

**We focus on prevention.**

The purpose of a good wellness program is to enhance the health of your firefighters. It is not a punitive process. Anyone can issue a clearance letter, but our focus is on preventing disease and improving firefighter health and safety. This starts with a complete NFPA 1582 physical exam and our one-on-one counseling.

**We manage medical problems.**

If medical issues are discovered, we coordinate with the firefighter and their personal physician to make sure your employee is safe to perform The 13 Essential Job Tasks. We can usually keep your firefighters working during this process until the issue is resolved. We are available 365 days a year to help you manage and mitigate medical issues.

**We care about your health.**

As a physician owned company, we will customize your physical program to reflect your specific needs. This means that we can include extras not offered by other companies such as cardiac CT scanning, advanced genetic testing for heart disease and advanced cancer screenings.

**We use a unique two-phase process.**

We come on-site to collect labs several weeks prior to testing. That way when our providers meet with your firefighters they have all the information in front of them including labs and medical history, just like when they see their primary care physician. This means that during their individual one-on-one

**ON-SITE FIREFIGHTER PHYSICALS**



counseling session; we can make health recommendations individualized to each person at the time of the consultation.

**Year round access.**

What happens after the testing when you have a medical question? With SiteMed, you have year round access to our Fire Department Doctors for medical consultations. There is no extra charge for this service; it is part of our commitment to your department.

These are just a few of the benefits we can offer your department. Once you have had a chance to review our proposal, please feel free to contact me with any questions you may have. Thanks for giving us the opportunity to bid on this proposal. We look forward to working with you in the near future.

John Chattin,  
Business Development

*The information contained in this proposal is confidential information intended only for the use of the individual or entity named above. If the reader of this proposal is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this proposal in error, please immediately notify. Thank you.*





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**Firefighter Program meets OSHA 29 CFR 1910.95, 1910.134, 1910.120, 1910.1030, NFPA 1582**

**A. Medical Component per NFPA 1582 Chapters 6 & 7**

- Comprehensive Medical History – All necessary forms will be provided
- Medical Examination - *Comprehensive physical exam includes head, eyes, ears, nose, throat, neck, heart, lungs, gastrointestinal, genitourinary, lymph nodes, musculoskeletal, skin, neurological and hernia check. Screens for Skin, Thyroid, and Testicular Cancers.*
- Vitals – Height, Weight and Blood Pressure
- Body Composition – Bio Impedance Analysis (BIA)
- Vision – Snellen (distance) screening
- Lab Analysis – Chemistry Screen, CBC, Lipid Panel, Thyroid and Urinalysis. Details on page 5.
- Hearing Test – audiogram using our Benson audiometers
- Pulmonary Function Testing (PFT)
- EKG – 12-lead resting electrocardiogram

**\$400 per person**

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**B. Fitness Component per NFPA 1582 Chapter 8**

- WFI Submaximal Graded Treadmill Evaluation - to evaluate aerobic capacity (*per NFPA 1582 C.2.1.3*)
- Hand grip strength evaluation (NFPA 1582 C.2.1.5)
- Vertical Jump Assessment (NFPA 1582 C.2.1.8) or C.2.1.6 Leg Strength Evaluation
- Arm Strength Evaluation (NFPA 1582 C.2.1.7)
- Push-up muscle endurance evaluation (NFPA 1582 C.2.1.9)
- Prone Static Plank Core Stabilization Assessment (NFPA 1582 C.2.1.11)
- Sit and reach flexibility evaluation (NFPA 1582 C.2.1.12)

**Additional \$10 per person**

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**C. SiteMed Value-Added Standard Components**

- One-on-one consultation with licensed medical provider. Medical provider may be a physician, physician's assistant or nurse practitioner
- Confidential copy of results and interpretations provided to each firefighter
- A physician evaluates all charts and issues the clearance letters which will be provided within 5 days of the physical examination if there are no medical issues requiring follow up
- Department Summary Report including relevant averages, ranges, and annual comparison statistics
- Option to add additional laboratory / studies. Details on pages 6 & 7.

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**ON-SITE FIREFIGHTER PHYSICALS**

## SiteMed Lab Analysis

### **Chemistry Screen (Screens for Liver Cancer & Biliary Cancer)**

Glucose	Total Protein
Sodium	Albumin
Potassium	Globulin
Chloride	Albumin/Globulin Ratio
Blood Urea Nitrogen	Total Bilirubin
eGFR	
Creatinine	Alkaline Phosphatase
BUN/Creatinine ratio	Gamma-GT
Uric Acid	AST (SGOT)
Inorganic Phosphorus	ALT (SGPT)
Calcium	LDH
Iron	

### **Lipids:**

Triglycerides  
Cholesterol, Total  
HDL-High Density Lipoprotein Cholesterol  
LDL-Low Density Lipoprotein Cholesterol  
VLDL-Very Low Density Lipoprotein Cholesterol  
Cholesterol / HDL-Cholesterol  
Estimated Coronary Heart Disease Risk

### **Urinalysis (sent out to lab, not dipstick) (Screens for Bladder & Kidney Cancers)**

Color	Ketones
Appearance	Occult blood
Specific gravity	Leukocyte esterase
pH	Nitrite
Protein	Bilirubin
Glucose	Urobilinogen
Microscopic examination of urine sediment	

### **Thyroid (Screens for Thyroid Cancer)**

Thyroid-stimulating Hormone (TSH)

### **Complete Blood Count (CBC) (Screens for Lymphoma & Leukemia)**

White Blood Count (WBC)	
Red Blood Count (RBC)	Hemoglobin
Hematocrit	Mean Corpuscular Volume (MCV)
Platelets	Mean Corpuscular Hemoglobin (MCH)
RDW	Mean Corpuscular Hemoglobin Concentration (MCHC)



### Additional Services

These fees are in addition to the above basic program cost. If you would like to offer your firefighters additional services *at their expense*, please have them visit our website at [www.sitemedfire.com](http://www.sitemedfire.com) during phase I and click on the "store" tab in the navigation menu for more information.

<b>Chest X-Ray</b>	<b>\$110 per person</b>
<b>DOT Medical Cards</b>	<b>\$35 per person</b>
<b>Cumulative Stress Assessments</b>	<b>\$20 per person</b>
<b>Tuberculosis Skin Screening</b> (minimum number required)	<b>\$25 per person</b>
<b>Hepatitis B Antibody Screening</b> (Blood Test)	<b>\$27 per person</b>
<b>Hepatitis C Screening</b> (Blood Test)	<b>\$27 per person</b>
<b>Varicella Antibody Screening</b> (Blood Test)	<b>\$55 per person</b>
<b>Measles, Mumps, Rubella Screening</b> (Blood Test)	<b>\$75 per person</b>
<b>Hepatitis A Vaccine</b> – 2-dose series	<b>\$95 per dose</b>
<b>Hepatitis B Vaccine</b> – 3-dose series	<b>\$85 per dose</b>
<b>Tetanus/Diphtheria/Pertussis Vaccination</b>	<b>\$65 per vaccine</b>
<b>Measles, Mumps, Rubella Vaccine</b>	<b>\$85 per vaccine</b>
<b>Varicella Vaccine</b>	<b>\$150 per vaccine</b>
<b>Influenza Vaccine</b> – requires pre-booking	<b>\$35 per vaccine</b>
<b>Blood typing (ABO grouping &amp; Rho-D)</b>	<b>\$17 per person</b>
<b>HIV Screening</b> (Blood Test)	<b>\$25 per person</b>
<b>CRP (C-Reactive Protein)</b> – Marker of inflammation & possible cancer	<b>\$15 per person</b>
<b>Hemoglobin A1C</b> – Diabetes screen	<b>\$40 per person</b>
<b>Cholinesterase, RBC</b> – blood test (Haz-Mat teams)	<b>\$42 per person</b>
<b>Heavy Metals Blood Panel</b> (Haz-Mat teams: Arsenic, Mercury, Cadmium & Lead)	<b>\$150 per person</b>
<b>Blood and Urine Collection at LabCorp Facility</b>	<b>\$7.50 per person</b>
<b>Blood and Urine Collection at Non-LabCorp Facility</b>	<b>\$20 per person</b>
<b><u>Testing for 40 years old and over:</u></b>	
<b>NMR Particle Test</b> Determines the # of High & Low Chol Particles	<b>\$45 per person</b>
<b>Coronary Calcium Scoring*</b> not available at all locations Used to detect hidden heart disease	<b>\$160 per person</b>
<b>Fecal Occult Blood Screening</b> – Screens for Colon & Rectal Cancers	<b>\$18 per person</b>
<b>Ovarian Cancer Screening (CA-125)</b> – female	<b>\$30 per person</b>
<b>PSA screening</b> – males; screens for Prostate cancer	<b>\$25 per person</b>





## **AGREEMENT**

The firefighter physical program includes the services listed on pages 3 & 4, technician(s) and medical provider.

### **RFP Section 1:**

Physical Exam - Medical Component (Page 4) = \$400 per firefighter

Also, face-to-face meeting with the member and our medical provider = Included

### **RFP Section 2:**

Scheduling charge = Included

### **RFP Section 3:**

Trip charge = Included

### **RFP Section 4:**

Optional pricing:

Flu vaccine immunizations	= \$ 35 per firefighter
Hepatitis B immunizations (3 dose series @ \$85 per dose)	= \$255 per firefighter
Tuberculosis Screening-FD reads, TB Screening Policy	= \$ 25 per firefighter
Physical fitness evaluation (see Fitness Component, page 4)	= \$ 10 per firefighter
Respirator fit testing	= No bid
Chest X-Ray	= \$110 per firefighter
Cumulative Stress Assessments	= \$ 20 per firefighter
Front Line Behavioral Health Assessments	= \$ 50 per firefighter

Please also see "Additional Services" (Page 6)

Bloodwork will be drawn in the morning approximately 3-4 weeks prior to testing. Statistics will be submitted in a timely manner following last day of testing.

Additional fees of \$7.50 per person will apply for labs collected at LabCorp facility due to missed appointments or absenteeism during Phase 1.

### **Program will be broken down as follows:**

**Phase 1:** Laboratory specimen collection at your facility 3-4 weeks prior to Phase 2

**Phase 2:** All other services including physical exam

**Scheduling of services is as follows:** To be determined

**Billing of services is as follows:** 25% to be invoiced after Phase 1 is completed

75% to be invoiced after Phase 2 is completed

#### **ON-SITE FIREFIGHTER PHYSICALS**



## AGREEMENT

This agreement made and entered this date \_\_\_\_\_ of \_\_\_\_\_, **2020** between **SiteMed** and **Lee's Summit Fire Department**. This agreement shall exist for an initial period of two (2) years with annual scheduling on the below listed date for the above listed services and will automatically renew for successive scheduling annually thereafter unless otherwise notified by either party 60 days prior to scheduled testing.

Any cancellations made less than 30 days prior to scheduled dates will incur charges of 50% of the Minimum Charge for time scheduled if not rescheduled for a later date. Cancellations made more than 30 days prior to scheduled dates will incur charges of 25% of the Minimum Charge if not rescheduled for a later date. Rescheduling of services will not incur cancellation fee. The above listed pricing will only be guaranteed for the initial period of two (2) years and only while above listed volume of testing remains the same or greater. Invoices are "Due upon Receipt". Increase in employee numbers may require additional testing dates.

We, the undersigned, duly authorized representatives of the above parties do hereby agree to the statement and conditions outlined above.

\_\_\_\_\_  
**Lee's Summit Fire Department – Representative**

\_\_\_\_\_  
**Date**

11/26/19

\_\_\_\_\_  
**SiteMed – Representative**

\_\_\_\_\_  
**Date**

### **COOPERATIVE PROCUREMENT WITH OTHER JURISDICTIONS:**

If awarded the City of Lee's Summit proposed agreement, SiteMed would sell under the terms of this Agreement to any Municipal, County Public Utility, Hospital, Educational Institution, or any other non-profit organization having membership in the Mid-America Council of Public Purchasing (MACPP) or the Mid America Regional Council (MARC) and located within the Greater Kansas City Metropolitan Trade Area. (All deliveries shall be F.O.B. Destination and there shall be no obligations on the part of any member of said Council to utilize this Agreement).



**FORM NO. 3: EXPERIENCE/REFERENCES**

If additional space is required, make additional copies of this form and include with the proposal. To be considered for award, provider shall have been in business for a minimum of five (5) years

How many years has your firm been in business?	Years: 11
List references and prior experience; preferably with other municipalities, in the last 3-5 year period; work or services of the same type and size to the project being proposed. (List municipality/company names, addresses, contact person(s), telephone numbers, date of project completion and contract amount.)	
Prior Work/Services Performed for:	
Municipality/Company Name: <u>City of Atlanta</u>	
Address: <u>226 Peachtree St. SW</u> <u>Atlanta, GA 30303</u>	
Contact Person: <u>David Mayfield</u> Title: <u>Health Officer</u> Telephone No: <u>404-546-1032</u>	
Description of Work/Services Performed: <u>On-site NFPA 1582 Physical Exams for City Airport and Field Operations Employees.</u> <u>Contract has been in place since 2013. The total below reflect the work completed in 2019.</u>	
Contract Amount: \$ <u>281,490.00</u> Completion Date: <u>November 2019</u>	
Prior Work/Services Performed for:	
Municipality/Company Name: <u>Wake County Fire Services</u>	
Address: <u>331 S. McDowell St.</u> <u>Raleigh, NC 27602</u>	
Contact Person: <u>Darrell Alford</u> Title: <u>Chief of Operations</u> Telephone No: <u>919-856-6487</u>	
Description of Services Performed: <u>On-site NFPA 1582 Physical Exams for County Fire Employees.</u> <u>Contract has been in place since 2017. The total below reflect the work completed in 2019.</u>	
Contract Amount: \$ <u>108,007.50</u> Completion Date: <u>November 2019</u>	

## REFERENCES:

The following is a list of some of our most recent public safety jobs. I encourage you to contact our clients listed to discuss the key differences in our services vs. our competitors.

- **Central Jackson County FPD (MO)** – Assistant Chief Sam Persell – 816-797-9197  
[spersell@cjcpd.org](mailto:spersell@cjcpd.org)
- **St. Joseph Fire Department (MO)** – Chief Mike Dalsing – 816-387-6070  
[mdalsing@stjoemo.org](mailto:mdalsing@stjoemo.org)
- **Jefferson City Fire Department (MO)** – Chief Matt Schofield – 573-634-6404  
[mschofield@jeffcitymo.org](mailto:mschofield@jeffcitymo.org)
- **Independence Fire Department (MO)** – Chief Mike Ditamore – 816-325-7123  
[mditamore@indepmo.org](mailto:mditamore@indepmo.org)
- **Rolla Fire & Rescue Department (MO)** – Chief Ron Smith – 573-308-4052  
[rsmith@rollacity.org](mailto:rsmith@rollacity.org)
- **Atlanta Fire Rescue Department (GA)** – Deputy Chief Chad Jones – 404-546-2744  
[ccjones@atlantaga.gov](mailto:ccjones@atlantaga.gov)
- **Marietta Fire Department (GA)** – Commander Robert Moss – 770-794-5460  
[rmoss@mariettaga.gov](mailto:rmoss@mariettaga.gov)
- **City of Smyrna (GA)** – Chief Roy Acree – 770-434-6667  
[racree@ci.smyrna.ga.us](mailto:racree@ci.smyrna.ga.us)
- **Columbus Fire Department (GA)** – Chief Tim Smith – 706-329-8478  
[tsmith@columbusga.org](mailto:tsmith@columbusga.org)
- **Mountain Brook Fire Department (AL)** – Chief David Kennedy – 205-802-3833  
[kennedyd@mtnbrook.org](mailto:kennedyd@mtnbrook.org)



**FORM NO. 1: PROVIDER PROFILE**

1. Lead Service Provider/Firm(s) (or Joint Venture) Name and Address: SiteMed North America LLC / 112 Donmoor Ct., Garner, NC 27529 (Administration office)
- 1a. Provider /Firm is: ☒ National ☐ Regional ☐ Local
- 1b. Year Provider/Firm Established: 2008
- Years of Experience providing RFP identified services for municipalities: 11
- 1c. Licensed to do business in the State of Missouri: ☒ Yes ☐ No
- 1d. Principal contact information: Name, title, telephone number and email address: John Chattin, Business Development, 404-226-6376, jchattin@sitemed.net
- 1e. Address of office to perform work, if different from Item No. 1: SiteMed North America LLC/ 1634 White Circle, Ste. 101, Marietta, GA 30066 (office from which this contract would be serviced)
2. Please list the number of persons by discipline that your Firm/Joint Venture will commit to the City's project or the services to be provided: 2 Medical Providers, 4-5 medical technicians
3. If submittal is by Joint Venture or utilizes subcontractors, list participating firms / providers and outline specific areas of responsibility (including administrative, technical, and financial) for each firm: Mobilex for on-site chest x-rays; FrontLine Behavioral for behavioral stress assessments
- 3a. Has this Joint Venture previously worked together? ☒ Yes ☐ No

**FORM NO. 2: KEY OUTSIDE CONSULTANTS**

Each respondent must complete this form for all proposed sub-consultants.

**SUB-CONSULTANT #1**

Name & Address

TridentCare

Clearwater, FL

Specialty/Role with this Project: Mobilex provides imaging services on-site like chest x-rays and ultrasounds.

Worked with Lead Firm Before: ☒ Yes ☐ No

Year Firm Established:

- Years of Experience providing RFP identified services for municipalities: 38 years
- Complete Form 4 for all key personnel assigned to this project for this sub-consultant. TBD

**SUB-CONSULTANT #2**

Name & Address

Front Line Behavioral Health

Georgetown, TX 78628

Specialty / Role with this Project: Front Line provides a thorough online assessment of first responders' psychological and behavioral health.

Worked with Lead Firm Before: ☒ Yes ☐ No

Year Firm Established:

- Years of Experience providing RFP identified services for municipalities: 1.75
- Complete Form 4 for all key personnel assigned to this project for this sub-consultant. TBD

**SUB-CONSULTANT #3**

Name & Address

James Tornabene, MA SHRM-SCP

Mesquite, TX

Specialty / Role with this Project: Mr. Tornabene provides an online questionnaire to assess cumulative stress levels in first responders.

Worked with Lead Firm Before: ☒ Yes ☐ No

Year Firm Established:

- Years of Experience providing RFP identified services for municipalities: 2
- Complete Form 4 for all key personnel assigned to this project for this sub-consultant. James Tornabene



**FORM NO. 4: RESUMES OF KEY PERSONNEL**

Brief resume of key persons, specialists, and individual service providers that shall be assigned to the City project:

- a. Name and Title:
- b. Project Assignment:
- c. Name of Service Provider/Firm with which associated:
- d. Years Experience:  
With this service provider/firm \_\_\_\_\_ other service providers/firms \_\_\_\_\_
- e. Education: Degree(s)/Year/Specialization:
- f. Current Registration(s):
- g. Other Experience & Qualifications relevant to the proposed project:

\* If awarded the City of Lee's Summit contract per this RFP 2020-002, SiteMed will assign these the ancillary components to the above referenced companies as needed and if requested/selected only as part of the additional services. The main medical exam components will be performed by SiteMed and its direct employees.

**FORM NO. 5: PROJECT APPROACH NARRATIVE**

See our proposal pages 1 to 6

Use this space to provide a detailed project approach including but not limited to:

- Project schedule and detailed approach is reasonable/responsive to City's needs
  - Roles of all involved parties clearly identified
  - Identify/recognize critical or unique issues specific to the project and successful critical or unique approaches used elsewhere
  - Proposed communication process
- 
- Proposal exceptions should be included in this area. Providers shall note any exceptions or deviations in any way from the specification of any section of this RFP. Bidders should provide complete details of exceptions or deviations.

SiteMed North America LLC

Company Name  
112 Donmoor Ct.Address  
Garner, NC 27529City/State/Zip  
919-661-3779 877-875-8683Telephone # Fax #  
26-2516238

Tax ID No.

Vanessa Flores-Watson

Authorized Person (Print)  
*Vanessa Flores-Watson*Signature  
COOTitle  
*11/26/19*Date  
Limited Liability Company

Entity Type:

**FORM NO. 6:**  
**COST FOR REQUIRED SERVICES**
**SECTION 1:**

Physical exam shall receive the evaluation identified in Chapter 7 of the NFPA 1582 Standard. These items include:

- Medical history / medical conditions
- Head and Neck
- Eyes and Vision
- Ears and Hearing
- Dental
- Nose, Oropharynx, Trachea, Esophagus, & Larynx
- Lungs and Chest Wall
- Heart and Vascular System
- Abdominal Organs and Gastrointestinal System
- Reproductive System
- Urinary System
- Spine and Axial Skeleton
- Extremities
- Neurological Disorders
- Skin
- Blood and Blood-Forming Organs
- Endocrine and Metabolic Disorders
- Systemic Diseases and Miscellaneous Conditions
- Tumors and Malignant Diseases
- Psychiatric Conditions
- Chemicals, Drugs, and Medications

Each medical evaluation shall include a medical history (including exposure history), physical examination, blood tests, urinalysis, vision tests, audiograms, spirometry, chest x-ray (as indicated), electrocardiogram, cancer screening, and immunizations and infectious disease screening.

A face-to-face meeting between only the individual member and the medical provider is to be included after the physical evaluation. Medical provider should have all testing results for review with the member. This session shall be considered a requirement.

~~~~ \$ 400.00 + Additional Services ~~~~  
 UOM=each

**SECTION 2:**

Scheduling Charge - Scheduling shall be coordinated with the Fire Chief, or designee.

~~~~ \$ Included ~~~~  
 One Time Annual

**SECTION 3:**

Trip Charge - Any blood work, urinalysis, or other pre-examination work should be completed in such a way for the examining physician to have results to review with the individual at the time of the exam. If multiple trips are involved, this should be identified in the proposal for scheduling purposes with a view to reduce the impact on the participating members.

~~~~ \$ Included ~~~~  
 One Time Annual

**SECTION 4:**

Optional Pricing:

|                                                                                            |           |            |
|--------------------------------------------------------------------------------------------|-----------|------------|
| Respirator fit testing as an option during the medical evaluation                          | \$ No bid | (UOM=each) |
| Flu vaccine immunizations as an option during the medical evaluation                       | \$ 35.00  | (UOM=each) |
| Hepatitis B immunizations as an option during the medical evaluation                       | \$ 85.00  | (UOM=each) |
| Tuberculosis testing as an option during the medical evaluation * City reads PPD 48-72 hrs | \$ 25.00  | (UOM=each) |
| Physical fitness evaluation based on IAFF/IAFC Wellness Fitness Initiative (WFI)/NFPA 1583 | \$ 10.00  | (UOM=each) |
| Chest X-Rays, single view                                                                  | \$ 110.00 | (UOM=each) |
| Cumulative Stress Assessment                                                               | \$20.00   | (UOM=each) |
| Front Line Behavioral Health Assessment                                                    | \$50.00   | (UOM=each) |

Vanessa Flores-Watson

Authorized Person (Print)

COO

Title

Signature

Date



# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

## CERTIFICATE OF REGISTRATION

WHEREAS,

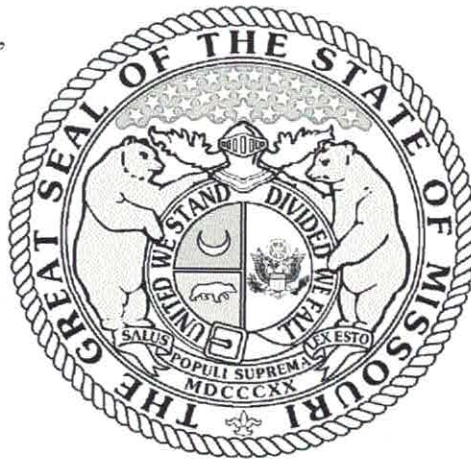
***SITEMED NORTH AMERICA, LLC***  
***FL001420852***

existing under the laws of the State of Georgia has filed with this state its Application of Registration and whereas this Application of Registration conforms to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, by virtue of the authority vested in me by law, do hereby certify and declare that on the 21st day of July, 2017, the above Foreign Limited Liability Company is duly authorized to transact business in the State of Missouri and is entitled to any rights granted Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 21st day of July, 2017.

  
Secretary of State







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/13/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|                                                                                                   |  |                                                                                                                                                                                                                                           |  |
|---------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>PRODUCER</b><br>Southern States Insurance-7<br>P.O. Box 1117<br>Douglasville GA 30133          |  | <b>CONTACT NAME:</b> Jonathan Hall<br><b>PHONE (A/C, No, Ext):</b> 16787159513<br><b>FAX (A/C, No):</b> 770-447-0704<br><b>E-MAIL ADDRESS:</b> JHall@southernstatesinsurance.com                                                          |  |
| <b>INSURED</b><br>SiteMed North America, LLC<br>1634 White Circle, Suite 101<br>Marietta GA 30066 |  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A: Tri-State Insurance Company of Minnesota<br>INSURER B: Continental Western Insurance Company<br>INSURER C: HOMELAND INSURANCE COMPANY OF NEW<br>INSURER D:<br>INSURER E:<br>INSURER F: |  |
| <b>SITENOR-01</b>                                                                                 |  | <b>NAIC #</b><br>31003<br>10804                                                                                                                                                                                                           |  |

**COVERAGES****CERTIFICATE NUMBER:** 1583746856**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                      | ADDL SUBR INSD WVD                  | POLICY NUMBER   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                             |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER:         | Y                                   | ADV4424798-40   | 11/3/2019               | 11/3/2020               | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COMP/OP AGG \$2,000,000<br>\$ |
| A        | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY |                                     | ADV4424798-40   | 11/3/2019               | 11/3/2020               | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                     |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$                                                                                                          |                                     |                 |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                                                           |
| B        | <input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                      | Y/N<br><input type="checkbox"/> N/A | WCA4425380-40   | 11/3/2019               | 11/3/2020               | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$1,000,000<br>E.L. DISEASE - POLICY LIMIT \$1,000,000                             |
| C        | Professional Liability                                                                                                                                                                                                                                                                                                 |                                     | MFL-004485-0119 | 1/12/2019               | 1/12/2020               | Professional Liabilit 3,000,000 agg<br>Professional Liabilit 1,000,000 each cla                                                                                                                                                    |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**City of Lee's Summit  
220 S.E. Green Street  
Lee's Summit MO 64063

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



City of Lee's Summit, Missouri  
Work Authorization Affidavit Pursuant to Section 285.530, RSMo  
(For all bids for services in excess of \$5,000.00)  
Effective 1/1/2009

County of wake )  
State of North Carolina )ss.

My name is Vanessa I. Flores-Watson. I am an authorized agent of SiteMed North America LLC ("Bidder"). Bidder is enrolled and participates in a federal work authorization program known as E-Verify for all employees working in connection with services provided to the City of Lee's Summit, Missouri. Bidder does not knowingly employ any person who is an unauthorized alien in connection with the services being provided.

364885  
E-Verify User Identification #

October 15, 2010  
Date of Authorization

SiteMed North America LLC  
Name of Contractor

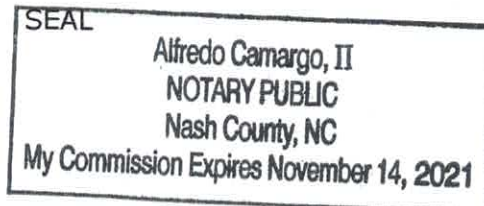
Bidder shall not knowingly employ or contract with an illegal alien to perform work for the City of Lee's Summit, Missouri or enter into a contract with a subbidder that knowingly employs or contracts with an illegal alien.

[Signature]  
Affiant

Vanessa I. Flores-Watson  
Printed Name

Subscribed and sworn to before me this 26 day of November, 2019.

Alfredo Camargo II  
Notary Public



ON-SITE FIREFIGHTER PHYSICALS