



**REQUEST FOR LETTERS OF INTEREST and
STATEMENT OF QUALIFICATIONS AND EXPERIENCE**

**EMPLOYEE SERVICES
RFQ&E Number 12-31-26101**

GENERAL OVERVIEW

The Jacksonville Aviation Authority (JAA) is seeking a company to administer on site random drug /alcohol screening, pre-employment physicals, police physicals, pre-employment drug screening and fit for duty physicals to the JAA Employees. JAA has approximately 263 authorized employees. It is the goal of the JAA to provide services to its employees.

The JAA requires that the services contemplated herein be administered by licensed professionals federal, state and local laws, statutes, ordinances, rules and regulations. The random drug/alcohol screenings will be performed onsite at each of JAA's locations.

Responses are welcomed by companies who can provide a portion or all of the requested services.

A **MANDATORY** walk-through meeting will be held **August 8, 2012 at 10:00 AM** (local time), at the Jacksonville Aviation Authority's ("JAA") Administration Building, located at 14201 Pecan Park Road, Jacksonville, Florida 32218. All potential respondents **MUST** attend this meeting. Notwithstanding other requirement of the RFQ&E, only the submittals received from respondents that attend this meeting, as evidenced by their representatives' signature on the official attendance sheet, will be accepted and evaluated. Respondents are encouraged to submit questions in writing to JAA's Procurement Department at (904) 741-2350. All questions must be received at least five (5) business days before August 13, 2012, submittal date to be given any consideration.

MANDATORY QUALIFICATIONS

Respondents must provide evidence that it is authorized and licensed to do business in the State of Florida.

Respondent must have three (3) years experience in providing:

1. Random Drug/Alcohol Screening Services;
2. Pre-employment Physicals, Annual Police Physicals and Pre-Employment Drug Screening Services; and
3. Fit for Duty Physicals.

Respondent must provide evidence of experience for the area they are responding to in the RFQ&E.

MINIMUM SERVICE REQUIREMENTS FOR ONSITE RANDOM DRUG/ALCOHOL SCREENING

The Respondent shall administer the random drug/alcohol screening to include, but not limited to, the following:

1. Provide licensed and trained staff to perform 5 panel drug and/or alcohol screening with all necessary equipment according to the Florida Department of Transportation (FDOT) rules and regulations;
2. Provide licensed and trained staff to administer 10 panel drug and/or alcohol screening with all necessary equipment according to the Florida Department of Law Enforcement (FDLE) rules and regulations;
3. Be capable of providing Mobile Testing Services: Optional Information;
4. Provide on call onsite staff Monday through Friday;
5. Be capable of providing services between the hours of Monday – Friday, 7:00AM to 8:00 PM;

6. Be capable of providing services at the following locations:
 - a. Jacksonville International Airport
2400 Yankee Clipper Drive
Jacksonville, Florida 32218
 - b. Jacksonville Aviation Authority Administration Building
14201 Pecan Park Road
Jacksonville, Florida 32218
 - c. Cecil Field Airport
13365 Aeronautical Circle
Jacksonville, Florida 32221
 - d. Jacksonville Executive at Craig Airport
855-1 St. Johns Bluff Road
Jacksonville, Florida 32225
 - e. Herlong Recreational Airport
9300 Normandy Blvd., Building #4
Jacksonville, Florida 32221

* *JAA will provide private/secluded locations for the onsite Random Drug/Alcohol Screenings.*
7. Provide negative screening results generally within 48 hours, but no greater than 72 hours.
8. Provide positive screening results within five (5) business days or sooner after the medical review officer has reviewed screening results and conducted donor interview.
9. Provide evidence the company has a software system that will randomly select employees for screening.

MINIMUM SERVICE REQUIREMENTS FOR PRE-EMPLOYMENT PHYSICAL and ANNUAL POLICE PHYSICAL AND PRE-EMPLOYMENT DRUG SCREENING

The Respondent will administer the pre-employment and annual police physical and drug screening to include, but not limited to, the following:

1. Provide licensed and trained staff to administer pre-employment and annual police physical and drug screening with all necessary equipment according to State of Florida Medical Board, HIPAA and OSHA requirements rules and regulations.
2. Provide services at an urgent care center or physicians office for the following days of the week Monday through Friday between the hours of 7:00 AM to 8:00 PM.
3. Provide screening results generally within 48 hours, but no greater than 72 hours.
4. Provide positive screening results within five (5) business days or sooner after the medical review officer has reviewed screening results and conducted donor interview.
5. Police Annual Physicals services shall include:
 - a. Hearing Test;
 - b. Vision Test;
 - c. EKG;
 - d. Respirator Fit Testing;
 - e. Ten panel drug screening;
 - f. Chest X-ray;
 - g. Blood Work to include the following: (LIPID PANEL # 10600, Complete Metabolic Panel # 10231, CBC # 6399, Cardio CRP # 10124, TSH W/Reflex @T-4 #36127, Hepatitis C Virus AB # 8472, Hemoglobin a1c # 496,) Men Only (PSA Serum DX # 5363); and
 - h. Physical according to the essential functions of the job.

Pre-employment physical services shall include a Hearing Test, Vision Test, and physical for all safety sensitive positions according to the essential functions of the job. A five (5) panel drug screening will be completed for all Pre-employment physicals (10-panel for police officers).

MINIMUM SERVICE REQUIREMENTS FOR FIT FOR DUTY PHYSICALS

1. Provide licensed and trained staff to perform fit for duty physicals with all necessary equipment according to State of Florida Medical Board, HIPAA and OSHA requirements rules and regulations.
2. Fit for Duty Physicals shall include a physical according to the essential function of the job.
3. Provide services at an urgent care center or physicians office for the following days of the week Monday through Friday between the hours of 7:00 AM to 8:00 PM

EVALUATION OF SUBMITTALS

Submittals shall include at a minimum the following information. Submittals will be reviewed and evaluated as to qualifications to perform the services required based on information provided in the following areas:

Company and Staff Experience	Maximum Points:	30
Collection, Consent and Chain of Custody Procedures	Maximum Points:	25
Proposed Price	Maximum Points:	25
Results Timeline and Procedures	Maximum Points:	15
References	Maximum Points:	5

The JAA reserves the right to accept and reject any and all submittals. The JAA reserves the right to award a contract to the consultant or firm whose submittal is deemed most advantageous and in the best interests of the JAA. The JAA will be the sole judge of the submittals and its decision will be final. The JAA is under no obligation to contact any firm to obtain information required to evaluate their submittal.

SMALL BUSINESS ENTERPRISES (SBE) PARTICIPATION

The Jacksonville Aviation Authority (JAA) is committed to providing an opportunity for local small/disadvantaged/minority owned firms by promoting the development of small businesses within our normal market area. It is the policy of the Jacksonville Aviation Authority to provide small businesses with identical information and an equitable opportunity to compete for business from the JAA. This is an invitation for local small/disadvantaged/minority businesses to become involved in the total procurement of JAA sponsored projects, goods and services. JAA's local market area is defined as Duval, Clay, Baker, St. Johns or Nassau Counties.

CHANGES IN SERVICES

The JAA, without invalidating the Contract, may request additional services by altering, adding to, or deducting from services, and the Contract will be adjusted accordingly, based on a mutually agreed upon negotiated price for the said services. Changes in the work and the Contract sum may only be changed by prior written agreement executed by the parties with proper authorization to do so.

ACCESS AND RETENTION OF INFORMATION

Respondent will agree to retain any information in relationship to the administration any of the services for three (3) years and provide access to the JAA upon consent of the screening recipient and/or allowed by law.

ADDENDA

No interpretation of the meaning of any part of the RFQ&E, or corrections of any apparent ambiguity, inconsistency or error therein, will be made to any Firms orally. Every request for interpretations or corrections must be submitted to the JAA Procurement Department, Fax (904) 741-2350 or e-mail: christine.thomas@flyjacksonville.com no later than 5:00 PM (local time) at least five (5) business days before the **August 22, 2012** submittal due date.

TERM OF AGREEMENT

The agreement will be for one initial year and four (4) one-year renewal option available at the sole discretion of the JAA.

AWARD AND EVALUATION OF AGREEMENT

The JAA reserves the right to accept and reject any or all quotes, in whole or in part. The JAA shall be under no obligation or duty to award the agreement to the lowest proposed price. The JAA reserves the right to award the agreement to one or more company submitting the proposal which will be most advantageous and beneficial to the JAA. The JAA will be the sole judge of which proposal will be in its best interest and its decision will be final.

Firms may be required to make presentations and or participate in an interview process prior to final selection. Such presentations or interviews will be scheduled at the JAA's convenience. The JAA will not be liable for any costs incurred in connections with such presentations.

JAA RIGHT TO TERMINATE CONTRACT

This Contract may be terminated by the JAA in accordance with this clause whenever the JAA determines that such termination is in the best interest of the JAA. Such termination will be effected by a thirty (30) day prior written notice to the Respondent stating the date upon which such termination becomes effective.

Unsatisfactory performance by the Respondent may result in immediate cancellation of this Contract. If such Contract is terminated, the JAA reserves the right to open negotiations with the next rank Proposer until a successful completion of negotiations and execution of a Contract.

Termination of this Agreement in accordance with its agreed termination provisions will not give rise to any claims of improper termination, termination in bad faith, or the like or to the payment of any compensation, recumbent of expenditures made by Respondent pursuant to this Agreement, or the like predicted in such termination.

DELIVERY OF SUBMITTALS

Interested companies are requested to indicate their interest in providing the requested services by submitting an **original and five (5) copies** of Statement of Qualifications and Experience in a **SEALED** package and filled in to read "**RFQ&E 12-31-26101, Employee Services, 2:00 PM (local time), August 22, 2012**". The package should be delivered to the JAA, Attn: Procurement Department, 14201 Pecan Park Road, Jacksonville, FL 32218.

Each package submitted must clearly show the company name on the outside. Facsimile Statements will not be accepted. Any Statement of Qualifications and Experience received after the stated time and date herein, will **NOT** be accepted and/or evaluated. Each firm is fully responsible for ensuring that its Submittal is timely received, and shall assume the risk of non-delivery or untimely delivery caused by its chosen delivery method, whether by US mail, public carrier or otherwise. Late submissions, are solely determined by the JAA's clock, will not be opened or considered.

PROTEST PROCEDURES

Any firm adversely affected during this bid process may file a notice of protest, including all particulars of facts and law on which the protest is based. This notice must be in writing and addressed to the JAA Attn: Procurement Manager, 14201 Pecan Park Road, Jacksonville, Florida 32218. A notice of protest may be filed within five business

days of any action taken by the JAA Awards Committee or JAA Board. IT IS THE SOLE RESPONSIBILITY OF THE FIRM TO DETERMINE THE DATE AND TIME ANY ACTION IS TAKEN BY THE JAA.

Receipt of a protest will be acknowledged by certified letter. The administrative procedures that will be followed by the JAA will be provided to the protester with this certified letter.

INDEMNIFICATION

- A. The Respondent shall hold harmless, indemnify, and defend Authority against any claim, action, loss, damage, injury, liability, cost and expense of whatsoever kind or nature (including, but not by way of limitation, attorney's fees and court costs) arising out of injury (whether mental or corporeal) to persons, including death, or damage to property, arising out of or incidental to the performance of this Agreement or work or services performed thereunder, whether due to or caused by negligence of Authority or otherwise, excluding only the sole negligence of the Authority.
- B. Respondent shall indemnify, hold harmless, and defend Authority from and against all claims, actions, damage, injury liability, penalty, and any cost and/or expense whatsoever incurred by Authority as a result of Lessee's actions or activities that result in a violation of any environmental law, ordinance, rule or regulation or that leads to an environmental claim or citation or to damages due to Lessee's activities.
- C. For the purposes of this Indemnification, the term ("Authority") shall mean Jacksonville Aviation Authority, as a body.

LOSS OR DAMAGE

The Respondent shall be held responsible for, and be required to make good at its own expense, all damage to persons or property caused by itself or its subcontractor(s), agents, or the employees of either of them, during the progress of the service and until its final completion.

- A. The Respondent shall defend, indemnify and hold harmless the Jacksonville Aviation Authority, its officers and employees against all liability, damage and expense, including reasonable attorney's fees, for damage to property of any kind whatsoever and to whomever belonging, including Respondent, or injury to or death of any person or persons, including employees of Respondent, resulting directly or indirectly from the performance of work under this Contract or arising from the use of the premises, facilities or services of the Jacksonville Aviation Authority, its officers or employees.
- B. Authority shall give Respondent reasonable notice of any suit or claim for which indemnification will be sought under this Article, allow Lessee or its insurer to compromise and defend the same to the extent of its interests, and reasonably cooperate with the defense of any such suit or claim.
- C. This section relating to Indemnification, shall survive the term of this Agreement, for actions which occurred during the term of this Agreement, whether such term expires naturally by the passage of time or is terminated earlier pursuant to the provisions of this Agreement.

INSURANCE

Any Contract resulting from this RFQ&E will include the following provisions:

- A. The Prime Respondent will not commence work under this Contract until it has provided certificates to JAA for amounts of insurance as follows and without limiting its liability under this Contract:
 - (1) Worker's Compensation Insurance: Florida Statutory Requirements.
 - (2) Liability: \$1,000,000.00 Comprehensive General liability (including products and completed operations, and error and omissions aggregate)

- (3) Automobile Liability:
 - Privately Owned Vehicle: Minimum State of Florida Requirements
 - Business Auto Liability for Commercial Vehicle \$500,000.00 combined single limit.
 - (4) DEDUCTIBLES AND SELF-INSURED RETENTIONS: Any deductibles or self-insured retentions must be declared to and approved by the JAA.
 - (5) ACCEPTABILITY OF INSURERS: Insurance is to be placed with insurers with a Best's rating of no less than A: VII and approved to do business in the state of Florida.
- B. The Comprehensive General Liability insurance specified above will, either by separate policy, provisions in the policies or by special endorsements attached thereto, insure JAA against the risks to which it is exposed as the owner of the premises.
- The inclusion of JAA as an additional insured is not intended to, and will not make JAA a partner or joint venture with Prime Respondent services at JAA. Such policies will also insure Prime Respondent against the risks to which it is exposed as the Prime Respondent authorized under this Contract, and will be for full coverage without any deductibles and/or retentions subject to approval by JAA and will contain provisions by the respective insurers waiving the right of such insurers to subrogation.
- C. The proof of insurance supplied before execution of this Contract will have the words "endeavor to" stricken.
- D. All insurance will be maintained in force until completion of the work and will include an endorsement requiring thirty (30) days prior written notice to the JAA Risk Manager before any change or cancellation is made effective.

(The remainder of this page has been intentionally left blank)

**SUBMITTAL FORM / CHECKLIST
EMPLOYEE SERVICES
RFQ&E #12-31-26101**

Respondent's Name: _____

Contact Name: _____

Contact Email Address (Please Print or Type): _____

Phone Number: _____ Fax Number: _____

1. Proposed Fees – Must submit **SUBMITTAL PRICE SHEET** and if necessary under a separate cover provide a detailed breakdown for additional cost for services.
2. Submit a minimum of three (3) references in which the firm is currently or previously provided similar services. Please submit a company name, contact name, telephone number and email address for the references.
3. **MANDATORY** – Provide evidence that the company is licensed to do the work and has three (3) years experience in providing Random Drug/Alcohol Screenings, three (3) years experience in providing Pre-Employment Physical, Police Physical and Pre-Employment Drug Screening and three (3) years experience in providing Fit For Duty Physicals.
4. Include resumes and narratives on proposed staff members that will be assigned to JAA, which should include but not be limited to their experiences, licenses and certification information.
5. Provide a detail methodology and approach on how the services will be provided, including but not limited to collections, consent, chain of custody, HIPPA, billing and screening results (positive or negative) timeline. Provide information on your system and approach to randomly selecting employees for screening.
6. Submit a sample Consent Form and documentation on the methodology and approach information provided in response to item 5, above.
7. Conflict of Interest Certificate (Exhibit A)
8. Addendum Acknowledgement, if applicable
9. Bidder Certification and Signature

Acknowledgment of the following Addenda is hereby made:

Addenda No. _____ Date: _____ Proposer's Initial: _____

Proposer Name: _____

Authorized Agent's Signature: _____

Printed Name: _____ Date: _____

Email Address: _____

(Printed)

Title: _____

Proposer is a: [] Corporation [] Partnership [] Individual

Federal Identification Number: _____

Remittance Address: _____

Telephone Number: _____

Facsimile Number: _____

**SUBMITTAL PRICE SHEET
ONSITE RANDOM DRUG/ALCOHOL SCREENING
RFQ&E # 12-31-26101**

Firm Name: _____

A. Proposed Fee:

Random Drug \$ _____ (Per Screening)

Random Alcohol \$ _____ (Per Screening)

B. Conflict of Interest Statement (**Exhibit A**)

C. Addendum Acknowledgement, if applicable

D. Bidder Certification and Signature:

By submitting this bid, the Bidder certifies that the Bidder has read and reviewed all of the documents pertaining to this solicitation, that the person signing below is an authorized representative of the Company, that the Bidder is legally authorized to do business in the State of Florida, and that the Bidder maintains in active status all appropriate license required for the work.

SUBMITTAL SIGNATURE FORM

Acknowledgment of the following Addenda is hereby made:

Addenda No. _____ Date: _____ Proposer's Initial: _____

FAILURE TO SIGN YOUR SUBMITTAL WILL CONSTITUTE A MATERIAL IRREGULARITY AND WILL RESULT IN REJECTION OF THE PROPOSAL.

Name of Consultant/Firm: _____

Signature: _____

Printed Name: _____

Title: _____

Email: _____

Telephone Number: _____ Fax Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Proposer is a: Corporation Partnership Individual

Federal Identification Number: _____

Remittance Address: _____

Telephone Number: _____

Facsimile Number: _____

**SUBMITTAL PRICE SHEET
PRE-EMPLOYMENT PHYSICAL AND DRUG SCREENING/FIT FOR DUTY PHYSICALS
RFQ&E # 12-31-26101**

Firm Name: _____

A. Proposed Fee:

Pre-Employment Physical \$_____ (Per Screening)

Pre-Employment Drug \$_____ (Per Screening)

Hearing Test \$_____ (Per Screening)

Audiometric Testing \$_____ (Per Screening)

Fit For Duty Physicals \$_____ (Per Screening)

B. Conflict of Interest Statement (**Exhibit A**)

C. Addendum Acknowledgement, if applicable

D. Bidder Certification and Signature:

By submitting this bid, the Bidder certifies that the Bidder has read and reviewed all of the documents pertaining to this solicitation, that the person signing below is an authorized representative of the Company, that the Bidder is legally authorized to do business in the State of Florida, and that the Bidder maintains in active status all appropriate license required for the work.

SUBMITTAL SIGNATURE FORM

Acknowledgment of the following Addenda is hereby made:

Addenda No. _____ Date: _____ Proposer's Initial: _____

FAILURE TO SIGN YOUR SUBMITTAL WILL CONSTITUTE A MATERIAL IRREGULARITY AND WILL RESULT IN REJECTION OF THE PROPOSAL.

Name of Consultant/Firm: _____

Signature: _____

Printed Name: _____

Title: _____

Email: _____

Telephone Number: _____ Fax Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Proposer is a: Corporation Partnership Individual

Federal Identification Number: _____

Remittance Address: _____

Telephone Number: _____

Facsimile Number: _____

**SUBMITTAL PRICE SHEET
POLICE PHYSICALS
RFQ&E # 12-31-26101**

Firm Name: _____

A. Proposed Fee:

Pre-Employment Physical	\$ _____ (Per Screening)
Pre-Employment Drug	\$ _____ (Per Screening)
Hearing Test	\$ _____ (Per Screening)
Audiometric Testing	\$ _____ (Per Screening)
Police Physicals	\$ _____ (Per Screening)

B. Conflict of Interest Statement (**Exhibit A**)

C. Addendum Acknowledgement, if applicable

D. Bidder Certification and Signature:

By submitting this bid, the Bidder certifies that the Bidder has read and reviewed all of the documents pertaining to this solicitation, that the person signing below is an authorized representative of the Company, that the Bidder is legally authorized to do business in the State of Florida, and that the Bidder maintains in active status all appropriate license required for the work.

SUBMITTAL SIGNATURE FORM

Acknowledgment of the following Addenda is hereby made:

Addenda No. _____ Date: _____ Proposer's Initial: _____

FAILURE TO SIGN YOUR SUBMITTAL WILL CONSTITUTE A MATERIAL IRREGULARITY AND WILL RESULT IN REJECTION OF THE PROPOSAL.

Name of Consultant/Firm: _____

Signature: _____

Printed Name: _____

Title: _____

Email: _____

Telephone Number: _____ Fax Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Proposer is a: Corporation Partnership Individual

Federal Identification Number: _____

Remittance Address: _____

Telephone Number: _____

Facsimile Number: _____

EXHIBIT A

CONFLICT OF INTEREST CERTIFICATE

Proposer must execute either Section I or Section II hereunder relative to Florida Statute 112.313(12). Failure to execute either section may result in rejection of this proposal.

SECTION I

I hereby certify that no official or employee of the JAA requiring the goods or services described in these specifications has any financial interest in this company.

_____	_____
Signature	Respondent Name
_____	_____
Name of Official (type or print)	Business Address

	City, State, Zip Code

SECTION II

I hereby certify that the following named JAA official(s) and/or employees(s) has a financial interest(s) in this company have filed Conflict of Interest Statements with the JAA Executive Director's / CEO Office, 14201 Pecan Park Road, Jacksonville, FL 32218 prior to the time of proposal opening.

Name	Title or Position	Date of Filing
_____	_____	_____
_____	_____	_____
Signature	Respondent Name	
_____	_____	
Name of Official (type or print)	Business Address	

	City, State, Zip Code	

SECTION III

PUBLIC OFFICIAL DISCLOSURE

The JAA requires that a public official who has a financial interest in a proposal or contract make a disclosure at the time that the proposal or contract is submitted or at the time that the public official acquires a financial interest in the proposal or contract. Please provide disclosure, if applicable, with proposal.

Public Official: _____

Position Held: _____

Position/Relationship with Proposer: _____

NO SUBMITTAL FORM

If your firm cannot submit a quote at this time, please provide the information requested in the space provided below and return it to:

**Jacksonville Aviation Authority
Attn: Procurement Department
PO Box 18018
Jacksonville, FL 32229**

Please be sure "NO SUBMITTAL" and the RFQ&E Number are clearly shown on the outside of the envelope.
RETURN THIS FORM ONLY.

We are unable to submit a quote at this time due to the following reasons:

- 1. We are unable to provide the nature of the service/products requested. _____
- 2. Requested specifications are too restrictive. (Please elaborate) _____
- 3. We are unable to comply with other terms of this invitation/request. _____
- 4. Request was not sufficiently clear. _____
- 5. Other: Please state the reasons in detail.

Comments: _____

Name of Firm: _____

Signature: _____

Printed Name: _____

Email Address: _____
(Print)

Title: _____

Telephone Number: _____ Fax Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

EXHIBIT B

JAA DRUG/ALCOHOL STANDARD PRACTICE POLICY