



Carrie Eklund
Central Services Manager
Finance Department

**REQUEST FOR PROPOSALS
COMPREHENSIVE HEALTH AND WELLNESS PLAN
RFP NO.: 213-HR-025**

2/20/13

Name of Proposing Firm: _____
Address _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-Mail: _____

RFP Opening Time and Date 11:00 a.m., Local Time, Wednesday, March 20, 2013

Proposals will be accepted until the specified opening time and date. Any bidder attempting to deliver after the opening time and date will be refused.

Bid Deposit/Bid Bond: NO
Prevailing Wage NO
Performance Bond: NO

PLEASE MARK THE RETURN SEALED ENVELOPE:

1. RFP Opening Date and Time
2. Title of Job
3. RFP Number

RETURN PROPOSALS TO:

City of Rockford
Central Services Manager
425 East State Street, 4th Floor
Rockford, Illinois 61104
Telephone: (815) 987-5560

PROPOSALS SUBMITTED BY FASCIMILE OR E-MAIL WILL NOT BE ACCEPTED

PROPOSAL RESULTS:

Bid results may be obtained by telephone at (815) 987-5560, by fax at (800) 380-7174. or at www.rockfordil.gov

CITY OF ROCKFORD, ILLINOIS—BIDDING GENERAL CONDITIONS

1. Pricing. The bidder shall insert price for all bid items and all other information requested in these specifications. The price shall be the *full, delivered cost* to the City of Rockford with no additions.
2. Total versus "Per Item" Awards. The City generally awards contracts based on a lump sum basis to the lowest responsible and responsive bidder. However, the City may choose to award on a per item basis. Therefore, each bidder must submit pricing for each item indicated on the bid forms. Bidders must clearly indicate which items are bid and which are not.
3. Delivery of Merchandise. Delivery terms will always be Freight On Board (FOB)—Destination. The City of Rockford accepts no responsibility for the condition of any merchandise purchased prior to acceptance by City Personnel. Failure to comply with this requirement may constitute rejection of the bid.
4. Acceptance of Merchandise at Delivery. The City of Rockford reserves the right to refuse acceptance of delivered merchandise that differs substantially from the specifications in this invitation to bid or as otherwise permitted by Illinois law.
5. Prompt Payment Act. The City of Rockford intends to comply with the governmental prompt payment act. The awarded vendor will be paid upon submission of invoices to: City of Rockford Accounts Payable, 425 East State Street, Rockford, IL 61104.
6. W-9 Request for Taxpayer Identification Number. Prior to issuance of a purchase order, the successful bidder will be required to supply the City of Rockford with a federal W-9 Request for Taxpayer Identification Number and Certification. Failure to comply with this requirement will be considered a violation of contract terms, for which the City may bar the vendor from bidding for a period of up to three years.
7. Legal Compliance. The vendor awarded this contract will comply with all Federal, State, County, and City laws, ordinances, rules and regulations, which in any manner affect the product or service placed for bid herein. Lack of knowledge on the part of the awarded vendor of applicable law will in no way be cause for release of this obligation. If the City becomes aware of violation of any laws, ordinances, rules and regulations on the part of the awarded vendor, it reserves the right to reject any bid, cancel any contract, and pursue any other legal remedies deemed necessary.
8. Legal Requirements. This contract sets forth the entire final agreement between the City of Rockford and the bidder and shall govern the respective duties and obligations of the parties. The validity of this contract, and any disputes arising from the contract, shall be governed by the laws of the State of Illinois. Any litigation under this agreement shall be resolved in the trial courts of Winnebago County, State of Illinois. Should a provision of this contract be declared invalid by a court of competent jurisdiction, it shall not affect the validity of the remaining provisions of the contract.
9. Safety. Prevention of accidents at any project is the sole responsibility of the awarded vendor and its subcontractors, agents, and employees. The awarded vendor, its subcontractors, agents, and employees shall be fully and solely responsible for the safety of this project. The awarded vendor shall retain exclusive and direct control over the acts or omissions of its subcontractors, agents and employees, and any other persons performing portions of the work and not directly employed by the awarded vendor.

10. Criminal Background Check. When necessary for the protection of citizens and/or City staff, the City may require an awarded vendor to conduct a criminal background check on all of its personnel who will have direct contact with City facilities or residents/businesses served under this contract. Personnel are defined as representatives, agents, employees, subcontractors, or anyone else who will be utilized to fulfill obligations under this contract. Criminal background checks, at a minimum, shall consist of a county level felony and misdemeanor check for each county in which the personnel resided in the last 10 years. The awarded vendor shall notify the City of any of its personnel who have been convicted of a felony or misdemeanor prior to commencing any work under this contract. At the City's discretion, personnel with any felony or misdemeanor convictions which raise a concern about the safety of building, property, or City staff/resident's personal security, or is otherwise job related (as determined by the City) shall not perform work under this contract. Once given notice that a background check(s) will be required, it must be completed within 14 calendar days so as to not delay work to be completed.

11. Control of the Work. With respect to the awarded vendor's own work, the City shall not have contractual, operational, and/or supervisory control over and/or charge of the work and shall not be responsible for construction means, methods, techniques, sequences, procedures, and programs in connection with the awarded vendor's work, since these are solely the vendor's responsibility under the agreement. The City shall not be responsible for the awarded vendor's failure to carry out the work in accordance with the agreement's terms and conditions. The City shall not have control over and/or charge of acts or omissions of the awarded vendor, its subcontractors, and/or their agents or employees, or any other person performing portions of the work not directly employed by the awarded vendor. The awarded vendor shall be considered to be an "independent contractor" pursuant to Illinois law.

12. Bid Bond. When required on the cover sheet, a bid bond for not less than 5 percent of the bid amount must accompany all bids as a guarantee that if the bid is accepted, the bidder will execute and file the proper contract. A bank cashier's check, bank draft, or certified check equal to the amount specified is acceptable in lieu of a bid bond. Bid bonds of the two lowest firms will be retained until the contract is awarded.

13. Performance Bond. When required by the specifications herein, the awarded vendor shall furnish a performance bond equal to the amount of the contract, acceptable to the City, within 14 calendar days after notification of contract award. Failure to furnish the required bond within the time specified may be cause for rejection of the bid and any bid deposit may be retained by the City as liquidated damages and not as a penalty.

14. Taxes. No charge will be allowed for taxes from which the City of Rockford, Illinois is exempt. The City of Rockford, Illinois is not liable for the Illinois Retailers' Occupation Tax, the Service Occupation Tax or the Service Use Tax. The City is exempt from the Federal Excise and Transportation Tax.

15. Withdrawal of Bids. Firms may withdraw or cancel their bids at any time prior to the advertised invitation to bid opening. After the opening time, no bid shall be withdrawn or cancelled. All bids shall be firm and valid for a period of sixty (60) calendar days. If a bidder to whom a contract is awarded refuses to accept the award, the City may, at its discretion, suspend the bidder for a period of time up to three (3) years.

16. Subcontracting. The bidder shall provide information for all subcontractors, leased operators/equipment, and suppliers and all other information requested in the Subcontractor and Supplier Detail Forms attached. Requests for deviations from the completed detail forms submitted must be made in writing, and reviewed and approved by the City's Diversity Procurement Officer and the Central Services Manager or designee. The awarded vendor may not subcontract any portion of the contract after award without written consent of the City of Rockford

Central Services Manager. When subcontractors are used, the awarded vendor is required to pay subcontractors promptly after completion of work. Delay of payment is prohibited.

17. Termination of Contract. The City of Rockford reserves the right to terminate the contract in its entirety or in portions, upon written notice to the awarded vendor, if the Rockford City Council does not appropriate sufficient funds to complete the contract or in the event of default by the awarded vendor. Default is defined as failure of the awarded vendor to perform any of the provisions of this contract or failure to make sufficient progress so as to endanger performance of this contract in accordance with its terms. In the event of default, the City may purchase the product(s) and/or service(s) from other sources and hold the defaulting company responsible for any excess costs occasioned thereby. The City may require payment of liquidated damages for non-performance. Should default be due to failure to perform or because of a request for a price increase, the City reserves the right to remove the firm from the City's bidder list for a period of up to three years.

18. Late Bids and Proposals. Regardless of cause, late bids and proposals will not be accepted and will automatically be disqualified from further consideration. It shall be solely the vendor's risk to ensure delivery at the designated office by the designated time. Late bids and proposals will not be opened and may be returned to the awarded vendor at their request and expense.

19. EEO Forms. Each firm shall be required to submit with its bid information all EEO forms included in the invitation to bid package. Any bid which fails to include the properly completed compliance items will not be read and will not be considered. All subcontractors shall also be required to comply with the same EEO forms as the firm.

20. Restrictive or Ambiguous Specifications. It is the responsibility of the bidding firm to review the invitation to bid specifications and to notify the Central Services Manager if the specifications are formulated in a manner that would unnecessarily restrict competition. Any such protest or question regarding the specifications or invitation to bid procedures must be received by the Central Services Division not less than seventy-two hours prior to the time set for the opening. In the event a contract term is not defined within the contract document, the term will be given its ordinary dictionary definition.

21. Bid Protest. Firms wishing to protest bids or awards shall notify the Central Services Manager in writing within 7 days after the invitation to bid opening. The notification should include the bid number, the name of the firm protesting, and the reason why the firm is protesting the bid. The Central Services Manager will respond to the protest within seven (7) calendar days. A successful protest may result in the reversal of a previously awarded contract.

22. Disputes. In case of disputes as to whether or not an item or service quoted or delivered meets specifications, the decision of the Central Services Manager, or authorized representative shall be final and binding to all parties. The Central Services Manager has the right to waive technicalities as they see fit. The Central Services Manager may request a written recommendation from the head of the department using the equipment or service being procured.

23. Exceptions. Any deviations from these specifications shall be noted and submitted with the bid. Failure to address deviations from specifications may result in bid rejection.

24. Acceptance/Rejection of Bids. The City of Rockford reserves the right to accept or reject any or all bids or proposals at any time, for any reason, including but not limited to the Rockford City Council not appropriating

sufficient funds to purchase equipment or complete the contract. The City may make awards in any manner deemed in the best interest of the City.

25. Prevailing Wage. When indicated on the cover page of this document, this contract calls for the construction of a "public work," within the meaning of the Illinois Prevailing Wage Act, 820 ILCS 130/.01 *et seq.* ("the Act"). The Act requires awarded vendors and subcontractors to pay laborers, workers, and mechanics performing services on public works projects no less than the "prevailing rate of wages" (hourly cash wages plus fringe benefits) in the county where the work is performed. When required, awarded vendors are responsible for paying current prevailing wage rates, as posted on the Illinois Department of Labor's website at: <http://www.state.il.us/agency/idol/rates/rates.HTM>. It is the awarded vendor's responsibility to verify current wage rates, as they are updated monthly. All awarded vendors and subcontractors rendering services under this contract must comply with all requirements of the Act, including but not limited to, all wage, notice, and record keeping duties.

26. Certified Payroll. All Certified Payroll reports required to be submitted under the Prevailing Wage Act, 820 ILCS 130, must be submitted monthly via email, in Excel or some format compatible with Excel, to certified.payroll@rockfordil.gov.

27. Substance Abuse Prevention. When required by Illinois State Statutes, awarded vendors must have in place and file with the City a written program for prevention of substance abuse among its employees. This program must include pre-hire, random, reasonable suspicion, and post-accident drug and alcohol testing, as required by the Substance Abuse Prevention on Public Works Projects Act.

28. Apprenticeship Requirement. For construction contracts over \$50,000, awarded vendors must participate in apprenticeship and training programs approved and registered with the United States Department of Labor's Bureau of Apprenticeship and Training for all Trades that will be in the awarded vendor's (or his subcontractor's) employment, with each worker receiving the required apprenticeship/training appropriate to his trade. Owners or work performed by owners is not exempt from the apprenticeship and training requirement.

29. Indemnification. To the fullest extent permitted by law, the awarded vendor shall indemnify and hold harmless the City, its officers, representatives, elected and appointed officials, agents, and employees from and against all claims, damages, losses and expenses, including but not limited to attorney's fees, arising out of or resulting from the awarded vendor's performance of work under this agreement, and indemnifies and agrees to defend and hold harmless the City against any and all losses, claims, damages, and expenses arising from the work performed hereunder of the erection, construction, placement, or operation of any scaffold, hoist, crane, stay, ladder, support, or other mechanical contrivance in connection with such work including but not limited to losses, claims, damages, and expenses arising pursuant to claims asserted against the City pursuant to theories premised upon section 414 of the Restatement (Second) of Torts and section 343 of the Restatement (Second) of Torts.

This indemnification agreement shall not be limited in any way by any limitations on the amount or type of damages, compensation, or benefits payable by or for the awarded vendor under Worker's Compensation Acts, disability benefit acts, or other employee benefit acts, and serves as an express agreement to waive the protection of *Kotecki v. Cyclops Welding Corp.*, 146 Ill.2d 155, 585 N.E.2d 1023 (1991) in Illinois.

Further, the awarded vendor agrees that it is solely responsible for compliance with all safety laws applicable to the work performed hereunder, including but not limited to the Occupational Safety and Health Act of 1970 and the Construction Safety Act of 1960 and all standards and regulations which have been or shall be promulgated by the agencies which administer the Acts.

Under no circumstances shall the awarded vendor, its subcontractors, agents, and employees be required to indemnify the City for its own negligence.

30. Officers. Each bidder affirms, by submission of a response to this bid or request for proposals, that no officer of the City of Rockford, Illinois, is directly or indirectly interested in the proposal for any reason of personal gain.

31. Non-Waiver. The failure by the City to require performance of any provision shall not affect the City's right to require performance at any time thereafter, nor shall a waiver of any breach or default of this contract constitute a waiver of any subsequent breach or default or a waiver of the provision itself.

32. Professional Services Selection Act. The City of Rockford intends to comply with 50 ILCS 510/5 governing the selection of professional services. Any reference in these terms and conditions to supplying pricing or price as a determining factor in selection do not apply for services covered by said act.

33. The City of Rockford reserves the right to accept or reject any and all proposals and to waive technicalities in submitted bids.

**BID REQUIREMENTS FOR
EQUAL EMPLOYMENT OPPORTUNITY**

All bidders seeking to do business with the City of Rockford are **REQUIRED** to submit with any formal, sealed bid all of the following documents and information, attached herewith, completed and signed:

1. Equal Employment Opportunity Affirmative Action Plan Statement of Policy.
2. The Statement of Non-Compliance and Certificate of Non-Segregated Facilities.
3. The Contractor or Vendor Workforce Data Form listing all current employees, by classification, directly employed by the bidder. All categories of information requested must be supplied.
Note: The number of employees must be entered under each category (no check marks)

Below are the Federal definitions of the following racial groups accepted as minorities by the City of Rockford:

Black: A person having origins in any of the Black racial groups of Africa, not of Hispanic origin.

Hispanic: A person of Spanish or Portuguese culture with origins in Mexico, South or Central America, or the Caribbean Islands, regardless of race.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes for example, China, Japan, Korea, the Philippine Republic and Samoa.

American Indian or Alaskan Native: A person having origins in any of the original peoples of North America.

4. Your State of Illinois Pre-Qualification Certification Number, issued by the Illinois Department of Human Rights for the Illinois Department of Human Rights Act, **must provide expiration date entered in the place provided therefore.**
5. Certificate of Non-Barred Bidding
6. All executed Subcontractor/Leased Operator and Supplier forms.

If you have not obtained your State of Illinois Pre-Qualification Number (item #4), by signing these documents you agree to make application for this number within 30 days from the date of bid opening.

ANY BID WHICH FAILS TO INCLUDE THE CITY OF ROCKFORD EEO PAGES 2, 4, AND 5, COMPLETED AND SIGNED WITH YOUR SEALED BID WILL NOT BE READ AND WILL NOT BE CONSIDERED – NO EXCEPTIONS.

Falsification of any required Equal Employment Opportunity or Affirmative Action information on the part of the bidder could result in rejection of the bid submitted or in the case where a contract has already been awarded, in the cancellation of said contract.

Any questions pertaining to E.E.O. requirements should be addressed to Ron Moore, Diversity Procurement Officer, Legal Department, 425 East State Street, Rockford, Illinois 61104, Phone: (815) 987-5622 or ron.moore@rockfordil.gov

EQUAL EMPLOYMENT OPPORTUNITY
AFFIRMATIVE ACTION PLAN
STATEMENT OF POLICY

It is the policy of this company, _____
to provide equal employment opportunity without regard to race, religion, color, national origin, handicap, age or sex through a program of positive action affecting all employees. In this program, our company carries out the requirements of Federal Executive orders 11246 and 11375, Civil Rights Act of 1964, Equal Employment Act of 1972, and all other applicable laws, and indicates its active support of the principle of equal opportunity in employment.

At present, _____ % of our work force are minorities and _____ % of our work force are females, and we will attempt to utilize minorities and females through a positive, continuing program in all jobs for which we contract in the future. Our company will utilize referrals from the City of Rockford's Diversity Procurement Officer for use of minorities and females regarding any future job vacancies.

It is also our intent to make efforts to purchase supplies or equipment from small business concerns located in the City of Rockford or counties of Winnebago or Boone and owned in substantial part (at least 51 per cent) by minorities or females.

_____ is the official who will be responsible for implementing this policy statement.

_____ will be designated as the Equal Opportunity Officer in our company, responsible for submission of all required equal employment opportunity documents.

In addition, _____ is hereby authorized to sign payroll as well as this company's officers. (NOTE: If only officers will be authorized to sign payrolls, please fill in "No One" in this space.)

STATEMENT OF NONCOMPLIANCE

If the equal employment opportunity hearing committee determines that a contractor, subcontractor/leased operator of equipment or bidder is not in compliance with this chapter, (also known as Chapter 11, Article III the City of Rockford Equal Opportunity Employment Ordinance), the hearing committee shall issue and serve upon such person a written statement of noncompliance setting forth the manner in which it finds such person has violated this chapter, and imposing and/or requiring appropriate sanctions, including, but not limited to any and/or all of the following:

- a. Denying, suspending or revoking qualifications, or declaring the contractor or subcontractor irresponsible and ineligible for future contracts or subcontracts until such time as the contractor or subcontractor shall demonstrate to the equal employment opportunity hearing committee that it is in compliance;
- b. Withholding or delaying payment on the contractor or;
- c. Suspending, avoiding or canceling contract work.

CERTIFICATION OF NON-SEGREGATED FACILITIES

The bidder certifies that he/she does not maintain or provide for his/her employees any segregated facilities at any of his/her establishments, and that he/she does not permit his/her employees to perform their services at any location, under his/her control, where segregated facilities are maintained. The bidder agrees that a breach of this certification will be a violation of the Equal Opportunity clause in any contract resulting from acceptance of this bid.

The bidder agrees that (except where he/she has obtained identical certification from proposed subcontractors/leased operators of equipment for specific time periods) he/she will obtain identical certification from proposed subcontractors/leased operators of equipment from the provisions of the Equal Opportunity clause, and that he/she will retain such certification in his/her files.

CERTIFICATE OF NON-BARRED BIDDING

The undersigned certifies that it is not barred from bidding on this contract as a result of a conviction for the violation of State laws prohibiting bid rigging or bid rotating. The undersigned also certifies that current or prospective employees, contractors, and subcontractors/leased operators of equipment are not listed as Excluded Individuals/Entities with the US Government, as maintained by the US General Services Administration.

By signing below, the firm agrees that all information provided in the previous pages is accurate, and that if the firm below does not currently have a Department of Human Rights number they will apply for one within thirty days with the State of Illinois.

Authorized Signature

Title

Firm

Our firm is a:

Minority Business Enterprise _____

Women Business Enterprise _____

Neither _____

City-Certified? Yes ___ No ___

City Certified? Yes ___ No ___

(Revised 12/21/09)

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

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

Social security number									

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

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

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

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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

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

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

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

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

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

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

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

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

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

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

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

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

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

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

Penalties

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

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

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

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

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),

2. The United States or any of its agencies or instrumentalities,

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

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

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

Part I. Taxpayer Identification Number (TIN)

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

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

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

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

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

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

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

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

Part II. Certification

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

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

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

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

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

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

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

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

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

Secure Your Tax Records from Identity Theft

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

To reduce your risk:

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

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

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

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

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

Protect yourself from suspicious emails or phishing schemes.

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

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

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

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

Privacy Act Notice

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

City of Rockford Request for Proposal

Comprehensive Health and Wellness Plan

On Site/Near Site Health Center with Application to Wellness, Occupational Health, Technology Solutions, Education and Coaching, Disease and Condition Management

IMPORTANT NOTE:

- IF YOU DID NOT PREVIOUSLY SUBMIT A COMPLETED REQUEST FOR INFORMATION THAT WAS ACCEPTED FOR EVALUATION, THEN YOU MUST ANSWER THE RFI QUESTIONS ALSO INCLUDED IN THIS DOCUMENT.
- IF YOU PREVIOUSLY SUBMITTED A COMPLETED RFI, THEN YOU DO NOT NEED TO SUBMIT IT AGAIN AND MUST COMPLETE ONLY THE SECTION MARKED "REQUEST FOR PROPOSAL".

I. Goal of this RFP:

- a. **Serve as Basis for Award of Contract; and,**
- b. **Find creative and capable partner(s) with whom to build a sustainable healthy Rockford.**

Over the last 18 months, the City of Rockford has sought information and education regarding the efficacy of expanding the health and wellness program to include an onsite/near site clinic. The process included a comprehensive Request for Information (RFI) to which many of you have responded. Thank you.

The data gathered was extraordinary and provided evidence of the efficacy and value of this concept specifically for the City of Rockford as well as other public employers. The City of Rockford is committed to moving forward. To that end, you are being asked to complete additional questions found in the section REQUEST FOR PROPOSAL (RFP).

It is intended through this RFP process to select firms as finalists, conduct interviews which may be open to the public, and educate the various stakeholders including elected officials and labor leaders in order to award a contract.

II. Implementation Date and Term

The City of Rockford is requesting proposals based on a clinic launch date of January 1, 2014. The initial term is for three (3) years.

III. Mission and Background

Create a Healthy Rockford— Employer, Community, and Economy

The City of Rockford is seeking a partner or partners to:

- improve the health and wellness of our employees and families
- aid the City in leading both our citizens and providers in health and wellness
- defend and stimulate development in our health care economy

We intend to create a clinic that will serve as a hub of health promotion, coaching, lifestyle education, disease and condition management, as well as ensure our members continued access to high quality

primary care services now and in the face of health care reform. We would also like this health center to reduce costs for disability and occupational health.

It is not our goal to immediately create an acute care- urgent care-walk in clinic.

The City primarily uses a three pronged approach to its health benefits program including consumer driven and value based design, wellness, and aggressive disease management.

The City is a collectively bargained employer with 78% of the group members of police – PB&PA Unit 6, fire – IAFF Local 413, and labor – AFSCME Local 1058.

With its labor groups, the City implemented a wellness program called COR Wellness. The program is advised by an active employee committee made up of members from across the organization. The employees’ pay check contribution for health insurance is indexed to their participation in the wellness plan. Currently the wellness plan includes a specific “Path to Wellness” whereby employees must choose certain activities from three categories of education, fitness, and prevention.

Group A – 3 points each	Group B – 2 points each	Group C – 1 point each
<ul style="list-style-type: none"> • Attending Wellness Fair (F) July 22, 2011 • Health Risk Assessment-VIP • Screenings: Glucose, cholesterol, blood pressure-VIP (see below)⓪ • Diabetes Education Program* • Others TBD** 	<ul style="list-style-type: none"> • Smoking Cessation Program (F) with BCBS • Flu Shots (F) at City sites or sponsored locations • Wellness/Educational Classes (F) offered onsite throughout the year • Other activities TBD** 	<ul style="list-style-type: none"> • City Endorsed Fitness Events (F) Walks/ Runs • Proof of Health Club Participation for 1 month (may count up to 3 months) • Other activities TBD**

It is our desire that the Clinic/Health Center will aid the City in establishing patient compliance with prevention goals as well as condition and disease management in order to affect lifestyle and behavioral change.

Plan Membership	
Relationship	Medical Members
Employee	1,167
Spouse	708
Dependent	1,231
Summary	3,106

Expenses by Service Category		
Reporting Period	Jun '11-May '12	
Service Category	Paid	Paid %
Inpatient Facility	\$4,049,158	30.0%
Outpatient Facility	\$4,009,629	29.7%
Professional	\$5,424,322	40.1%
Summary	\$13,483,110	

The City also has used an intense disease management program designed to bring multiple disciplines including medical, social work, and psychology, in order to positively affect outcomes for specific plan members with multiple co-morbidities, high current claims, high predicted claims, non-compliance issues, etc.

Overall, the City of Rockford maintains a comprehensive benefits program including a PPO and HSA for medical as well as dental, Rx, life insurance, and voluntary plans. The self-funded medical spend last year was approximately \$13 million. The City maintains an internal service fund for health insurance which was \$3 million in deficit a few years ago but is currently \$7 million in surplus. The fund is primarily used for reserves and to stabilize employee contributions.

COR Wellness Prevention Encounters			
Reporting Period	May 2011 - Apr 2012		
ACA Preventive Category	Claimants	Services	Paid
IMMUNIZATIONS	618	3,062	\$145,376
ROUTINE PHYSICAL	933	992	\$150,833
WELL BABY EXAM	346	598	\$79,730
ROUTINE LAB	626	2,136	\$36,863
ROUTINE COLONOSCOPY	34	36	\$26,472
ROUTINE MAMMOGRAM	294	668	\$27,042
ROUTINE PAP SMEAR	360	397	\$13,064
HEALTH EDUCATION & COUNSELING SERVICES	7	46	\$7,748
ROUTINE PROSTATE TEST	149	164	\$4,630
ROUTINE COLORECTAL CANCER SCREENING	55	60	\$1,005
ROUTINE BONE DENSITY TEST	6	6	\$427
SMOKING CESSATION	6	6	\$93
Summary	1,644	8,171	\$493,282

Claimants in this chart are not unique with some claimants in multiple categories. For example, of the 618 immunizations, 252 also had a well-baby exam.

City of Rockford Medical Enrollment by Age Band, Gender, Dependent, Employee					
Age/Gender Band	Medical Members	Medical Employees	Age/Gender Band	Medical Members	Medical Employees
<1 F	19	0	40-44 F	165	43
<1 M	24	0	40-44 M	184	162
1-4 F	75	0	45-49 F	123	49
1-4 M	73	0	45-49 M	112	92
5-9 F	95	0	50-54 F	107	50
5-9 M	141	0	50-54 M	108	91
10-14 F	138	0	55-59 F	121	62
10-14 M	158	0	55-59 M	105	84
15-19 F	140	0	60-64 F	78	42
15-19 M	144	0	60-64 M	104	87
20-24 F	109	4	65-69 F	24	14
20-24 M	116	10	65-69 M	32	28
25-29 F	67	9	70-74 F	5	3
25-29 M	76	61	70-74 M	5	4
30-34 F	96	21	75+ F	15	13
30-34 M	91	85	75+ M	13	12
35-39 F	123	36	Summary	3,106	1,167
35-39 M	120	105			

IV. Send Response and Questions, Time line and Evaluation

a. Address Questions and Response

Please contact:

Xavier Whitford, Financial Analyst
Xavier.whitford@rockfordil.gov
 815.967.6938

b. Estimated Time Line

- **RFP DUE WEDNESDAY: 3/20/13 by 11:00 am to the Central Services Manager/City of Rockford, 425 East State Street, Rockford, IL 61104.**
 - Please provide ONE (1) ORIGINAL and FOUR (4) COPIES of your response.
 - To make it easier for the evaluation team, please provide ONE (1) digital copy (memory stick, CD/DVD, etc.) and email a copy to xavier.whitford@rockfordil.gov after due date and time.

<u>Date</u>	<u>Event</u>
2/20/13	Distribution of RFP
3/20/13	RFP DUE DATE
April	Evaluation Complete
May	Interviews and Follow-up
June	Anticipated Award of Contract

c. Evaluation

This RFP is being sent locally and across the nation to hospitals, clinics, wellness companies, and clinic operators. Remember, the City is primarily looking for creative and willing partners with whom to build a sustainable Healthy Rockford.

Generally we are looking for you to show your understanding of our mission and your capabilities including:

- Creativity
- Experience of your management team and their commitment to the City of Rockford
- Technology resources and ability to interface with other partners, send and accept data feeds, utilize electronic medical records, deploy web and smartphone based tools and applications
- Willingness and the extent to which you are able to partner with the City of Rockford in beta testing, deploying pilot programs, participate in research, making capital investment, etc.

The evaluation team includes the Director of HR, Associate Director of HR, City Administrator, Mayor, Aldermen, Financial Analyst, labor leaders, and the City's employee benefits consultant.

d. Ten Specific Evaluation Criteria

1. **Your overall response to the previously submitted Request for Information (or concurrently submitted if a new respondent; RFI questionnaire attached).**

2. Experience and proven track record operating clinics and wellness centers specifically for employers not including your own in house clinic or programs.
3. Experience and proven track record providing wellness, coaching, lifestyle and behavioral change solutions, and specifically a Population Health Management philosophy, strategy and tactics.
4. Ability to provide capital investment, thought leadership, marketing, and partnership with the City on clinic, health and wellness related initiatives and economic development.
5. Technology capability including the EMR, HRA, patient access to data and results; employer reports including predictive analytics; employee communication campaigns and solutions; ability to customize, pilot, develop additional technology solutions.
6. Cost and Return on Investment.
7. Quality and type of the Patient Experience in the clinic.
8. Overall capability and desire to meet the needs of the City of Rockford.
9. Your Reference from Employer(s) for whom you provide clinic and wellness solutions.
10. Your additional recommendations, suggestions, value added products.

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V. RFP QUESTIONS TO BE COMPLETED BY ALL RESPONDENTS

1. Experience Operating Clinics

1.1 Company Information

- a. Full Name of Company
- b. Address of Corporate Headquarters
- c. Name and Contact Information for this RFP
- d. Brief description of company history and ownership

1.2 Do you currently operate work site medical clinics?

- a. How many?
- b. In what year was your first employer worksite clinic opened?
- c. Average size employer, smallest, largest, most desirable size?
- d. List states where clinics are located.

1.3 Do you have experience providing worksite medical clinics for municipalities, other units of government? Please describe, e.g. how many, years of operation, case studies, average ROI, etc.

1.4 How many employees are devoted to administration and operation of your employer based clinic business?

1.5 What attributes do you feel distinguish you in this field?

2. Experience Providing Health and Wellness Solutions

2.1 Describe your coaching, intervention, behavioral change strategy and programs.

2.2 How have you deployed these programs in the past? What have you seen that works and doesn't work?

2.3 Provide a brief story or case of an individual that has been helped and of how coaching and behavioral change strategies have worked at one of your clients.

3. Cost and ROI

3.1 Review claim data to provide most accurate pricing; also, include City specific reports and or predictive analytics if possible. For the 2012 BCBS claim data please email Xavier Whitford at Xavier.Whitford@rockfordil.gov.

3.2 Some respondents are recommending a different pay structures such as "cost plus" and "flat fee". What do you recommend as the best fee structure and why?

3.3 Are you recommending a physician based model or mid-level clinical model?

3.4 Provide a price proposal. Show estimated 2013 costs for your recommended model as well as a physician based model, as well as a mid-level based model.

3.5 Estimate the City's ROI based on your experience and forecast. Are you willing to provide any guarantees?

3.6 Please provide at least one specific case study (public employer would be best) showing the years of operation, number of employees, total claim costs prior to implementation and after.

4. Patient Experience

4.1 Describe the patient experience in the clinic.

4.2 What measures do you use to insure minimum wait times, comfort of patient, as well as accountability of staff, etc.?

4.3 Are individual treatment or coaching plans developed for patients and how is progress monitored?

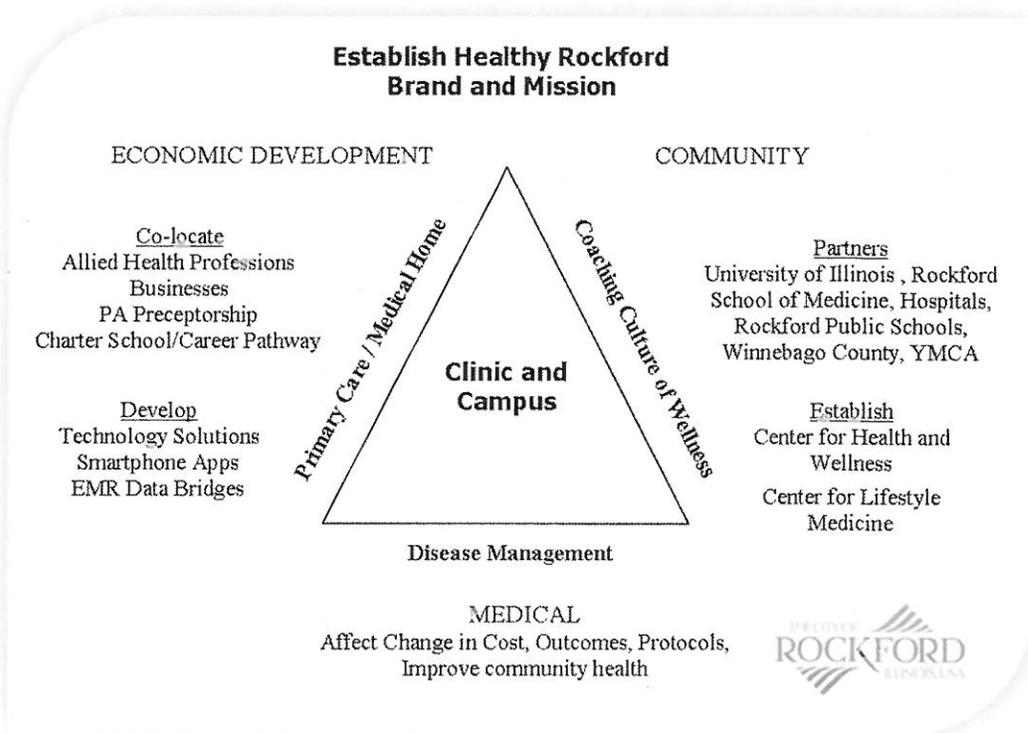
5. Overall Capability and Desire to Assist City of the City

5.1 Partnership, Coordination with Outside Vendors

- a. In any of your current clinic operations do you partner with an employer’s other vendors such as disease management, utilization review, or a wellness company? Please describe.
- b. Please describe ways in which you can partner with a local hospital or clinic in providing services to the City. Is that possible for you?

The City’s desire is to begin with a model that is scalable and will incorporate its basic vision.

5.2 Describe how you see yourself fitting in to the diagram below and can help the City establish a Healthy Rockford.



5.3 Have you ever or are you willing to start a pilot program or beta test wellness solutions, technology solutions, treatment protocols, disease management studies, etc.?

5.4 Have you ever or are you willing to make a capital investment?

5.5 Do you bring any partnerships or other key vendors with you?

6. Communication and Implementation

- 6.1 What is your overall communications strategy?
- 6.2 Please describe how you will assist the City in communicating the Clinic to its employees.
- 6.3 Please describe employee wellness campaigns, disease initiatives, behavior change programs, etc.
- 6.4 Please provide an estimated implementation time line assuming a go live date of 1-1-2014.

7. Your Recommendations

- 7.1 Based on the information provided and your understanding of the City of Rockford's desire and needs, do you have any suggestions or recommendations?
- 7.2 What other products or solutions would you like to make us aware?

End RFP Questions

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VI. RFI Questions TO BE COMPLETED ONLY BY THOSE BIDDERS THAT DID NOT PREVIOUSLY SUBMIT A RESPONSE.

1. Company Information
2. Clinic
3. Primary Care Services
4. Wellness, Disease/Condition Management and Occ Health Capabilities
5. Technology
6. Staffing
7. Implementation
8. Reporting, Measurement, and ROI
9. Cost
10. References

1. COMPANY INFORMATION

1.1 Name and contact information for this proposal.

1.2 Please provide contact information for the individual who would serve as the main point of contact for the City of Rockford.

1.3 Company Information

- a. Full Name of Company, corporate headquarters and year of formation:
- b. Brief description of company history and current ownership arrangement:
- c. How many employees are devoted to administration of your clinic business, medical services and wellness services?

1.4 Do you currently operate work site medical clinics? Yes No

- a. How many?
- b. Average size employer, smallest, largest, most desirable size for you?
- c. States clinics are in?

1.5 Do you have experience providing worksite medical clinics for municipalities, other units of government? Yes No

1.6 What key attributes distinguish you from your competition?

2. CLINIC

2.1. Explain your philosophical approach to onsite clinics (corporate mission and vision).

2.2. What is your clinic staffing strategy and the skill level?

2.3. Do you own, lease, or contract the medical staff?

2.4. Is the clinic staff hired and paid by the City of Rockford = IN HOUSE, medical services contracted by the City of Rockford with your firm managing operations = HYBRID, or the entire enterprise is outsourced to your firm = OUTSOURCED? In House Hybrid Outsourced

2.5. How will participants schedule appointments with the clinic—Online? Telephone?

2.6. What is the typical amount of face to face time a participant will have with a clinician at an appointment? Does this vary by level of clinician – MD, PA, NP, etc.?

2.7. Do you generally see the clinic open for walk-in, by appointment or both? Walk-In By Appointment Both

2.8. Do you capture CPT and ICD codes? Yes No

2.9. Please describe your HIPAA compliance and confidentiality measures:

2.10. How do you handle referrals for imaging, to specialists, other providers?

2.11. Describe your performance standards and measures for the clinic such as internal audit, quality assurance programs, wait times, employee inquiries, etc.

2.12. How will you interface with the City of Rockford Human Resources department? What should be the HR role in the clinic operations, overall, day to day?

2.13. Describe liability and malpractice issues: What level of liability and malpractice insurance coverage will you carry to protect the clinic and the City of Rockford?

2.14. The City has been in discussion with and leading a study of wellness and onsite clinic collaboration between the County of Winnebago and the Rockford Public School system. Are your systems capable of tracking patients from different employers and reporting out to those different employers? Yes No

3. PRIMARY CARE SERVICE CAPABILITIES

3.1. Please describe your ability to render onsite primary care needs along with your philosophy on workplace healthcare:

3.2. Please provide a general listing of the health conditions to be cared for in your clinic setting:

a. Check the type of health coaching you will provide:
 Face to face Online Telephone

b. Please describe your coaching methodology/philosophy/techniques:

c. Who will provide health coaching?

d. Will you perform health coaching outreach and engagement? Yes No
If yes how do you identify participants and conduct outreach?

e. Please provide a general listing of the health coaching programs you offer, e.g. smoking cessation, stress, weight loss, etc.

4.4. Do you have a system for reminding participants when their yearly and age appropriate screenings are due? Yes No

4.5. Regarding your disease management services:

a. How are your disease management services provided?
 Onsite in the clinic Online Via telephone

b. Please describe your disease management methodology/philosophy/techniques:

c. Will you perform disease management outreach and engagement? Yes No
If yes, how do you identify participants and conduct outreach?

d. Please provide a general listing of the conditions that are included in you disease management programming:

e. The City has used in the past and is interested in continuing to use an integrated approach to chronic disease management. Do you now and can you assist the City in identifying and treating those members who are most at risk, with co-morbidities, who are high utilizing and will benefit from an intensive and multidisciplinary team approach? Please describe.

4.6. Regarding Occupational Health, do you operate any clinics primarily for this purpose? Yes No

4.7. What is the evolution of most of your clinics; begin as OCC Health and expand to Primary Care or the other way around?

4.8. Do you have a system to track and report to the City of Rockford when an encounter is related to Workers' Compensation? Yes No

- 4.9. Do you have a system for evaluation, documentation, and management of worksite injuries? Yes No
- 4.10. Can pre-employment physicals including drug testing be performed in the clinic? Yes No
- 4.11. Can disability related medical exams be performed in the clinic ? Yes No
- 4.12. Do you have any Return-to-Work programs? Yes No

5: TECHNOLOGY

- 5.1. Does your technology solution include:
- a. Online personal medical records for participants? Yes No
If yes, please describe:

If yes, will HRA and Biometric data be integrated? Yes No
 - b. Electronic Medical Records for Clinicians, name of system? Yes No
If yes, will HRA and biomedical data be integrated? Yes No
 - c. Web-based consumer education portals? Yes No
 - d. To what technology will HR and City management have access?
 - e. What technology will members be able to use?
 - f. Do you have an application(s) solution for iOS, Android, smartphone Yes No
- 5.2. Will you offer e-prescribing? Yes No
- 5.3. What practices do you have in place to protect the confidentiality of individual information when electronically storing or transferring information? What type of back-up practices do you use?
- 5.4. If possible, please provide a URL and password or a CD/DVD for a demo of any technology solutions offered:
- 5.5. Do you use predicative modeling or tool(s) to find gaps in patient compliance? Yes No
If yes, can you provide a sample report? Yes No

6. Management Teams and Staffing

6.1. Regarding your Account Management Team (for each, please list name, city/state, years of experience, years with your organization):

- a. Who will be the account manager?
- b. Who will be the day-to-day contact?
- c. Who will provide customer service to the patients?

6.2. Please describe the implementation process, account management, and will the implementation team be different from the day-to-day account team?

6.3. Please describe the staffing model you are proposing for the clinic (number/type of clinicians and other staff):

6.4. If you are not proposing to staff clinic with a Physician:

- a. Who will serve as the Medical Director for the clinic?
- b. Where will the medical director be located?
- c. Describe how the medical director will provide oversight to clinic operations:

6.5. Please discuss the recruiting, selection, credentialing, and retention process for your clinic staff:

6.6. Can the City participate with you and or contribute to the recruiting, hiring, staffing process?

Yes No

6.7. Will the City have an opportunity to provide input during the clinic staff selection process?

Yes No If yes, please describe:

6.8. How many hours per week are you proposing the clinic operate?

6.9. How are you going to communicate with the local community healthcare providers?

6.10. Can you refer patients to any network, hospital, or provider? Yes No

6.11. Do you offer a provider network, for example, services for specialty, imaging, laboratory, etc.?

7. IMPLEMENTATION

7.1. Please define the physical space and logistical requirements for the onsite clinic build-out.

7.2. Please provide a sample implementation and launch plan that represents a January 1, 2013 launch.
What is the desired time line?

7.3. Do you assist in the communication to employees of the clinic? Yes No

8. PROGRAM REPORTING, MEASUREMENT, AND EVALUATION

8.1. What types of reports will you provide the City of Rockford? Do you have a standard reporting package? Provide samples if possible such as: Utilization reports, Coaching and Disease Management, Aggregate Reports including overall conditions, patient compliance, Rx's Dispensed, etc.

8.2. What is the report frequency and will the City of Rockford be able to generate reports independently? Yes No

9. COST AND PREDICTED ROI

1. Please provide as detailed a quote as possible including estimated costs of build out, staff costs, management fees, as well as add-on costs for coaching, nurse-line, technology, etc.
2. What is your fee model, such as cost plus, flat fee, other.
3. Please identify and estimate any pass through costs such as equipment, supplies, Rx, etc.
4. Please estimate potential savings.
5. How is the cost of build-out handled? Is this included in your fee, amortized, etc.?
6. Do you require a deposit, initial payment, or do you begin billing upon clinic launch?
7. What is the ROI of your clients similar to the City of Rockford such as direct savings compared to off-site primary care, re-directed care from ER and specialists, downstream utilization reduction through wellness and early intervention, and estimated savings from lost time and productivity?

10. REFERENCES

Please provide reference(s) including the Organization's Name, Contact Name, Contact Phone, Contact Email, and Contact's Role.

Also, please provide any case studies that will help the city in understanding your product, philosophy, and the general effect of an onsite or near site clinic, particularly in the municipal environment if possible.