

**REQUEST FOR PROPOSAL  
ALCOHOL/SUBSTANCE ABUSE TESTING,  
OCCUPATIONAL MEDICINE FOR PRE-HIRE SCREENING,  
FIT FOR DUTY, AND WORKERS COMPENSATION**

Date Issued: October 30, 2017  
RFP Number: 18Q-024  
Submission Deadline: 1:30 P.M.  
November 15, 2017

The City of Sikeston is currently seeking proposals of interest and qualifications from companies able to provide occupational medical services to the City of Sikeston. Such companies should have experience in providing occupational medical services to employers of more than 125 employees and have offices in close proximity to the City of Sikeston. Responses should describe the provider's experience in providing services such as pre-employment physicals, drug and alcohol testing, compliance with Federal and State programs, fitness for duty exams, services related to supporting a workers compensation program and other related activities necessary for a municipal governmental entity.

Sealed proposals will be accepted at the Office of City Clerk, Sikeston City Hall, 105 East Center, Sikeston, MO 63801 until 1:30 P.M., Wednesday, November 15, 2017.

**GENERAL RULES AND CONDITIONS**

1. Proposals submitted in response to this request must carry the signature of the vendor. By signing, the bidder acknowledges his full knowledge of, and agreement with the general specifications, conditions and requirements of this request for proposal.
2. Any act or acts of misrepresentation, collusion or offers of kickback by a vendor will be a basis for disqualification of any proposal submitted. In the event the City enters into an agreement or contract with a vendor who is found to have misrepresented material facts, participated in collusion or offerings of kickbacks, and such conduct is discovered after the execution of an agreement or contract, the City may cancel the agreement or contract without incurring liability, penalty or damages.
3. All inquiries, whether written or oral, shall be submitted within the time limitations specified in the request for proposal. All information provided by the City shall be by Request for Quotation and written addendum thereto, which shall be subscribed by the City Treasurer or her designee, who shall issue the request for proposal. No other information, provided by others, shall be anything more than informal information and shall not be binding upon the City, nor shall it furnish a basis for legal action by any vendor or prospective vendor against the City.
4. Proposals received later than the time and date specified in the request as the bid opening will not be considered. Amendments to, or withdrawals of proposals received later than the time and date specified as the bid opening will not be operative.

5. The City of Sikeston reserves the right to accept or reject any and all proposals, as deemed, in its sole discretion, to be in the best interest of the City. The City reserves the right to reject any proposal if the vendor is delinquent in the payment of any taxes, fees or licenses owed to the City. In the event a vendor is delinquent in any payment to the City, the City may offset the delinquent amount due against sums owed the vendor.
6. The City of Sikeston may make such investigation as deemed necessary to determine the ability of the vendor to discharge the agreement or contract. The vendor shall furnish the City with all such information and data as may be required for that purpose. The City reserves the right to reject any bid if the vendor fails to satisfactorily convince the City that he is properly qualified to carry out the obligations of the agreement or contract, and to satisfactorily complete the work called for herein.
7. When determining the successful vendor, the City reserves the right to apply up to a five percent (5%) local vendor preference for goods and services provided by vendors located within the City Limits of Sikeston.
8. The City of Sikeston is exempt from all federal and state excise, sales and use taxes.
9. Delivery of all goods or services must comply with all applicable laws of the Federal Government and the State of Missouri. All quotations must be F.O.B. destination, including the cost of boxing and cartage to the delivery point stated in this proposal.
10. The City may withhold acceptance of, or reject any services that upon examination, is found not to meet the specifications' requirements.
11. Proposals must be submitted in writing, and include executed non-kickback and non-collusion agreements on the forms provided with this request for proposal.
12. All costs/prices quoted will be in effect for a minimum of twenty-four (24) months following the acceptance of the vendor's proposal. Should you have any questions regarding these terms, please contact me at (573) 471-2511.

Sincerely,

Karen S. Bailey, PHR  
City Treasurer

Enclosures

**CITY OF SKESTON  
REQUEST FOR PROPOSAL  
ALCOHOL/SUBSTANCE ABUSE TESTING,  
OCCUPATIONAL MEDICINE FOR PRE-HIRE SCREENING,  
FIT FOR DUTY, AND WORKERS COMPENSATION**

**SPECIFICATIONS  
RFP #18Q-024**

**DRUG AND SUBSTANCE ABUSE TESTING:**

1. All specimen collection and testing will be performed by the vendor or its authorized agent.
2. All specimen collections must be conducted within the city limits of the City of Skeston.
3. All specimen collection and testing conducted for the City of Skeston must be in compliance with the standards and procedures set forth in the Omnibus Transportation Employee Testing Act of 1991 and subsequent rules for DOT and non-DOT testing, as may be amended.
4. The vendor must be able to provide 24-hour, 7-day a week collection and testing services.
5. The successful vendor is required to provide all control forms, reporting forms and any other documentation required by the Omnibus Transportation Employee Testing Act of 1991 and subsequent rules, as may be amended.
6. Drug and/or alcohol testing fees quoted in response to this request for proposal shall include
  - a. all costs associated with the collection of a specimen, (labor, supplies, transportation),
  - b. all costs associated with conducting the test,
  - c. all costs associated with conducting the initial confirmation test,
  - d. all fees or expenses incurred in connection with the Medical Review Officer (MRO) services.
  - e. any other expenses incurred as part of the testing, confirmation and recordkeeping process.
7. DOT alcohol and substance abuse tests will be performed on approximately 22 CDL employees. Alcohol and substance abuse testing will also be performed on selected Department of Public Safety employees. Approximately 76 Public Safety employees will be eligible for this testing.
8. Drug and/or alcohol testing to be performed by the vendor shall be
  - a. pre-employment drug/alcohol testing,
  - b. post-accident drug/alcohol testing,
  - c. reasonable suspicion/probable cause testing,
  - d. random testing,
  - e. return to duty testing, and
  - f. follow-up testing, as may be required.
9. The vendor will be required to maintain specimen samples for a minimum of thirty (30) business days after the date of the confirmation test to permit employee requested re-testing of the split sample.

10. The vendor shall compile and provide, at least annually, a statistical report of all City drug and alcohol testing results. This data shall be in such format as to include all categories of the applicable Drug and Alcohol Testing MIS Data Collection Forms. This report must be received by the City at least thirty (30) days prior to the submission deadline for the annual MIS Data Collection Forms.
11. All records holding data regarding the actual testing of City employees, and any supporting records shall be maintained by the vendor for no less than five years from the date of testing.
12. All records holding data regarding the actual testing of City employees must be made available to the City of Sikeston within eight (8) business hours of request.

**CITY OF SIKESTON  
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OCCUPATIONAL HEALTH SERVICES FOR PRE-HIRE SCREENING,  
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**INFORMATION SHEET  
RFP #18Q-024**

**Please provide the following information:**

Firm Name:

Address:

Telephone/Fax Number:

Email Address:

**General Firm Information**

1. How long has your firm been in operation?
2. What geographic region does your firm cover?
3. What is the general composition of your clientele?
4. Provide the company name, location, telephone number and contact person of three (3) firms currently using your firm's services.

## Service Information

1. Provide the name, location and business hours of the facility that will be collecting alcohol and substance abuse specimens during regular business hours.
2. Provide the name, location and business hours of the facility that will be collecting alcohol and substance abuse specimens after regular business hours or on weekends and holidays.
3. Provide the name and location of the laboratory that will be performing the City of Sikeston's alcohol and substance abuse testing.
4. Where will the City of Sikeston's records of testing be maintained?
5. Provide the name(s), location(s) and telephone number(s) of the Medical Review Officers (MRO) that would be assigned to the City of Sikeston's testing program.
6. Does your firm provide Substance Abuse Professional (SAP) services? If so, provide the name and locations of the individuals that would be assigned to the City of Sikeston.
7. Does your firm provide random sampling selection services?
8. What is the average response time from the date of specimen collection to notification of the City?  
  
Negative Test:  
  
Positive Test:
9. List the name, address and telephone number of your firm's Service Representative, should your firm be selected as the City's vendor.

CITY OF SKESTON

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Bid #18Q-024  
BID RETURN SHEET

Firm Name: \_\_\_\_\_

2018 Cost <u>Per Test</u>	2019 Cost <u>Per Test</u>
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- I. DOT Testing Fees:
  - a. DOT Drug Test:
    - 1) Normal Business Hour Testing
    - 2) Pre/Post Business Hour Testing
    - 3) Other costs associated with the above testing (list):
  
  - b. DOT Alcohol Test:
    - 1) Normal Business Hour Testing
    - 2) Pre/Post Business Hour Testing
    - 3) Other costs associated with the above testing (list):
  
  - c. Non-DOT Drug Testing
    - 1) Normal Business Hour Testing
    - 2) Pre/Post Business Hour Testing
    - 3) Other costs associated with the above testing (list):
  
  - d. Non-DOT Alcohol Testing
    - 1) Normal Business Hour Testing
    - 2) Pre/Post Business Hour Testing
    - 3) Other costs associated with the above testing (list):
  
- II. Other Services:
  - Use N/A to indicate the service is not available.*
  - Use N/C to indicate no additional charge will be associated with this service.*
  
  - a. If your firm provides random sampling selection services indicate what charges will be billed to the City for this service.
  
  - b. Does your firm provide the mandated supervisory training in alcohol and controlled substance identification?
  
  - c. If your firm completes the annual MIS Report what charges will be billed to the City for this service?

d. Will post-accident testing kits need to be purchased separately? If so, what are their costs?

III. Occupational services, costs or fees (all obtained during normal business hours):  
List individually, additional services provided and their associated cost.

<b>Service</b>	<b>2018 Cost Per Office Visit</b>	<b>2019 Cost Per Office Visit</b>
DOT Physical		
Pre-Employment Physical		
Occupational Medicine Office Visits		

IV. List all exceptions to the proposals specifications on a separate sheet and submit with your response.

V. VENDOR'S SIGNATURE:

Vendor's signature must appear on this form. Signature of bidder indicates he/she understands and will comply with the terms and conditions set forth within this Request for Proposal.

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

By: \_\_\_\_\_

Authorized Agent



**Bidder’s signature MUST appear on this form. Signature of bidder indicated he/she understands and will comply with the terms and conditions set forth within the Invitation for Bid.**

CITY OF SIKESTON  
Bid #18Q-024  
Non-Kickback and Non-Collusion Affidavit

I, being of lawful age and a duly authorized agent for \_\_\_\_\_, regarding the attached bid, proposal, or contract with the City of Sikeston, Missouri for alcohol and substance abuse testing and training services, do hereby swear/affirm that this affidavit is true and correct.

Furthermore, I swear/affirm that neither I, nor the firm, company or corporation, or any other employer for whom I am an authorized agent in this matter, has been a party to any collusion, among bidders or other competitors in restraint of freedom of competition by causing or contributing to cause anyone to refrain from bidding, or by being a party to any agreement or understanding among or between any persons, firms, or corporations to bid at a fixed or determinable price.

Furthermore, I swear/affirm that neither I, nor the firm, company or corporation, or any other employer for whom I am an authorized agent have been a party to any collusion with any city official or employee of the City of Sikeston as to quantity, quality, or price in this prospective bid, contract or proposal; or any other terms of said undertaking; nor have I or we been a party to any discussion between other competitors and any official of the City of Sikeston concerning the exchange of money or other things of value for special consideration in the letting of this bid, proposal or contract.

I do hereby swear/affirm that the work, contractual undertaking, services or materials as described by this invoice or other billing claim has been delivered, completed, or supplied in accordance with the specifications, orders, bids, requests, or contract furnished and executed by the City of Sikeston, Missouri for the above mentioned bid. Furthermore, no consideration, either directly or indirectly, has or will be made to any elected official, officer or employee of the City of Sikeston or any other person, firm or corporation to obtain payment of the claim or to procure the contract or purchase order pursuant to which this claim is made.

\_\_\_\_\_  
**Bidder’s Signature**

Please type or print name and address of bidder.

Phone Number \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
  )SS  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_, 2017, before me personally appeared \_\_\_\_\_, to me known to be the person(s) described in and who executed the forgoing instrument and acknowledged that they executed the same as their free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at my office in \_\_\_\_\_ County, \_\_\_\_\_, the day and year first above written.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Notary Public**

My Commission expires: \_\_\_\_\_