

CITY OF SIKESTON
REQUEST FOR PROPOSAL 18Q-023
FUNCTIONAL EMPLOYMENT TESTING SERVICES

Date Issued: October 30, 2017

Submission Deadline: 1:30 P.M., November 15, 2017

The City of Sikeston is requesting proposals to perform functional employment testing. Services will be provided for the three-year period January 1, 2018 through December 31, 2020. 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.

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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. Should you have any questions regarding these terms, please contact me at (573) 475-3712.

Sincerely,

Karen S. Bailey, PHR
City Treasurer

Enclosures

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SPECIFICATIONS

1. All job specific testing will be developed by the vendor or its authorized agent to determine whether the individual possesses the ability to safely and effectively perform the required job function for the specific position in question.
2. The test protocols will be designed to be compliant with the employment testing procedures and legal principals set forth in the Americans with Disabilities Act (ADA), and pursuant to other federal and state laws.
3. All job specific testing will be performed by the vendor or its authorized agent.
4. The vendor must provide documentation that their skill set includes an awareness of EEOC practice guidelines, knowledge of how to write a defensible post-offer test and how to track disparate impact statistics.
5. All job specific testing will be medically/legally defensible employment testing programs.
6. The job specific testing will be dependent upon collection and interpretation of data pursuant to stringent medical and scientific protocols.
7. 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.
8. 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.
9. Components of the job specific test shall include:
 - Musculoskeletal evaluation including assessments of range of motion, strength, posture, and joint integrity
 - Cardiovascular status, including recovery condition, blood pressure, and heart rate
 - Static (isometric) and Dynamic (isotonic) strength evaluation of the back and extremities, with analysis for deficits and/or abnormalities, and with resultant comparative analysis to your database containing information from other employees tested
 - Risk profile for “over-use syndrome” (i.e. carpal tunnel syndrome)
 - Job specific or job simulation components (essential functions) includes instruction in proper body mechanics and lifting techniques

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BID RETURN SHEETS**

Please provide the following information:

Firm Name:

Address:

Telephone/Fax Number:

Email Address:

General Firm/Service Information

1. How long has your firm been in operation?

2. Provide the name, location and business hours of the facility where testing will be conducted.

3. Provide the company name, location, telephone number and contact person of three (3) firms currently using your firm's services.

4. Where will the City of Sikeston's records of testing be maintained?

5. List the name, address and telephone number of your firm's Service Representative, should your firm be selected as the City's vendor.

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TYPE OF TEST OR SERVICE	FEES FOR SERVICES		
	2018	2019	2020
Post-Offer Comprehensive Test: Medical questions and several medical tests are included to objectively quantify pre-existing conditions and cumulative traumas to determine their effect upon “significant and impending” risk as it relates to the position in question.			
Post-Employment Fit For Duty: This test is administered to existing employees under various circumstances. The test may be administered on a voluntary basis, at specific intervals by the employer, or on an individual basis if the employee demonstrates “evidence of problems related to job performance or safety”. This test is used to classify employees according to risk and then implement prevention strategies to lower susceptibility to injury. Work conditioning, accommodations, and other options are made available to the employer based upon results.			
Carpal Tunnel Test: This test is administered as part of either the Post-Offer/Pre-Placement Comprehensive Test or the Post-Employment/Fit for Duty Test. It is used to determine capability as it relates to job function. It gives pass or fail for medical risk criteria.			
Functional Capacity Evaluation (FCE): This medical test measures an employee’s function post-injury.			
CIE Certified Ergonomic and Industrial Consultation Fee: A service to address specific work incidence or work injury issues.			
Other Services, Costs or Fees: List individually, additional services provided and their associated cost.			

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

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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

