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www.teamhealth.com

July 1, 2010

City of Coral Gables
Office of the Chief Procurement Officer
2800 SW 72nd Avenue
Miami, Florida 33155

Re: Medical Director, RFP 2010.06.24 Medical Director

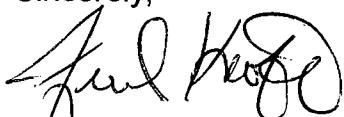
Dear Madams or Sirs:

I am submitting my name for your consideration for the position of Medical Director of Fire Rescue for the City of Coral Gables.

In that role I will provide quality medical oversight and clear input to the leadership team of the Coral Gables Fire Department. As the current Medical Director for the Fire Rescue systems of Hialeah and Miami Beach, I am familiar with the needs of the Fire Rescue community. Additionally, as the District Medical Director for Emergency Services for the South Broward Hospital System (Memorial Healthcare System), I am familiar with the need for a strong relationship and communications with the area hospitals.

I believe that with my experience and judgment I will provide excellent medical direction for your Department.

Sincerely,



Frederick Keroff, MD, FACEP
District Medical Director of Emergency Services, Memorial Healthcare System
Medical Director, Hialeah Fire Department
Medical Director, Miami Beach Fire Department



CORAL GABLES, FL

City of Coral Gables, 2800 SW 72nd Avenue, Miami, FL 33155

FINANCE DEPARTMENT / PROCUREMENT DIVISION
Tel: 305-460-5103, Fax: 305-460-5126

PUBLIC NOTICE

Request for Proposal (RFP) No. 2010.06.24

The Coral Gables Fire Department seeks a qualified person, firm, or healthcare organization to provide Medical Direction for its Emergency Medical Services (EMS). The successful Proposer will provide medical direction for a State of Florida licensed Advanced Life Support (ALS) EMS provider, and must do so in compliance with all requirements of Florida Statutes (FS), Chapters 458 and 401, and Florida Administrative Code (FAC), Chapter 64E-2, as they pertain to an ALS EMS provider and its medical direction.

Request for Proposal packages may be picked up at Office of the Chief Procurement Officer, located at 2800 SW 72 Avenue, Miami, Florida 33155 or requested by fax (305) 261-1601, or via e-mail to contracts@coralgables.com no later than 4:00 p.m. **Tuesday, July 13, 2010**. Interested proposers must pay a non-refundable fee of \$25.00 per package in the form of a cashier's check, certified check or money order payable to the City of Coral Gables. Registered or new vendors can download the package by visiting http://www.coralgables.com/CGWeb/dep_proc_vendor.aspx.

A non-mandatory pre-proposal conference will be held at the Office of the Chief Procurement Officer at **10:00 a.m. Thursday, July 8, 2010**

Proposals will be received until **2:00 p.m. Thursday, July 29, 2010**. Proposals submitted by mail or hand delivered should be sent to the City of Coral Gables, Procurement Division Office.

The City of Coral Gables will not accept and will in no way be responsible for any proposals received after the deadline of **Thursday, July 29, 2010 2 p.m.** The responsibility for submitting proposals before the stated time and date is solely the responsibility of the Proposer. The City will not be responsible for delays caused by mail, courier services, including U.S. Mail, or any other occurrence.

Award of proposal will be made to the most responsive responsible proposer, within a reasonable time after opening of proposals. However, the City reserves the right to consider other conditions which may be in the best interests of the City. One (1) original and three (3) complete copies must be signed and submitted in a sealed envelope and clearly marked: **RFP 2010.06.24 Medical Director**

Schedule of events for this RFP is as follows:

Advertisement	Thursday, June 24, 2010
Non-Mandatory Pre-Proposal Conference	10:00 a.m. Thursday, July 8, 2010
Last date to request RFP	4:00 p.m. Tuesday, July 13, 2010
Written Questions	4:00 p.m. Thursday, July 15, 2010
Written Answers	4:00 p.m. Thursday, July 22, 2010
Proposal Submittal Deadline	2:00 p.m. Thursday, July 29, 2010
Evaluation Committee Meeting and Presentation (if applicable)	10:00 a.m. Thursday, August 5, 2010

Award of Proposal will only be made to highest ranked Proposer(s) based on the criteria method, within a reasonable time after opening of proposals. However, the City reserves the right to consider other conditions which may be in the best interests of the City.

The cone of silence for this project is now in effect. Any communication regarding this solicitation between a potential offeror, vendor, service provider, bidder, lobbyist, or consultant and any city department heads, their staff, selection committee or evaluation committee members is prohibited.

The cone of silence shall terminate at; (1) the time of the City Manager's approval of the award, or (2) the time of the City Manager's written recommendation to the City Commission is received by the City Clerk, or (3) the time that bids or proposals are rejected by the City Commission or the City Manager.

Violation of the Cone of Silence by a particular proposer or offeror shall render any award to said person voidable by the City Commission. A violation of this section by a particular proposer, offeror, lobbyist or consultant shall subject such person or persons to potential debarment pursuant to the provisions of this chapter.

RFP PRICES MUST BE FIRM FOR A MINIMUM OF NINETY (90) DAYS. ESCALATION CLAUSES OF ANY KIND ARE NOT ACCEPTABLE. THE CITY OF CORAL GABLES RESERVES THE RIGHT TO ACCEPT ANY RFP DEEMED TO BE IN THE BEST INTEREST OF THE CITY OF CORAL GABLES, OR WAIVE ANY INFORMALITY IN ANY RFPS. THE CITY OF CORAL GABLES MAY ALSO REJECT ANY AND/OR ALL RFPS.

YOU ARE HEREBY ADVISED THAT THIS REQUEST FOR PROPOSAL IS SUBJECT TO THE FOLLOWING ORDINANCES/RESOLUTIONS, WHICH MAY BE REQUEST IN WRITING TO THE CITY OF CORAL GABLES, CITY CLERKS OFFICE:

City of Coral Gables
City Clerk's Office
405 Biltmore Way, 1st Floor
Coral Gables, FL 33134

- CONE OF SILENCE – Ordinance No. O2008-27
- CODE OF ETHICS & CONFLICT OF INTEREST – Ordinance No. O2008-27
- DEBARMENT PROCEEDINGS – Ordinance No. O2008-27
- PROTEST PROCEDURES – Ordinance No. O2008-27
- LOBBYIST REGISTRATION & DISCLOSURE OF FEES – Ordinance No. O2008-27

Sincerely,

Chief Procurement Officer



CORAL GABLES, FL
City of Coral Gables, 2800 SW 72nd Avenue, Miami, FL 33155

FINANCE DEPARTMENT / PROCUREMENT DIVISION
Tel: 305-460-5103, Fax: 305-261-1601

CONE OF SILENCE

Request for Proposal (RFP) No. 2010.06.24

NOTICE TO ALL BIDDERS AND PROPOSERS

Definition:

Any communication regarding a particular request for proposals (RFP), request for qualifications (RFQ), invitation for bids (IFB) or any other advertised solicitation between a potential offeror, vendor, service provider, bidder, lobbyist, or consultant and City department heads, their staff, selection committee or evaluation committee members.

Imposition:

A cone of silence shall be imposed upon each request for proposals (RFP), request for qualifications (RFQ), invitation for bids (IFB) and any other solicitation when advertised.

Termination:

The cone of silence shall terminate at:

- (1) the time of the City Manager's approval of the award, or
- (2) the time of the City Manager's written recommendation to the City Commission is received by the City Clerk, or
- (3) the time that bids or proposals are rejected by the City Commission or the City Manager.

Violations:

Violation of the cone of silence by a particular proposer or offeror shall render any award to said person voidable by the City commission.

A violation of this section by a particular proposer, offeror, lobbyist or consultant shall subject such person or persons to potential debarment pursuant to the provisions of this chapter.



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PROPOSER ACKNOWLEDGEMENT

CITY OF CORAL GABLES MEDICAL DIRECTOR – RFP 2010.06.24

A cone of silence is in effect with respect to this RFP. The Cone of Silence prohibits certain communication between potential vendors and the City. For further information, please refer to the City Code Section 2-1059 of the City of Coral Gables Procurement Code.

Proposal must be received prior to 2:00 P.M. Thursday, July 29, 2010 and may not be withdrawn within 90 calendar days after such date and time. Proposals received by the date and time specified will be opened in the Procurement Office located at 2800 SW 72nd Avenue, Miami, FL 33155. All Proposals received after the specified date and time will be returned unopened.

Contact: Margie Gomez
Telephone: 305-460-5103
Facsimile: 305-460-5126
mgomez@coralgables.com
contracts@coralgables.com

PROPOSERS ACKNOWLEDGEMENT

THIS FORM MUST BE COMPLETED AND SUBMITTED ALONG WITH THE COMPLETE RFP ON OR BEFORE TO THE DATE AND THE TIME OF RFP OPENING. THE PROPOSAL SUMMARY SHEET ON WHICH THE PROPOSER ACTUALLY SUBMITS AN RFP AND ANY PAGES UPON WHICH INFORMATION IS REQUIRED MUST BE COMPLETED AND ATTACHED WITH THE RFP DOCUMENT. FAILURE TO SIGN (BLUE INK PREFERRED) OR COMPLETE ALL RFP SUBMITTAL FORMS AND FAILURE TO SUBMIT ALL PAGES OF THE RFP DOCUMENT AND ACKNOWLEDGEMENT OF ANY ADDENDUMS MAY RENDER YOUR BID/PROPOSAL NON-RESPONSIVE.

Bidders Name: <i>In Phyllis South Award, Inc.</i>	Fed. ID No. or SS Number: <i>65-0726225</i>
Complete Mailing Address: <i>3501 John von Striet Hollywood, FL 33021</i>	Telephone No.: <i>954-265-6307</i>
Indicate type of organization below: Corporation: <input checked="" type="checkbox"/> Partnership: <input type="checkbox"/> Individual: <input type="checkbox"/> Other: <input type="checkbox"/>	Fax No.: <i>954-893-3754</i>
Bond (If Applicable) <input type="checkbox"/> Bid Bond/Security Bond <input type="checkbox"/> Bank Draft <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Certified Check <input type="checkbox"/> Treasurer's Check <input type="checkbox"/> Other _____	Reason for no Response:
No. _____ in the amount of \$ _____	

Advertisement of Formal Solicitations not requested by the City of Coral Gables is prohibited; all solicitations are posted on the City's website www.coralgables.com and in a local newspaper. Third party advertisement of any solicitation must be approved by the City of Coral Gables in writing, at no cost to the City of Coral Gables. The information advertised will be reviewed and approved by the City of Coral Gables, City Clerk's office seventy two (72) hours before posting. The City of Coral Gables, at its sole discretion, may reject any request for advertisement of their Formal Solicitations.

THE PROPOSER CERTIFIES THAT THIS RFP IS BASED UPON ALL CONDITIONS AS LISTED IN THE RFP DOCUMENTS AND THAT THE PROPOSER HAS MADE NO CHANGES IN THE BID DOCUMENT AS RECEIVED. THE PROPOSER FURTHER AGREES, IF THE RFP IS ACCEPTED, THE PROPOSER WILL EXECUTE AN APPROPRIATE AGREEMENT FOR THE PURPOSE OF ESTABLISHING A FORMAL CONTRACTUAL RELATIONSHIP BETWEEN THE PROPOSER AND THE CITY OF CORAL GABLES. FOR THE PERFORMANCE OF ALL REQUIREMENTS TO WHICH THIS RFP PERTAINS. FURTHER, BY SIGNING BELOW IN **BLUE INK** ALL RFP PAGES ARE ACKNOWLEDGED AND ACCEPTED AS WELL AS ANY SPECIAL INSTRUCTION SHEET(S) IF APPLICABLE. I AM AUTHORIZED TO BIND PERFORMANCE OF THIS RFP FOR THE ABOVE PROPOSER.

Agree (Please check box and sign to acknowledge this RFP)

Frederick M. Keroff
Authorized Name and Signature

Scout-View

Title

July 7, 2010

Date

Frederick M. Keroff, M.D., FACEP

President



CORAL GABLES, FL

City of Coral Gables, 2800 SW 72nd Avenue, Miami, FL 33155

FINANCE DEPARTMENT / PROCUREMENT DIVISION
Tel: 305-460-5103, Fax: 305-261-1601

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CORAL GABLES, FL

City of Coral Gables, 2800 SW 72nd Avenue, Miami, FL 33155

FINANCE DEPARTMENT / PROCUREMENT DIVISION
Tel: 305-460-5103, Fax: 305-261-1601

SECTION 1

Request for Proposal (RFP) No 2010.06.24

1.0: INTRODUCTION TO REQUEST FOR PROPOSAL

1.1. Invitation

Thank you for your interest in this Request for Proposal (“RFP”). The City of Coral Gables (the “City”), through its Procurement Division invites responses (“Responses”) which offer to provide the services described in Section 2.0 “Scope of Services”.

1.2. Contract Terms and Conditions

The Proposer(s) selected to provide the service(s) requested herein (the “Successful Proposer(s)”) shall be required to execute a Professional Services Agreement (“Agreement”) with the City in substantially the same form as the Agreement included as part of this RFP. The term(s) of the Agreement shall be for a period of three (3) years with the option to renew for one (1) additional two (2) year periods, at the sole discretion of the City, unless other terms are in the best interest of the City.

Throughout this RFP, the phrases “must” and “shall” will denote mandatory requirements. Any response that does not meet the mandatory requirements is subject to immediate disqualification.

1.3. Submission of Responses

To receive consideration, proposals must be submitted on Proposal forms as provided by the City. This request for Proposal must be resubmitted in its entirety, with all forms executed, each section signed as read and understood, and the response form completely filled out. Proposals must be typed or printed in blue ink. Use of erasable ink is not permitted. Any additional information to be submitted as part of the Proposal may be attached behind the Proposal Response form. Copies may be obtained from the Procurement Division, 2800 S.W. 72nd Avenue, Miami, FL 33155. **The Proposal shall be signed by a representative who is authorized to contractually bind the Proposer.** Proposals by corporations must be executed in the corporate name by the President or other corporate officer accompanied by evidence of authority to sign. The corporate address and state of incorporation must be shown below the signature. Proposals by partnerships must be executed in the partnership name and signed by a partner, whose title must appear under the signature and the official address of the partnership must be shown below the signature.

The original Proposal with three (3) copies must be submitted to the Procurement Division Office, 2800 S.W. 72nd Avenue, Miami, FL 33155 at or prior to the time noted on the proposal opening date. It will be the sole responsibility of the Proposer to deliver their proposal to the Chief Procurement Officer’s office on or before the closing hour and date indicated.

PROPOSALS SHALL BE SUBMITTED IN A SEALED ENVELOPE CLEARLY MARKED ON THE EXTERIOR AS FOLLOWS:

RFP NO 2010.06.24

PROPOSER NAME AND ADDRESS:

MEDICAL DIRECTOR

Fredencia M. Kenoff
2883 East Lake Vista Circle
David, Florida 33328.

TO BE OPENED ON:

THURSDAY, JULY 29, 2010 – 2:00 PM

AND ADDRESSED TO:

**CITY OF CORAL GABLES
PROCUREMENT DIVISION
2800 S.W. 72nd AVENUE
MIAMI, FL 33155**

No responsibility will be attached to the Procurement office for the premature opening of a Proposal not properly addressed and identified. **All Proposals submitted become the exclusive property of the City of Coral Gables.**

Each Proposal shall be prepared simply and economically, providing a straightforward, concise delineation of the Proposer's capabilities to satisfy the requirements of the RFP. The emphasis in each Proposal must be on completeness and clarity of content. In order to expedite the evaluation of Proposals, it is essential that Proposer follow the format and instructions contained herein. Proposal Submission Requirements as listed herein must be followed. Any attachments must be clearly identified.

The Proposal shall be considered an offer on the part of the Proposer, which offer shall be deemed accepted upon approval of the City, and in case of default, the City reserves the right to accept or reject any and all Proposals, to waive irregularities and technicalities, and request new Proposals. The City also reserves the right to award any resulting agreement as it deems will best serve the interests of the City.

1.4. Additional Information or Clarification

The Proposer must thoroughly examine each section. If there is any doubt or obscurity as to the meaning of any part of these conditions, the Proposer may request clarification by **WRITTEN REQUEST** via fax or email to contracts@coralgables.com; attention Chief Procurement Officer. Interpretations or clarifications in response to such questions will be issued in the form of a **WRITTEN ADDENDUM** and posted in the City's website http://www.coralgables.com/CGWeb/dep_proc_vendor.aspx. No person is authorized to give oral interpretations of, or make oral changes to the proposal. The issuance of written addendum shall be the only official method whereby such an interpretation or clarification will be made. Where there appears to be conflict between the RFP and any addenda issued, the last addendum issued shall prevail. It is the Proposer's responsibility to assure receipt of all addenda.

Facsimiles must have a cover sheet that includes the Proposers name, RFP number and title, and the number of pages transmitted. Any request for additional information or clarification must be received in writing no later than **4:00 p.m. Thursday, July 15, 2010**.

Proposers should not reply on any representations, statements or explanations other than those made in this RFP or in any written addendum to this RFP.

1.5. Proposal Format

Careful attention must be given to all requested items contained in this RFP. **PLEASE READ THE ENTIRE SOLICITATION BEFORE SUBMITTING A RESPONSE.** Proposers shall make the necessary entry in all blanks and forms provided for the Response.

- (a) Title Page. Show the RFP subject, the name of qualified person, firm, or healthcare organization, address, telephone number and date.
- (b) Table of Contents. Clearly identify the material by section and page number.
- (c) Executive Summary of Work. Include the name of the organization, business phone and contact person. Provide a Summary of the work to be performed by Proposer.
- (d) Proposer's Organization. Describe the firm's organization history and structure and indicate if the City has awarded the firm any contracts in the past. Provide a list of all principals, owners or directors. Indicate the location of the principal office of the Proposer and location of the local office, if applicable.
- (e) Provide a list and description of similar municipal and / or medical director engagements satisfactorily performed in the past two (2) years. For each engagement listed, include the name and telephone number of a representative for whom the engagement was undertaken and year completed. State whether you have been involved in any litigation in the last five (5) years or is there any pending litigation arising out of your performance.
- (f) Financial Statements. Copies of audited financial statements of Proposer for the previous two (2) years. Should audited financial statements be unavailable, unaudited financial statements must be provided.

Any and all Responses that do not follow the prescribed format may be deemed non-responsive. Proposers shall complete and submit as part of its Response all of the following forms and/or documents:

- Proposers Acknowledgement
- Proposers Qualifications Statement
- Americans with Disabilities Act
- Certified Resolution
- Foreign Corporations
- Offeror's Certifications
- Non Collusion Affidavit
- Cone of Silence
- Code of Ethics & Conflict of Interest
- Formal Solicitation Protest Procedures
- Drug Free Work Place Form
- Lobbyist Application
- Lobbyist Biennial Registration Application
- Construction Forms

1.6. Vendor Registration

It is the policy of the City that all prospective Proposers/Bidders register as a Vendor indicating the commodities which can be regularly supplied. Should a prospective Proposer/bidder not be currently listed on the City's Proposer/bidders list, you may register via internet at:

http://www.coralgables.com/CGWeb/dep_proc_vendor.aspx

As a registered vendor access to solicitations, addenda's, plan holders list and construction drawings (at the City's discretion) can be downloaded at no charge. For any questions, contact the Procurement Office at 305-460-5102. It is the sole responsibility of the Proposer to insure that they are properly registered with the City.

1.7. Award of an Agreement

Agreements may be awarded to the Successful Proposer(s) by the City Commission or City Manager, as applicable, to one or more proposer deemed the most responsible, responsive Proposer meeting all specifications, and not necessarily to the lowest Proposer. Should the award be made to the lowest Proposer, the City will strictly enforce all the Provisions of the resulting Contract, including penalty clauses for any service or quality problems. The Contractor shall not be permitted rate increases as a result of a low Proposal. Non-performance shall result in cancellation of the contract with the Proposer. The City reserves the right to execute or not execute an Agreement with the Successful Proposer(s) if it is determined to be in the best interest of the City.

1.8. Agreement Execution

By submitting a Response, the Proposers agree to be bound to and execute the Agreement for the **Medical Director**. Without diminishing the foregoing, the Proposer may request clarification and submit comments concerning the Agreement for City's consideration. Only comments and proposed revisions included within the Response will be considered by the City. Any comments identified after the Response has been received need not be considered by the City. Furthermore, any requests to negotiate provisions of the Agreement not identified in the response after the Response has been received, may be grounds for removal from further consideration for award. None of the foregoing shall preclude the City from seeking to negotiate changes to the Agreement during the negotiations process.

Failure of the successful Proposer to execute a contract within thirty (30) days after the notification of award may, at the City's sole discretion, constitute a default. However, the Agreement must be executed no later than one hundred twenty (120) days, based upon the requirements set forth in the RFP through action taken by the City Commission at a duly authorized meeting. If the Proposer first awarded the Contract fails to enter into the contract as herein provided, the award may be declared null and void, and the Contract awarded to the next most responsible, responsive Proposer, or re-advertised, as determined by the City.

1.9. Unauthorized Work

Any unauthorized work performed by the Successful Proposer(s) shall be deemed non-compensable by the City.

1.10. Changes/Alterations

Proposers may change or withdraw a Response at any time **prior to Response Submission Deadline**. All changes or withdrawals shall be made in writing to the Procurement Division as specified in this RFP. Oral/Verbal modifications will not be allowed. Written modifications will not be accepted after the Response Submission Date.

1.11. Discrepancies, Errors, and Omissions

Any discrepancies, errors, or ambiguities in the RFP or addenda (if any) should be reported in writing to the City's Procurement Division in the manner prescribed in RFP section 1.4 above. Should it be necessary, the City will issue a written addendum to the RFP clarifying such conflicts or ambiguities.

1.12. Disqualifications

The City reserves the right to disqualify Responses before or after the submission date, upon evidence of collusion with intent to defraud or other illegal practices on the part of the Proposer. It also reserves the right to waive any immaterial defect or informality in any Response; to reject any or all Responses in whole or in part, or to reissue a Request for Proposal.

Any Responses submitted by a Proposer who is in arrears (money owed) to the City or where the City has an open claim against a Proposer for monies owed the City at the time of Proposal submission, will be rejected as non-responsive and shall not be considered for award.

1.13. Proposers Expenditures

Proposer(s) understand and agree that any expenditure they make in preparation and submittal of Responses or in the performance of any services requested by the City in connection with the Responses to this RFP are exclusively at the expense of the Proposer(s). The City shall not pay or reimburse any expenditure or any other expense incurred by any Proposer in preparation of a Response or anticipation of a contract award or to maintain the approved status of the Successful Proposer(s) if an Agreement is awarded.

1.14. Bidders Expenditures

Bidder(s) understand and agree that any expenditure they make in preparation and submittal of Responses or in the performance of any services requested by the City in connection with the Responses to this IFB are exclusively at the expense of the Bidder(s). The City shall not pay or reimburse any expenditure or any other expense incurred by any Bidder in preparation of a Response or anticipation of a contract award or to maintain the approved status of the Successful Bidder(s) if an Agreement is awarded.

1.14 Bid Bond/Bid Security/Bid Deposit – *Not Applicable*

1.15 Performance and Payment Bond – *Not Applicable*

1.16 Bid Bond/Bid Security/Bid Deposit Forfeited Liquidated Damages – *Not Applicable*



CORAL GABLES, FL

City of Coral Gables, 2800 SW 72nd Avenue, Miami, FL 33155

FINANCE DEPARTMENT / PROCUREMENT DIVISION
Tel: 305-460-5103, Fax: 305-261-1601

SECTION 2

Request for Proposal (RFP) No. 2010.06.24

2.0 SCOPE OF WORK

This Request for Proposals (REP) by the City of Coral Gables seeks a qualified person, firm, or healthcare organization (Proposer) to provide Medical Direction Services to the Coral Gables Fire Department for its Emergency Medical Services (EMS).

The Successful Proposer will provide medical direction for a State of Florida licensed Advanced Life Support (ALS) EMS provider, and must do so in compliance with all requirements of Florida Statutes (FS), Chapters 458 and 401, and Florida Administrative Code (FAC), Chapter 64J-1, as they pertain to an ALS EMS provider and its medical direction.

2.1 SCOPE OF SERVICES

The successful proposer shall provide the following services and fulfill the listed responsibilities.

2.1.2 Legal

- Certify that each Coral Gables Fire Department Emergency Medical Technician is qualified to administer Basic Life Support to sick or injured persons in a pre-hospital environment according to the written Basic Life Support Service protocols approved by the Medical Director.
- Certify that each Coral Gables Fire Department Paramedic is qualified to administer Basic and Advance Life Support to sick or injured persons in a pre-hospital environment according to the written Basic and Advance Life Support Service protocols approved by the Medical Director.
- Supervise and accept direct responsibility for the medical performance of the City of Coral Gables paramedics and emergency medical technicians (EMT's), as required in Florida Statute 401 and Florida Administrative Code (FAC) 64J-1.
- Develop and sign medically correct standing orders (treatment protocols) for ALS and BLS care, and medically-related policies and procedures, and subsequently review such policies and procedures to ensure correctness at least every 2 years.
- Be available (or designate an alternate physician during periods of unavailability) 24 hours a day, 365 days a year, to answer system questions of an emergent or immediate-nature.
- Provide prescriptions and authorization for all medications and medical equipment, including controlled substances needed to provide Advanced Life Support and Basic Life Support Services by the City of Coral Gables Fire Department.
- Obtain a Drug Enforcement Agency (DEA) license for the City of Coral Gables Fire Department, location(s) to be identified at a later date.
- Develop and revise, when necessary, Trauma Transport Protocols to comply with the State of Florida requirements.

- Evaluate and approve continuing education hours for re-certification of paramedics, EMT's and Emergency Medical Dispatchers (EMD's).
- Certify Citywide Automatic-External Defibrillator (AED) Program.

2.1.3 Quality Assurance

- Coordinate, design, implement and participate in a quality control program of patient care provided by the Emergency Medical Technicians and Paramedics of the Basic and Advanced Life Support Service. The Medical Director shall be available to conduct regular review sessions with the Emergency Medical Technicians and Paramedics in regard to the medical management of patients on assigned rescue incidents to provide on-site evaluation of their professional performance and management of patients.
- Implement a system of review of Emergency Medical Rescue Incident Reports. Arrange for special training and education of the rescue personnel who have deviated from protocol, or exceptional cases in which the Paramedics and Emergency Medical Technicians are involved.
- Direct and participate as a member of the City of Coral Gables Fire Department's Quality Medical Management Program (QMMP). Such participation may require attendance at a minimum of 24 meetings per year (average duration is 2 hours).
- Participate as a member of the Coral Gables Medical Priority Dispatch System's (MPDS) Steering Committee and attend its meetings. MPDS Committee may have as many as 4-6 meetings per year, each with an average duration of 2-3 hours.
- Direct or provide the MPDS to participate in the City of Coral Gables Quality Assurance Program (QAP) which monitors the dispatching of EMS units.
- Participate in the Infection Control Program and aid in the development of the program's policies and procedures.

2.1.4 Training

- Consult in coordination of training for Coral Gables Fire Department Paramedics and Emergency Medical Technicians, including testing and certification procedures in conformance with the laws and regulations promulgated by the State of Florida, Miami-Dade County, and the City of Coral Gables.
- Provide, consult and participate in the delivery of all educational requirements for the recertification process of the State of Florida.
- Be available to provide training on a regular basis for regular sessions in Advanced Life Support protocols.
- Ride the ALS vehicle for on-site supervision and training, for a minimum of 12 times annually.
- Participate in an ongoing program of Protocol Testing for all Coral Gables Fire Department's emergency medical technicians and paramedics.

2.1.5 Consultation

- Consult in planning for Advanced Life Support Service provided by the Coral Gables Fire Department, including provision of vehicles, equipment, supplies, emergency Paramedic and Emergency Medical Technical training and utilization of medical facilities.

- Consult with Department on medically-related issues for the EMS personnel (e.g. policy development on issues such as, but not limited to: Dive Team or Hazardous Materials Team medical evaluations), on an as needed basis.

2.1.6 Communications

- Coordinate the provision of and monitor communications between the area hospitals' emergency department base station and other network hospitals and the individual Coral Gables Fire Department emergency medical rescue unit for the purpose of medical supervision of on-site emergency medical care by the paramedics and EMT's.
- Participate in the planning and coordination of a Medical Priority Dispatch System, including the review, approval and certification of dispatch protocols and establishment of Quality Improvement/Assurance parameters.
- Attend and actively participate in a majority of the State of Florida's Quarterly EMS Meetings, particularly those meetings regarding the development of State policies and procedures, legislation and proposed legislation review, etc. Issue a report to the City of Coral Gables Fire Department on issues relevant to the services provided.

2.1.7 Liaison

- Provide liaison services between the Coral Gables Fire Department and the various community hospitals and trauma centers utilized by the Coral Gables Fire Department's Basic and Advanced Life Support service. In addition, provide liaison for the Coral Gables Fire Department to any agency or institution affecting the education of paramedics and EMT's or community policies regarding the provision of Basic and Advanced Life Support Service.
- Provide liaison between the Emergency Room staff of the area hospitals and the Coral Gables Advanced Life Support Service personnel.
- Provide liaison between the area learning institutions, Miami Dade Community College and University of Miami School of Medicine, and other related emergency medical professional organizations.

2.3 MINIMUM QUALIFICATIONS FOR MEDICAL DIRECTOR

The successful proposer must satisfy the following minimum requirements:

- Florida licensed Medical Doctor Board certified or Board qualified in Emergency Medicine preferred, or Board certified or Board qualified in Internal Medicine or Family Practice with a minimum of 2 years experience as a physician in an Emergency Department.
- Advanced Cardiac Life Support (ACLS) and Advanced Trauma Life Support (ATLS), with instructor certification in at least one of them.
- Primary residence and work location within a 45 mile radius of Fire Department Headquarters.
- Previous experience in EMS education.
- Minimum 5 years experience as a Fire Service/EMS Medical Director or Associate Director in the State of Florida.
- DEA licensed for Schedule II, IV, and V controlled substances.
- Ability to facilitate and serve as a liaison with neighboring Fire Department Medical Directors.



CORAL GABLES, FL

City of Coral Gables, 2800 SW 72nd Avenue, Miami, FL 33155

FINANCE DEPARTMENT / PROCUREMENT DIVISION
Tel: 305-460-5103, Fax: 305-261-1601

SECTION 3

Request for Proposal (RFP) No. 2010.06.24

3.0: RFP GENERAL CONDITIONS

3.1. Acceptance/Rejection

The City reserves the right to accept or reject any and/or all Proposals or sections thereof, and waive any informalities or technicalities. As a matter of information, the City Commission does not bind itself to accept the minimum specifications stated herein, but reserves the right to accept any Proposal which in the judgment of the City will best serve the needs and interest of the City. The City also reserves the right to reject any Proposer(s) who has previously failed to properly perform under the terms and conditions of a contract, to deliver on time any contracts with the City, and who is not in a position to perform the requirements defined in this RFP. This offering of RFP itself does not in any way constitute a contractual agreement between the City of Coral Gables and the Proposer.

3.2. Legal Requirements

The Proposer shall comply with all rules, regulations and laws of the City of Coral Gables, Miami-Dade County, the State of Florida and the Federal Government now in force or hereinafter to be adopted. Lack of knowledge by the Proposer shall in no way be cause for relief from responsibility.

3.3. Non-Appropriation of funds

In the event that insufficient funds are appropriated and budgeted or funding is otherwise unavailable in any fiscal period for this Project, then the City, shall have the unqualified right to terminate the Work Order(s) or Agreement upon written notice to the Contractor, without any penalty or expenses to the City. No guarantee, warranty or representation is made that any particular work or any project(s) will be assigned to any vendor(s).

3.4. Occupational License Requirements

Any person, firm, healthcare organization or joint venture, with a business location in the City of Coral Gables who is submitting a Proposal response under this solicitation, shall meet the City's Occupational License Tax Requirements in accordance with Ordinance No 2006-36 of the City of Coral Gables Code and Chapter 205 of the Florida Statutes.

Others with a location outside the City of Coral Gables shall meet their local Occupational License Tax requirements. Copy of the license must be submitted with the Proposal; however, the City may, at its sole option and in its best interest, allow the Proposer to supply the license to the City during the evaluation period, but prior to award.

3.5. Minimum Qualification Requirements

The City of Coral Gables intends to procure items or service as specified herein from sources of supply that will give prompt, professional and convenient service of acceptable quality. Each Proposer shall complete the applicable Qualifications Statement and submit it with Proposal. Failure to submit statement and documents required hereunder may constitute grounds for rejection. The Proposer must have a proven record of successfully completing projects. The City reserves the right to make pre-Award inspections of the Proposer's facilities and/or equipment prior to Contract Award.

Proposals will be considered only from a qualified person, firm, or healthcare organizations that meet the following criteria:

- (a) Professionals that are regularly engaged in the business of providing these goods and/or services as described in the Request for Proposal "Scope of Work".
- (b) Professionals that have a record of regular performance of similar scope and quality for a reasonable period of time as specified in the "Scope of Work".
- (c) Professionals that have sufficient financial support, as specified in Special Conditions, equipment and organization to insure that it can satisfactorily execute the Contract under the terms and conditions stated herein.

The terms "equipment" and "organization" as used herein shall be construed to mean a fully equipped and well established company in line with the best business practices of the industry as determined by the proper authorities of the City of Coral Gables.

At City's sole discretion, it may be determined that a Proposer is not "qualified", "non-responsive" and/or "not responsible". Proposal may be rejected for any of, **but not limited to**, the following reasons:

- (a) Evidence of collusion with other Proposers. Participants in such collusion shall be disqualified for any further work from the City until such time as they are reinstated.
- (b) Submission of more than one Proposal for the same Contract under the same or different names, in which case all such duplicated Proposals shall be rejected.
- (c) Proposer lacks qualification or resources necessary to fulfill the intent of the Contract.
- (d) Unsatisfactory performance record, judged from the standpoint of conduct of work, workmanship, progress or standards of performance agreed upon in the Contract as substantiated by past or current work with the City.
- (e) Proposer has previously defaulted in the performance of a public service contract, or has been convicted of a crime arising from the performance of a previous or current public service contract.
- (f) Any other inability, financial or otherwise, to perform the work, based on any reasons deemed proper as determined from a prepared survey of Proposer's capability to perform the work.

3.6. Public Entity Crimes

A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a Proposal to provide any goods or services to a public entity, may not submit a Proposal with a public entity for the construction or repair of a public building or public work, may not submit Proposals on leases of real property to a public entity, may not be awarded or perform work as a Contractor, supplier, sub-contractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in F.S. 287.017 for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendors list.

3.7. Resolution of Protests

Pursuant to Section 2-950 of the City of Coral Gables Code:

Notice of Intent: Any actual or prospective proposer or offeror who perceives itself aggrieved in connection with the formal solicitation of a contract or who intends to contest RFP specifications or a RFP solicitation may file a written notice of intent to file a protest with the City Clerk's office within three (3) calendar days prior to the date set for opening or receipt of proposals.

Any actual responsive and responsible proposer whose RFP is lower than that of the recommended proposer or an offeror who perceives itself aggrieved in connection with the recommended award of contract may file a written notice of intent to file a protest with the City Clerk's office within three (3) calendar days after notice of the City manager's written recommendation to the City commission for award of contract.

A notice of intent to file a protest is considered filed when received by the City Clerk's office.

Written Protest: A written protest based on any of the foregoing must be submitted to the City Clerk's office within five (5) calendar days after the date the notice of protest was filed. The written protest shall state with particularity the specific facts and law upon which the protest of the solicitation or the award is based, and shall include all pertinent documents and evidence. This shall form the basis for review of the written protest and no facts, grounds, documentation or evidence not contained in the protester's submission at the time of filing the protest shall be permitted in the consideration of the written protest. A written protest may not challenge the relative weight of the evaluation criteria or the formula for assigning points in making an award determination.

A written protest is considered filed when received by the City Clerk's office.

Filing Fee: The written protest must be accompanied by a filing fee in the form of a money order or cashier's check payable to the City in an amount equal to one percent of the amount of the RFP or proposed contract, or \$2,500.00, whichever is less.

Compliance with filing requirements: Failure of a party to timely file either the notice of intent to file a protest or the written protest, or submit the filing fee, with the City Clerk's office within the time provided above shall constitute a forfeiture of such party's right to file a protest. The protesting party shall not be entitled to seek redress before the City Commission or seek judicial relief without first having followed the procedure set forth in this section.

3.8. Review of Responses for Responsiveness

Each Response will be reviewed to determine if it is responsive to the submission requirements outlined in the RFP. A "responsive" Response is one which meets the requirements of the RFP, is submitted in the format outlined in the RFP, is a timely submission, and has the appropriate signature as required on each document.

3.9. Collusion

The Proposer, by submitting a Response, certifies that its Response is made without previous understanding, agreement or connection either with any person, firm, or healthcare organization submitting a Response for the same services, or with any City Department. The Proposer certifies that its Response is fair, without control, collusion, fraud, or other illegal action. The Proposer certifies that it is in compliance with the conflict of interest and code of ethics laws. The City will investigate all situations where collusion may have occurred and the City reserves the right to reject any and all Responses where collusion may have occurred.

3.10. Sub-Contractor(s)

A Sub-Contractor is an individual or firm contracted by the Proposer(s) to assist in the performance of services required under this RFP. A Sub-Contractor shall be paid through Proposer(s) and not paid directly by the City. Sub-Contractors are allowed by the City in the performance of the services delineated within this RFP. Proposer(s) shall clearly reflect in its Response the major Sub-Contractor to be utilized in the performance of required services. The City retains the right to accept or reject any Sub-Contractor proposed prior to Agreement execution. Any and all liabilities regarding the use of a Sub-Contractor shall be borne solely by the Successful Proposer(s) and insurance for each Sub-Contractor must be maintained in good standing and approved by the City throughout the duration of the Agreement. Neither the Successful Proposer(s) nor any of its Sub-Contractors are considered to be employees or agents of the City. Failure to list all major Sub-Contractors and provide the required information may disqualify any proposed Sub-Contractor from performing work under this RFP.

Proposer(s) shall include in their Responses the requested Sub-Contractor information and include all relevant information required of the Proposer(s).

3.11. Substitutions for Assigned Personnel

The City reserves the right to approve substitutions for assigned personnel proposed for this project. Substitutions may be allowed for staff turnover, sickness or other emergency situations.

3.12. Public Records

Sealed proposals received by an agency pursuant to invitations to bid or requests for proposals are exempt from Florida Statutes Section 119.07(1) until such time as the agency provides notice of a decision or intended decision or within 10 days after bid or proposal opening, whichever is earlier.

3.12.1 Agencies including and not limited to FDEP, DERM, USACE and SFWMD, Permits acquired by the City will be completed and approved by the Award date or commencement of work, whichever is earlier.



CORAL GABLES, FL

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SECTION 4

Request for Proposal (RFP) No. 2010.06.24

4.0: INDEMNIFICATION, HOLD HARMLESS & INSURANCE REQUIREMENTS

Proposer shall pay on behalf of, indemnify and save the City and its officials including employees, harmless from and against all claims, liabilities, losses, fines, damages and causes of action, which may arise out of Proposer's performance under the provisions of the Contract, including all acts or omissions on the part of the Proposer, including any person performing under the Contract for or on Proposer's behalf, provided that any such claims, liabilities, losses and causes of such action are not attributable to the gross negligence or willful misconduct of the City and, for and against any orders, judgments or decrees, which may be entered and which may result from the Contract, unless attributable to the negligence or misconduct of the City and, from and against all costs, attorneys' fees, expenses and liabilities incurred in the defense of any such claim, or the investigation thereof.

INSURANCE

Prior to Award and in any event prior to commencing work, the Contractor shall procure, and provide the City with certified copies of all insurance policies providing coverage as required herein. The Contractor shall secure and maintain, at its own expense, and keep in effect during the full period of the contract a policy or policies of insurance, and submit to the City's Risk Management Division, Human Resources Department. The limits of coverage of insurance required shall not be less than the following:

4.1 Professional Liability Insurance

Insurance for professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, from a surplus lines insurer as defined under s. 626.914(2), from a risk retention group as defined under s. 627.942, from the Joint Underwriting Association established under s. 627.351(4), or through a plan of self-insurance as provided in s. 627.357.

4.2 Worker's Compensation Insurance

Worker's Compensation for all employees of the Proposer including the Florida Statutory required limits of liability required for Employer's Liability coverage. For work that is contracted by Proposer to a Contractor, the Proposer shall require the Contractor to provide Worker's Compensation insurance of all of the Contractor's and sub-contractor's employees.

4.3 Automobile Liability

Automobile insurance covering all owned, non-owned and hired vehicles used in connection with the performance of the work in an amount not less than \$250,000 per person and \$500,000 per claim or a combined single limit (CSL) of \$500,000 for bodily injury and property damage liability.

City of Coral Gables must be shown as an Additional Insured on a primary and non-contributory basis with respect to this coverage when applicable.

ALL LIABILITY INSURANCE POLICIES SHALL SPECIFICALLY PROVIDE THAT THE CITY OF CORAL GABLES IS AN ADDITIONAL INSURED ON A PRIMARY AND NON-CONTRIBUTORY BASIS WITH RESPECT TO THE REQUIRED COVERAGES AND THE OPERATIONS OF THE CONTRACTOR UNDER THIS CONTRACT.

Insurance companies selected must be acceptable to the City. All of the policies of insurance so required to be purchased and maintained shall contain a provision of endorsement that coverage afforded shall not be canceled, materially changed or renewal refused until at least thirty (30) days advance written notice has been given to City by receipted delivery.

Certificate Holder should read and Notice of Cancellation should be addressed to:

City of Coral Gables
Risk Management Division
2801 Salzedo Street, 2nd Floor
Coral Gables, Florida 33134

All policies shall contain waiver of subrogation against City of Coral Gables where applicable, shall expressly provide that such policy or policies are primary over and other collective insurance that City may have.

1. The required insurance coverage shall be issued by an insurance company duly authorized and licensed to do business in the State of Florida with the following minimum qualifications in accordance with the latest edition of A.M. Best's Insurance Guide:

All insurance policies required shall be issued by companies authorized to do business under the laws of the State of Florida, with the following qualifications:

The company must be rated no less than "A-" as to management, and no less than class "VI" as to financial strength, by the latest edition of Best Key Rating Insurance Guide or other acceptable reference.

2. The City, at its option, may allow a Contractor to be self-insured for one or more lines of coverage. In such instances, the Contractor shall demonstrate to the Risk Management Division of the City that it has adequate financial resources to defend and cover claims in the amounts and categories as required by the Risk Management Division of the City.

Said policies shall contain a "severability of interest" or "cross liability" clause without obligation for premium payment of the City. The City reserves the right to request a copy of required policies for review.

Compliance with the foregoing requirements shall not relieve the Proposer of liability and obligation under this section or under any other section of this Contract.

The Proposer shall be responsible for assuring that the insurance certificates and endorsements required in conjunction with this section remain in force for the duration of the contractual period, including any and all renewal option terms that may be granted to the Proposer.

If insurance certificates are scheduled to expire during the contractual period, the Proposer shall be responsible for submitting new or renewed insurance certificates to the City of Coral Gables at a minimum of ten (10) calendar days in advance of such expiration.

3. The City shall have the authority to increase or decrease the policy limits set forth above upon sixty (60) days written notice to the Contractor. Within sixty (60) days from receipt of a notice to increase its policy limits, the Contractor shall submit to the City proof of such increased coverage.

In the event that expired certificates are not replaced with new or renewed certificates which cover the contractual period, the City may:

- (a) **Suspend the Contract until such time as the new or renewed certificates are received by the City in the manner prescribed in the Request for Proposal, and**

- (b) At its sole discretion, terminate the Contract for cause and seek re-procurement damages from the Proposer in conjunction with the General Terms and Conditions of the Invitation to Request for Proposal.
- 4. An insurance policy obtained in compliance with the Contract is subject to the approval of the City.
- 5. The City may require the policy to be changed to reflect changing liability limits. Contractor shall immediately advise the City of actual or potential litigation that may develop that would affect insurance coverage related to a municipal contract.
- 6. An insurer has no right of recovery against the City. The required insurance policies shall protect the Contractor and the City. The insurance shall be primary coverage for losses covered by the policies.
- 7. The Contractor shall ensure that any company issuing insurance to cover the requirements contained in this Contract agrees to no recourse against City for payment or assessments in any form on any policy of insurance.
- 8. The Contractor shall provide proof to the City of compliance with this section no later than thirty (30) days from the date of the Commission resolution approving the Award of Contract. Failure to provide the City with proof of insurance within the prescribed time period will render the contract null and void without further action by the City.

As between City and the Proposer, any types or amounts of insurance obtained by Proposer for the purpose herein, Proposer shall not sever or limit its obligation to City as provided in the Agreement.

4.4 Minimum Insurance Requirements

Pursuant to the City of Coral Gables Code, Chapter 2 - Administration, Sec. 2-1007 Insurance requirement, regulations shall be promulgated requiring the contractor and all subcontractors provide adequate insurance coverage for the duration of the contract. The Risk Management Division of the Human Resources Department has developed the following insurance requirements to protect the City of Coral Gables to the maximum extent feasible against any and all claims that could significantly affect the ability of the City to continue to fulfill its obligations and responsibilities to the taxpayers and the public.

Consequently, prior to award and in any event prior to commencing work, the Contractor shall procure, and provide the City with evidence of insurance coverage as required herein and name the City as an Additional Insured. The Contractor shall secure and maintain, at its own expense, and keep in effect during the full period of the contract a policy or policies of insurance, and must submit these documents to the Risk Management Division of Human Resources Department for review and approval. The type of coverage required shall not be less than the following:

4.5 Insurer Requirements

The Contractor and/or Vendor shall maintain, at its own cost and expense, the following types and amounts of insurance with insurers with rating of "A-" "VI" or better according to the A.M. Best rating guide as a minimum standard. The insurers providing coverage must be approved by the State of Florida and hold all of the required licenses in good standing to conduct business within the State of Florida. In addition, they must be acceptable to the City of Coral Gables Risk Management Division and/or the City Attorney's Office.

4.6 Type of Coverage & Limit of Liability Required

- a. **Workers' Compensation and Employers Liability Insurance** covering all employees, subcontractors, and/or volunteers of the Contractor and/or Vendor engaged in the performance of the scope of work associated with this contract and/or agreement. The minimum limits of liability shall be in accordance with applicable state and/or federal laws that may apply to Workers' Compensation insurance, with the following limits:

4.6.01 Workers' Compensation - Coverage A -Statutory Limits (State or Federal Act)

4.6.02 Employers' Liability - Coverage B
- Statutory Limits (State or Federal Act)

b. Professional Liability Insurance

4.6.03 Each Occurrence Limit - \$250,000
4.6.04 General Aggregate Limit - \$750,000

c. Automobile Liability Insurance covering all owned, non-owned and hired vehicles used in connection with the performance of work under this Contract, with a combined single limit of liability for bodily injury and property damage of not less than:

4.6.05 Owned Autos - Combined Single Limit (CSL) \$500,000
Or \$250,000/\$500,000 (per person/accident)

4.6.06 Hired Autos & Non-owned Autos - Combined Single Limit (CSL) \$500,000
Or \$250,000/\$500,000 (per person/accident)

d. Property Insurance is required only when the contractor is in the care, custody or control of City owned property. Coverage will be provided for loss or damage by fire, lightning, windstorm and against loss or damage by all other risks (including transit) covered by the broadest Property Coverage Form commercially available, including the expense of the removal of debris of such property as a result of damage by an insured peril. The insurance shall be written on a replacement cost basis, which is hereby defined as the cost of replacing the property insured without deduction for depreciation or wear and tear. Every attempt will be made to have coverage provided on an "Agreed Value" basis "Not subject to a Co-Insurance Clause" or the "Co-Insurance Clause" must be waived by endorsement and the limit of insurance must be for an amount equal to the total replacement cost of the property being insured. If the contract is related to construction, a Builders Risk policy and/or an Installation Floater may be required to meet the above requirements.

4.7 Minimum Required Form of Coverage (shall be at least as broad as):

a. Workers Compensation

The standard form approved by the State of Jurisdiction

b. Professional Liability

Coverage form must be approved by the Risk Management Division.

c. Auto Liability

ISO (Insurance Services Office, Inc.) Commercial Auto Liability coverage (form CA 0001) or its equivalent form used in Personal Lines Insurance.

d. Property Insurance

As a minimum standard, the ISO (Insurance Services Office, Inc.) CP 0010 - Building and Personal Property Form along with the CP 1030 - Special Perils Coverage Form or their equivalents must be used.

4.8 Required Endorsements

a. Special Municipality Endorsement for the City of Coral Gables

b. Or the following endorsements, if applicable with City approved language

4.8.1 Additional Insured

4.8.2 Waiver of Subrogation

4.8.3 Thirty (30) Day Notice of cancellation or non-renewal

Notice must be addressed as follows:

CITY OF CORAL GABLES
RISK MANAGEMENT DIVISION
2801 SALZEDO STREET, SECOND FLOOR
CORAL GABLES, FL 33134

- 4.8.4 Primary & Non-contributory
- 4.8.5 All policies shall contain a "severability of interest" or "cross liability" clause without obligation for premium payment of the City.
- 4.8.6 The City of Coral Gables shall be named as a Loss Payee on all Property and/or Inland Marine Policies as their interest may appear.

4.9 Verification of Coverage

- a. Certificate of Insurance acceptable to the City of Coral Gables Risk Management Division or City Attorney's Office. All of the provisions above must be met and evidenced on the certificate of insurance and copies of all endorsements must be received by the Risk Management Department within 30 days of the issue date of the certificate of insurance.
 - 4.9.1 The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.
 - 4.9.2 The City reserves the right to require complete, certified copies of all required insurance policies, at any time.
 - 4.9.3 The city reserves the right to require additional insurance requirements at any time during the course of the agreement

4.10 Waiver of Insurance Requirements

Should the Contractor or Vendor not be able to comply with any of these insurance requirements for any reason, the contractor and/or vendor must write a letter to the Risk Management division on their letter head requesting that a waiver of insurance requirement be granted. The requested waiver will be evaluated by the Risk Management division and forwarded to the City Attorney for evaluation.

The Contractor and/or Vendor is encouraged review their individual insurance needs with their insurance agents/brokers regularly to determine the adequacy of the coverage and the limits of liability that are being purchased. In certain circumstances, the City of Coral Gables will require additional insurance to respond to the hold harmless and indemnification clauses you have executed with the City of Coral Gables. Based on the nature of the work performed, the City of Coral Gables will determine what additional types of insurance and/or higher limits of liability are required to be obtained.



CORAL GABLES, FL

City of Coral Gables, 2800 SW 72nd Avenue, Miami, FL 33155

FINANCE DEPARTMENT / PROCUREMENT DIVISION
Tel: 305-460-5103, Fax: 305-261-1601

SECTION 5

Request for Proposal (RFP) No. 2010.06.24

5.0: EVALUATION / SELECTION PROCESS

5.1. Evaluation Procedures

- (a) The Chief Procurement Officer or designee(s) shall review all Proposals submitted and evaluate each Proposal. The evaluation will consist of, but not be limited to, Proposer willingness and ability to provide all services requested under the conditions stated in this RFP. The Chief Procurement Officer or designee(s) will also evaluate the Proposer(s)' professional references, company resources, including personnel and equipment, ability to respond to requests, including missed commitments, response time, emergencies, cost of services, business history with the City, if any, as well as with all other public or private entities; and the required licenses and insurance.
- (b) The City of Coral Gables shall be the sole judge in determining Proposer qualifications.
- (c) As part of the evaluation process, the City may conduct background investigations of Proposers, its officials and employees, including a record check by or directed by the City of Coral Gables Police Department FDLE. Proposer submission of Proposal constitutes acknowledgement of the process and consent to such investigation.

5.2. Method of Selection/Selection Criteria

After Proposals are opened in the Procurement Division Office, proposals will be evaluated and one or more of the Proposers deemed responsible and responsive may be granted an interview with a selection committee. The selection committee will rank the proposers in terms of the evaluation criteria. Upon the completion of the review the Chief Procurement Officer or designee(s) shall make a recommendation to the City Manager for City Commission approval.

Upon approval of the City Commission, when applicable, a Contract shall be awarded to one or more proposer deemed the most responsible, responsive Proposer meeting all specifications, and not necessarily to the lowest Proposer. Should the award be made to the lowest Proposer, the City will strictly enforce all the Provisions of the resulting Contract, including penalty clauses for any service or quality problems. The Contractor shall not be permitted rate increases as a result of a low Proposal. Non-performance shall result in cancellation of the contract with the Proposer.

EVALUATION CRITERIA: The following criteria and assigned weights will be used to evaluate the proposals:

	CRITERIA	WEIGHTED POINTS
1	Medical Director's experience	20
2	Medical Director's qualifications	15
3	Training experience/contributions to EMS	15
4	Interview/Presentation (10min. limit)	15
5	Professional affiliations	10
6	History of affiliation with hospitals serving the Coral Gables Community	7.5
7	Support infrastructure	7.5
8	Familiarity with radio communications	5
9	Cost	5
	TOTAL POINTS	100



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FINANCE DEPARTMENT / PROCUREMENT DIVISION

Tel: 305-460-5103, Fax: 305-261-1601

SECTION 6

Request for Proposal (RFP) No 2010.06.24

6.0: RFP RESPONSE FORMS

SUBMITTED TO:

City of Coral Gables
Office of the Chief Procurement Officer
2800 SW 72 Avenue
Miami, Florida 33155

1. The undersigned Proposer proposes and agrees, if this Proposal is accepted, to enter in a Contract with the CITY to perform and furnish all work as specified or indicated in the Proposal and Contract Documents for the Contract price and within the Contract time indicated in the Proposal and in accordance with the Other terms and conditions of the proposal and Contract Documents.
2. Proposer accepts and hereby incorporates by reference in this Proposal Response Form all of the terms and conditions of the Request for Proposal.
3. Proposer proposes to furnish all labor, services and supervision for the work described in this Request for Proposal.
4. Amendments (addendums) to Request for Proposal shall be identified as such and shall require the proposer acknowledge receipt of all amendments issued.

Addendum No. 1 Date 7/13/2010 Initials JFK

Addendum No. _____ Date _____ Initials _____

Addendum No. _____ Date _____ Initials _____

No addendum was received _____ Date _____ Initials _____

5. Proposer accepts the provisions of the Contract as to penalties in the event of failure to provide services as indicated.

6. Proposers correct legal name: InPhyNet South Reward, Inc

Address: 3501 Johnson Street,

City/State/Zip: Hollywood, FL 33021

Telephone No./Fax No.: 954-265-6307 / 954-893-3759

Social Security or Federal I.D. No.: 06 65-0726225

Officer signing Proposals: Frederick M. Keroff, M.D., FACEP Title: Senior Vice President

STATEMENT OF NO BID

NOTE: If you do not intend to submit a Response on this commodity or service, please return this form in the RFP envelope on or before RFP opening. Failure to submit a response after three (3) times without a sufficient justification of "No Bid" will be cause for removal from the vendor/bidder's list.

City of Coral Gables
Procurement Division
2800 S.W. 72nd Avenue
Miami, FL 33155

We, the undersigned, have declined to submit a response on your **RFP No. 2010.06.24 – Medical Director**

Specifications too "tight", i.e., geared toward one brand or manufacturer only (explain below).
 Insufficient time to respond to the Request for Proposal.
 We do not offer this product or service.
 Our schedule would not permit us to perform.
 We are unable to meet specifications.
 We are unable to meet bond requirements.
 Specifications are unclear (explain below).
 We are unable to meet insurance requirements.
 Remove us from your RFP list for this commodity or service.
 Other (specify below).

Remarks: _____

We understand that if this statement is not completed and returned, our company may be deleted from the City of Coral Gables bidders' list for this commodity or service.

Company Name: _____

Signature: _____

Title: _____

Telephone: _____

Date: _____



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SECTION 7

Request for Proposal (RFP) No 2010.06.24

7.0: PROPOSAL PRICING SCHEDULE

PROPOSAL PRICING SCHEDULE FORM

Proposers should carefully follow the instructions outlined below, particularly with respect to the format and number of pages allotted to each topic, if applicable. Failure to follow these instructions may be considered grounds for excluding a proposal from further consideration.

Proposer shall submit a Proposal expressing its interest in providing the services described herein. To receive consideration, this Request for Proposal must be submitted in its entirety, with all forms executed, typed or printed in blue ink. Use of erasable ink is not permitted. All corrections to prices made by the Proposer must be initialed. Any additional information to be submitted as part of the Proposal may be attached behind the Proposal Pricing Schedule Form. Failure to submit this form in a may deem your Proposal non-responsive. Additional information shall be attached behind this form, carefully cross-referencing each item number and/or letter.

PROPOSERS NAME: Inphy Net South Broward, Inc.
CONTACT NAME / TITLE: Frederick M. Keroff, M.D., FACEP, Senior Vice President
SIGNATURE: Frederick M. Keroff DATE: 7/7/2010
ADDRESS: 3601 Johnson Street, Hollywood, FL 33021
TELEPHONE 954-265-6307 FACSIMILE 954-893-3789 EMAIL: fkeroff@mhs.net

PROPOSED ANNUAL COST FOR PROFESSIONAL SERVICES \$ 66,000⁰⁰



The City Beautiful™

CITY OF CORAL GABLES REQUIRED COVER SHEET & CHECK LIST WHEN EVIDENCING INSURANCE

This check list was developed to identify the documents required when an entity and/or an individual is evidencing insurance to the City. All applicable boxes must be checked. This form, and other related insurance documents are available @ www.coralgables.com. Under City Departments tab, click on Human Resources, then the Risk Management Division Page.

◀◀◀◀ THIS FORM MUST BE SUBMITTED WHEN EVIDENCING INSURANCE TO THE CITY ▶▶▶▶

Full Legal Name (as shown on the agreement or permit with the City):	
City Department (that you are working with or that is issuing a permit):	
City Employee (contract manager or employee issuing permit):	
The name & phone # of the individual who completed this check list:	
The date this check list was completed in its entirety:	

A Certificate of Insurance is attached and the following information is contained therein:

- The named insured listed on the Certificate of Insurance exactly matches the name of the individual and/or entity that is required to evidence insurance to the City.
- The Certificate Holder section of the Certificate of Insurance reads as follows:
City of Coral Gables • Risk Management Division
2801 Salzedo Street, 2nd Floor • Coral Gables, FL 33134
- The special provisions section of the Certificate of Insurance contains language affirming that:
 - 1) Endorsements have been issued to all required insurance policies naming the City of Coral Gables as an additional insured on a primary and non-contributory basis (except workers compensation & professional liability insurance) and;
 - 2) That all policies evidenced to the City contain a waiver of subrogation endorsement and;
 - 3) That all policies have been endorsed to ensure that the City receives the same Florida statutorily required notice of cancellation that an insurance company provides the first named insured of the policy.

IF COVERAGE IS REQUIRED FOR THE LINES OF INSURANCE BELOW, THEN THE DOCUMENTS LISTED MUST ALSO BE ATTACHED TO THE CERTIFICATE OF INSURANCE EVIDENCED TO THE CITY

Copies of the following Commercial General Liability Endorsements (or a copy of the section of the insurance policy that provides this coverage) are attached to this check list:

- Endorsement (or a copy of the policy) naming the City of Coral Gables as an Additional Insured on a Primary and Non-Contributory Basis.
- Waiver of Subrogation Endorsement (or a copy of the policy) in favor of the City.
- Endorsement providing the City with the same Florida statutorily required notice of cancellation that an insurance company provides the first named insured of the policy.

Copies of the following Automobile Liability Endorsements (or a copy of the section of the insurance policy that provides this coverage) are attached to this check list:

- Endorsement (or a copy of the policy) naming the City of Coral Gables as an Additional Insured on a Primary and Non-Contributory Basis.
- Waiver of Subrogation Endorsement (or a copy of the policy) in favor of the City.
- Endorsement providing the City with the same Florida statutorily required notice of cancellation that an insurance company provides the first named insured of the policy.

Copies of the following Workers Compensation Endorsements (or a copy of the section of the insurance policy that provides this coverage) are attached to this check list:

- Waiver of Subrogation Endorsement (or a copy of the policy) in favor of the City.
- Endorsement providing the City with the same Florida statutorily required notice of cancellation that an insurance company provides the first named insured of the policy.

ATTACHMENT “A”

PROCUREMENT FORMS

Proposer shall prepare and submit (1) one original set (signed in blue ink) of forms as part of its response.

Any form that does not apply please draw a line across and mark “N/A”

CITY OF CORAL GABLES

PROPOSER QUALIFICATIONS STATEMENT

This questionnaire is to be submitted to the City of Coral Gables Procurement Division by the Proposer, along with the Proposal being submitted for the goods and/or services required by the City of Coral Gables. Do not leave any questions unanswered. When the question does not apply, write the word(s) "None" or "Not Applicable", as appropriate. Failure to complete this form, when applicable, may disqualify Proposal.

The undersigned certifies under oath the truth and correctness of all statements and of all answers to questions made hereinafter.

PROPOSERS NAME: InPhyNet South Broward, Inc.

CONTACT NAME: Frederick M. Keroff, M.D., FACEP

TITLE: Senior Vice President

ADDRESS: 3501 Johnson Street
Hollywood, FL 33021

TELEPHONE 954-265-6307 FACSIMILE 954-893-3759

EMAIL: fkeroff@mhs.net

FEDERAL EMPLOYER ID NO: 65-0726225

MARK ONE: CORPORATION PARTNERSHIP INDIVIDUAL OTHER

List all current licenses held and provide copies

(a) STATE OF FLORIDA ME 26979

(b) MIAMI DADE COUNTY

(c) CITY OF CORAL GABLES MUNICIPAL LICENSE

(d) OTHERS

1. State the true, exact, correct and complete name of the partnership, corporation, and trade or fictitious name in which business is transacted and the address of the place of business.

Proposers Name: InPhyNet South Broward, Inc.

The address of the principal place of business is:

14050 NW 14th Street Suite 190
Sunnyvale, FL 33323

2. If Proposer is a corporation, answer the following:

a. Date of Incorporation: 12-3-1996

b. State of Incorporation: Florida

c. President's: Stephen Hulsdaw

d. Vice President's: Frederick Keroff

e. Secretary: _____

f. Treasurer: _____

g. Name and address of Resident Agent: Corporation Service Company
1201 Mayes Street
Tallahassee, FL 32301
Telephone: 850-521-1000 Facsimile: _____
Email: _____

3. If Proposer is an individual or a partnership, answer the following:

a. Date of organization: _____
b. Name, address and ownership units of all partners:

c. State whether general or limited partnership: _____

4. If Proposer is other than an individual, corporation or partnership, describe the organization and give the name and address of principals and their titles:

5. Are any of the principals of this company employed by the City of Coral Gables? If so, please disclose their names below:

6. If Proposer is operating under a fictitious name, submit evidence of compliance with Florida Fictitious Name Statute.

7. How many years has organization been in business under present business name?

14 years

a. Under what other former names has organization operated?

EMSA, South Boward, Inc.

8. Indicate registration, license numbers or certificate numbers for the business or professions which are the subject of this Proposal. Please attach certificate of competency and/or state registration.

9. Have you personally inspected the site of the proposed work?
(Y) _____ (N) _____

10. Do you have a complete set of documents, including drawings and addenda?
(Y) _____ (N) _____

11. Did you attend the Pre-Proposal Conference if any such conference was held?
(Y) _____ (N) _____

12. Have you ever failed to complete any work awarded to you? If so, state when, where and why?
(Please provide the name and contact information of the entity which was involved)

a Has any other entity held you in default of a contract? If so, which entity? Please provide the name and number of the contact.

13. State the names, telephone numbers and last known addresses of three (3) owners, individuals or representatives of owners with the most knowledge of work which you have performed or goods you have provided. (Governments are preferred as references.)

<u>Chet Chris Parini</u> (name)	<u>305-673-7130</u> (phone number)
<u>Chet Marcos de la Rosa</u> (name)	<u>305-495-4132</u> (phone number)
<u>Chet Miguel Anchic</u> (name)	<u>305-865-1087</u> (phone number)

14. State the name of individual who will have personal supervision of the work:

Project Manager Name: Frederick M. Keroff, M.D., FACEP

Title: Senior Vice President

Telephone: 954-265-6307 Facsimile: 954-265-893-3759

Email address: fkeroff@mhs.net

Provide the following information regarding your Insurance Requirements:

- a. Name of Insurance Carrier: _____
- b. Type of Coverage: _____
- c. Limits of Liability: _____
- d. Coverage/Policy Dates: _____
- e. Name of Insurance Agent(s): _____
- f. Agent(s) telephone including area code: _____

15. Has your insurance coverage ever been cancelled for non-payment of insurance premiums? No

16. Has your insurance coverage ever been cancelled for any other reason? No

If so, what was the reason? _____

16. **Experience Record:** List past and/or present contracts, work, and jobs, that PROPOSER has performed of a type similar to what is required by specifications of the City's Proposal:

FIRM NAME/ADDRESS DATE OF JOB DESCRIPTION OF JOB

_____	_____
_____	_____
_____	_____
_____	_____

17. **References:** List references that may be contacted to ascertain experience and ability of Proposer. Provide a minimum of three (3) references including COMPANY NAME, ADDRESS, CONTACT PERSON, TELEPHONE, FACSIMILE AND EMAIL ADDRESS:

<u>Chief Chri Pomm</u>	<u>305-673-7130</u>
<u>Chief Marcos de la Rose</u>	<u>305-495-4132</u>
<u>Chief Miguel Anchia</u>	<u>305-965-1047</u>

18. Provide any additional information as to qualifications and/or experience, attach documentation to this form.

Signed: Frederick M. Keroff

Title: Senior Vice President

Type Name: Frederick M. Keroff, M.D., FACEP

Company: In My Not South Broward, Inc.

Date: 7/7/2010

Signature of Company Owner

Frederick M. Keroff
Authorized Signature

STATE OF Florida

COUNTY OF Broward

PERSONALLY APPEARED BEFORE ME, the undersigned authority Jennifer Nicolas
(Name of individual signing)

Who, after being sworn by me, affixed signature in the space provided above on this

7/7

date of July, 20 10

Commission expires:

Open

Notary Public

NOTARY PUBLIC-STATE OF FLORIDA

Jennifer E. Nicolas
Commission # DD850364
Expires: JAN. 08, 2013
BONDED THRU ATLANTIC BONDING CO., INC.

**SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

**THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER
OFFICIAL AUTHORIZED TO ADMINISTER OATHS.**

1. This sworn statement is submitted to City of Coral Gables.
[print name of the public entity]

by Frederick M Keroff, MD, Emergency President
[print individual's name and title]

for InPhy Net South Broward, Inc.
[print name of entity submitting sworn statement]

Whose business address is:

14050 NW 14th Street, Suite 190

Juno, FL 33323

and (if applicable) its Federal Employer Identification Number (FEIN) is 65-0726225

If the entity has no FEIN, include the Social Security Number of the individual signing this

sworn statement: _____.)

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any Proposal or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
 1. A predecessor or successor of a person convicted of a public entity crime; or
 2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a *prima facie* case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which Proposes or applies to Proposal on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.
6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. [indicate which statement applies.]

Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders,

employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list.

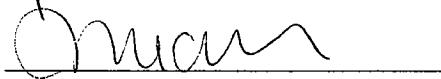
[attach a copy of the final order]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.


[signature]

Sworn to and subscribed before me this 7th day of July, 20 10

Personally known X to me


[signature]

OR Produced identification _____

Notary Public - State of Florida

(Type of identification)

My commission expires 11/8/13

Jennifer Nicolas
(Printed, typed, or stamped commissioned name of
notary public)

NOTARY PUBLIC-STATE OF FLORIDA
 Jennifer E. Nicolas
Commission #DD850364
Expires: JAN. 08, 2013
BONDED THRU ATLANTIC BONDING CO., INC.

CONE OF SILENCE

Sec. 2-1059. Cone of Silence, contracts for the provision of goods and service

The requirements of section 2-11.1(t) ("Cone of Silence Ordinances") of the Code of Miami-Dade County, Florida, as amended, shall not be applicable to the City of Coral Gables.

(1) *Purpose and intent.* It is the intent of this article to prevent city commissioners or the city manager and the city manager's office, potential vendors, bidders, offerors or service providers from communicating with city department heads, their staff or selection and evaluation committee members during the period of time in which the cone of silence is imposed on the request for proposals (RFP), request for qualifications (RFQ), or invitations for bids (IFB).

(2) *Cone of silence* is defined to mean a prohibition on:

- a. Any communication regarding a particular request for proposals (RFP), request for qualifications (RFQ), invitation for bids (IFB) or any other advertised solicitation between a potential offeror, vendor, service provider, bidder, lobbyist, or consultant and city department heads, their staff, selection committee or evaluation committee members;
- b. Any communication regarding a particular request for proposals (RFP), request for qualifications (RFQ), invitation for bids (IFB) or any other advertised solicitation between the city commissioners and/or the city manager's office, with city department heads, the city departments' staff, selection committee or evaluation committee members.

(3) *Applicability.*

- a. The cone of silence shall be applicable only to contracts for the provision of supplies, services and construction for amounts greater than \$25,000.00.
- b. The cone of silence shall not apply to:
 1. Informal bids as defined in the procurement code;
 2. Emergency purchases of supplies, services or construction;
 3. Duly noticed pre-bid or pre-proposal conferences;
 4. Duly noticed site visits;
 5. Sole source procurements;
 6. Bid waivers;
 7. Oral presentations during duly noticed meetings;
 8. Competitive negotiations;
 9. Public presentations made to the city commission during any duly noticed public meeting;
 10. Contract negotiations and electronic commerce;
 11. Inquiries by the city commissioners or third parties to the city manager or assistant city managers to determine responsibility or responsiveness of bidders/offerors regarding a particular solicitation, or with regard to the process;
 12. Written communications with the chief procurement officer or staff responsible for administering the procurement process for a particular solicitation, provided the communication is limited strictly to matters of process or procedure already contained in the corresponding solicitation;
 13. Communications with the city attorney;
 14. Communications between a city commissioner, the city manager, assistant city managers, the city clerk and the city attorney;
 15. Communications between a city commissioner, the city manager, assistant city managers, the city clerk, the city attorney and potential offerors, vendors, service providers, lobbyists or consultants;
 16. Communications between the city manager or assistant city managers and the chairperson of the selection committee after the selection committee has submitted its written recommendations to the city manager on any and all matters relating to the recommendations. Should any change occur in the committee recommendation as a result of such communication, the content of the communication and of the corresponding change shall be described in writing and filed by the city manager with the city clerk, and be included in any recommendation submitted by the city manager to the city commission.

(4) *Procedure.*

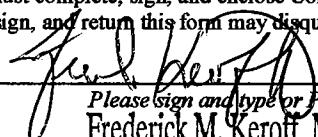
- a. *Imposition.* A cone of silence shall be imposed upon each request for proposals (RFP), request for qualifications (RFQ), invitation for bids (IFB) and any other solicitation when advertised. At the time of imposition of the cone of silence, the city manager shall provide public notice of the cone of silence and shall advise the affected department(s) in writing. The affected departments includes, but is not limited to, selection committee members, user departments, department heads, city attorney, city manager, assistant city manager(s), and the city commission.

b. *Termination.* Except as otherwise provided herein, the cone of silence shall terminate at the time of the city manager's approval of the award, or the city manager's written recommendation to the city commission, as may be applicable, is received by the city clerk, or at such time that bids or proposals are rejected by the city commission or the city manager; provided, however, that if the commission refers the city manager's recommendation back to the city manager or staff for further review, the cone of silence shall be re-imposed until such time as the city manager's subsequent written recommendation is received by the city clerk.

(5) *Penalties.* Violation of the cone of silence by a particular bidder or offeror shall render any award to said person voidable by the city commission. In addition to any other penalty provided by law, violation of any provision of this ordinance by a city employee shall subject said employee to disciplinary action up to and including dismissal. Any person who violates a provision of this ordinance shall be prohibited from serving on a city competitive selection or evaluation committee unless such appointment is approved by a four-fifths vote of the city commission. A violation of this section by a particular bidder, offeror, lobbyist or consultant shall subject such person or persons to potential debarment pursuant to the provisions of this chapter.

Proposer must complete, sign, and enclose Cone of Silence document, to ensure the proper intent to comply. Failures to complete, sign, and return this form may disqualify your response.

SIGNED:



TITLE: Senior Vice President

Please sign and type or Print Name:

Frederick M. Keroff, M.D., FACEP

COMPANY: InphyNet South Florida, Inc.

DATE: July 7, 2010

CODE OF ETHICS AND CONFLICT OF INTEREST

Sec. 2-1055. Ethics

Any attempt by city employees to realize personal gain by conduct inconsistent with proper discharge of their duties is a breach of public trust. Any effort to influence any public employee to breach the standards of ethical conduct set forth in this division is also a breach of ethical standards. The provisions of city ordinances, county ordinances, and state statutes shall be strictly enforced to preserve the public trust.

Sec. 2-1056. Prohibition on transacting business with the city

No commissioner, appointed official, member of an advisory board or committee, member of a quasi-judicial board or committee, or employee shall enter into any contract or transact any business in which that person or a member of the immediate family has a financial interest, direct or indirect with the board or committee of the City of Coral Gables on which that person serves, and any such contract, agreement or business engagement entered in violation of this subsection shall render the transaction voidable. Willful violations of this subsection shall constitute malfeasance in office and shall affect forfeiture of office or position. Nothing in this subsection shall prohibit or make illegal (1) the payment of taxes, special assessments or fees for services provided by the city government; (2) the purchase of bonds, anticipation notes or other securities that may be issued by the city through underwriters or directly from time to time. This provision shall not apply to boards and committees which have been exempted by the city commission from the requirement of the city's ethic code.

(1) *Waiver of prohibition.* The requirements of this subsection may be waived for a particular transaction only by four affirmative votes of the city commission after public hearing upon finding that:

- a. An open-to-all sealed competitive proposal has been submitted by the offeror; or
- b. The proposal has been submitted by a person or firm offering services within the scope of the practice of architecture, professional engineering, or registered land surveying, as defined by the laws of the State of Florida and pursuant to the provisions of the Consultants' Competitive Negotiation Act, and when the proposal has been submitted by an offeror defined above; or
- c. The property or services to be involved in the proposed transaction are unique and the city cannot avail itself of such property or services without entering a transaction which would violate this subsection but for waiver of its requirements; or
- d. That the property or services to be involved in the proposed transaction are being offered to the city at a cost of no more than 80 percent of fair market value based on a certified appraisal paid for by the offeror; and
- e. That the proposed transaction will be in the best interest of the city. Such findings shall be spread on the minutes of the commission. This subsection shall be applicable only to prospective transactions, and the city commission may in no case ratify a transaction entered in violation of this subsection.

(2) *Provisions cumulative.* This subsection shall be taken to be cumulative and shall not be construed to amend or repeal any other law pertaining to the same subject matter.

Sec. 2-1057. Further prohibition on transacting business with the city

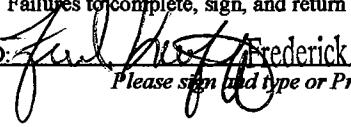
No commissioner, appointed official, member of an advisory board or committee, member of a quasi-judicial board or committee, or employee shall enter into any contract or transact any business through a firm, corporation, partnership or business entity in which that person or any member of the immediate family has a controlling financial interest, direct or indirect, with the city board or committee on which they serve, or with any person or agency acting for the city board or committee, and any such contract, agreement or business engagement entered in violation of this subsection shall render the transaction voidable. Waiver of this section may only be obtained by following the provisions of section 2-1056.

Additionally, no commission member shall vote on or participate in any way in any matter presented to the city commission if that person has any of the following relationships with any persons or entities which would be or might be directly or indirectly affected by any action of the city commission: (i) officer, director, partner, of counsel, consultant, employee, fiduciary or beneficiary; or (ii) stockholder, bondholder, debtor, or creditor, if in any instance the transaction or matter would affect the commission member in a manner distinct from the manner in which it would affect the public generally. Any commission member who has any of the specified relationships or who would or might, directly or indirectly, realize a profit by the action of the city commission shall not vote on or participate in any way in the matter.

Sec. 2-1058. Compulsory disclosure by employees of firms doing business with the city

Should any commissioner, appointed official, member of an advisory board or committee, member of a quasi-judicial board or committee, or employee be employed, by a corporation, firm, partnership or business entity in which that person or the immediate family does not have a controlling financial interest, and should the corporation, firm, partnership or business entity have substantial business commitments to or from the city or any city agency, or be subject to direct regulation by the city or a city agency, then the person shall file a sworn statement disclosing such employment and interest with the clerk of the City within 15 days after the person has actual or constructive notice of the relationship.

Proposer must complete, sign, and enclose Conflict of Interest and Code of Ethics documents, to ensure the proper intent to comply. Failures to complete, sign, and return this form may disqualify your response.

SIGNED:  Frederick M. Keroff, M.D., FACP: Senior Vice President
Please sign and type or Print Name:

COMPANY: InfyNet South Gavard, Inc DATE: July 7, 2010

FORMAL SOLICITATIONS PROTEST PROCEDURES

Sec. 2-950. Resolution of protested solicitations and awards—Formal

(a) *Right to protest on solicitations.* The following procedures shall be used for resolution of protested solicitations.

(b) *Protest of solicitation.* Any actual or prospective bidder or offeror who perceives itself aggrieved in connection with the formal solicitation of a contract or who intends to contest bid specifications or a bid solicitation may file a written notice of intent to file a protest with the city clerk's office within three calendar days prior to the date set for opening of bids or receipt of proposals. A notice of intent to file a protest is considered filed when received by the city clerk's office.

(c) *Protest of award.* Any actual responsive and responsible bidder whose bid is lower than that of the recommended bidder or an offeror who perceives itself aggrieved in connection with the recommended award of contract may file a written notice of intent to file a protest with the city clerk's office within three calendar days after notice of the city manager's written recommendation to the city commission for award of contract. A notice of intent to file a protest is considered filed when received by the city clerk's office.

(d) *Contents of protest.* A written protest based on any of the foregoing must be submitted to the city clerk's office within five calendar days after the date the notice of protest was filed. A written protest is considered filed when received by the city clerk's office. The written protest shall state with particularity the specific facts and law upon which the protest of the solicitation or the award is based, and shall include all pertinent documents and evidence and shall be accompanied by the required filing fee as provided in subsection (h) below. This shall form the basis for review of the written protest and no facts, grounds, documentation or evidence not contained in the protestor's submission at the time of filing the protest shall be permitted in the consideration of the written protest.

(e) *Computation of time.* No time will be added to the above time limits for service by mail. The last day of the period so computed shall be included unless it is a Saturday, Sunday, or legal holiday in which event the period shall run until the next day which is not a Saturday, Sunday or legal holiday.

(f) *Challenges.* The written protest may not challenge the relative weight of the evaluation criteria or the formula for assigning points in making an award determination.

(g) *Authority to resolve protests.* The chief procurement officer, after consultation with the city attorney, shall issue a written recommendation within ten calendar days after receipt of the written protest. Said recommendation shall be sent to the city manager with a copy to the protesting party. The city manager may then either resolve the protest or reject all proposals. The city manager's decision shall be sent to the city commission for approval or disapproval thereof. A protest of an award of a contract by the city commission may be filed with the circuit court pursuant to the Florida Rules of Appellate Procedure.

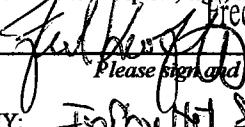
(h) *Stay of procurement during protests.* Upon receipt of a written protest filed pursuant to the requirements of this section, the city shall not proceed further with the solicitation or with the award of the contract until the protest is resolved by the city manager or the city commission as provided in subsection (f) above, unless the city manager, after consultation with the head of the user department, the chief procurement officer, and the city attorney, makes a written determination that the solicitation process or the contract award must be continued without delay in order to avoid an immediate and serious danger to the public health, safety or welfare and protect substantial interests of the city.

(i) *Costs.* All costs accruing from a protest shall be assumed by the protestor.

(j) *Filing fee.* The written protest must be accompanied by a filing fee in the form of a money order or cashier's check payable to the city in an amount equal to one percent of the amount of the bid or proposed contract, or \$2,500.00, whichever is less. The filing fee shall guarantee the payment of all costs which may be adjudged against the protestor in any administrative or court proceeding. If the protest is denied, the filing fee shall be forfeited to the city in lieu of payment of costs for the administrative proceedings. If the protest is upheld by the city, the filing fee shall be refunded to the protestor less any costs assessed under subsection (i) above.

(k) *Compliance with filing requirements.* Failure of a party to timely file either the notice of intent to file a protest or the written protest, or submit the filing fee, with the city clerk's office within the time provided in subsections (a), (b) and/or (c), above, shall constitute a forfeiture of such party's right to file a protest pursuant to this section. The protesting party shall not be entitled to seek redress before the city commission or seek judicial relief without first having followed the procedure set forth in this section.

Proposer must complete, sign, and enclose Formal Solicitations Protest Procedures documents, to ensure the proper intent to comply. Failures to complete, sign, and return this form may disqualify your response.

SIGNED:  Frederick M. Keroff, M.D., FACEP
Please sign and type or Print Name: Senior Vice President

COMPANY: Infirmary Health South Gated, Inc. DATE: July 7, 2010

**CITY OF CORAL GABLES
AMERICANS WITH DISABILITIES ACT (ADA)
DISABILITY NONDISCRIMINATION STATEMENT**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

This sworn statement is submitted to City of Coral Gables (print name of public entity)
by Frederick M. Koff, no, Senior Vice President (print individual's name and title)
for Intertel Southward, Inc (print name of entity submitting sworn statement)

whose business address is: 14050 NW 4th Street, Suite 190
Sunrise, FL 33323

and (if applicable) its Federal Employer Identification Number (FEIN) is 65-0726225
(If the entity has not FEIN, include Social Security Number of the individual signing this sworn statement:
.)

I, being duly first sworn state:

That the above named firm, corporation or organization is in compliance with and agreed to continue to comply with, and assure that any sub-contractor, or third party contractor under this project complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and service, transportation, communications, access to facilities, renovations, and new construction.

The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 U.S.C. 12101,12213 and 47 U.S.C. Sections 225 and 661 including Title I, Employment; Title II, Public Services; Title III, Public Accommodations and Services Operated by Private Entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.

The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Sections 5553.501-553.513, Florida Statutes

**CITY OF CORAL GABLES
AMERICANS WITH DISABILITIES ACT (ADA)
DISABILITY NONDISCRIMINATION STATEMENT**

The Rehabilitation Act of 1973, 229 U.S.C. Section 794

The Federal Transit Act, as amended, 49 U.S.C. Section 1612

The Fair Housing Act as amended, 42 U.S.C. Section 3601-3631

On/Off
[Signature]

Sworn to and subscribed before me this 7th day of July, 20 10

Personally known to me

or produced identification:

[Type of Identification]

Notary Public, State of Florida

My Commission Expires 11/8/13

Jennifer Nicolas

[Printed, typed or stamped
commissioned name of
Notary Public]

NOTARY PUBLIC STATE OF FLORIDA
Jennifer E. Nicolas
Commission # DD850364
Expires: JAN. 08, 2013
BONDED THRU ATLANTIC BONDING CO., INC.

CERTIFIED RESOLUTION

I, _____, duly elected Secretary of _____, a corporation organized and existing under the laws of the State of _____, do hereby certify that the following Resolution was unanimously adopted and passed by a quorum of the Board of Directors of said corporation at a meeting held in accordance with law and the by-laws of said corporation.

IT IS HEREBY RESOLVED that _____ (insert name), the duly elected (insert title of officer) of _____ submit a Proposal and Bid Bond, if such bond is required, to the City of Coral Gables and such other instruments in writing as may be necessary on behalf of the said corporation; and that the Proposal, Bid Bond and other such instruments signed shall be binding upon the said corporation as its own acts and deeds. The secretary shall certify the names and signatures of those authorized to act by the foregoing resolution.

The City of Coral Gables shall be fully protected in relying on such certification of the secretary and shall be indemnified and saved harmless from any and all claims, demands, expenses, loss or damage resulting from or growing out of honoring the signature of any person so certified or for refusing to honor any signature not so certified.

I further certify that the above resolution is in force and effect and has not been revised, revoked or rescinded.

I further certify that the following are the names, titles and official signatures of those persons authorized to act by the foregoing resolution.

<u>NAME</u>	<u>TITLE</u>	<u>SIGNATURE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Given under my hand and the Seal of said corporation this _____ day of _____, 20 _____

(SEAL) By: _____, Secretary

Name of Corporation

NOTE:

The above is a suggested form of the type of Corporate Resolution desired. Such form need not be followed explicitly, but the Certified Resolution submitted must clearly show to the satisfaction of the City of Coral Gables that the person signing the Proposal and Bid Bond for the corporation has been properly empowered by the corporation to do so in its behalf.

Signed, sealed and deliver in the presence of:

_____ Witness	_____ By: _____ (Signature)
_____ Witness	_____ (Print Name)

FOREIGN (NON-FLORIDA) CORPORATIONS MUST COMPLETE THIS FORM

DEPARTMENT OF STATE CORPORATE CHARTER NO. _____

If your corporation is exempt from the requirements Section 607.1501, Florida Statutes, **YOU MUST CHECK BELOW** the reason(s) for the exemption. Please contact the Department of State, Division of Corporations at (904) 488-9000 for assistance with corporate registration or exemptions.

607.1501 Authority of foreign corporation to transact business required.

- (1) A foreign corporation may not transact business in this state until it obtains a certificate of authority from the Department of State.
- (2) The following activities, among others, do not constitute transacting business within the meaning of subsection (1):
 - (a) Maintaining, defending, or settling any proceeding.
 - (b) Holding meetings of the board of directors or shareholders or carrying on other activities concerning internal corporate affairs.
 - (c) Maintaining bank accounts.
 - (d) Maintaining officers or agencies for the transfer, exchange, and registration of the corporation's own securities or maintaining trustees or depositories with respect to those securities.
 - (e) Selling through independent contractors.
 - (f) Soliciting or obtaining orders, whether by mail or through employees, agents, or otherwise, if the orders require acceptance outside this state before they become contracts.
 - (g) Creating or acquiring indebtedness, mortgages, and security interests in real or personal property.
 - (h) Securing or collecting debts or enforcing mortgages and security interests in property securing the debts.
 - (i) Transacting business in interstate commerce.
 - (j) Conducting an isolated transaction that is completed within 30 days and that is not one in the course of repeated transactions of a like nature.
 - (k) Owning and controlling a subsidiary corporation incorporated in or transacting business within this state or voting the stock of any corporation which it has lawfully acquired.
 - (l) Owning a limited partnership interest in a limited partnership that is doing business within this state, unless such limited partner manages or controls the partnership or exercises the powers and duties of a general partner.
 - (m) Owning, without more, real or personal property.
- (3) The list of activities in subsection (2) is not exhaustive.
- (4) This section has no application to the question of whether any foreign corporation is subject to service of process and suit in this state under any law of this state.

Please check one of the following if your firm is **NOT** a corporation:

(I) Partnership, Joint Venture, Estate or Trust
(II) Sole Proprietorship or Self Employed

NOTE: This sheet **MUST** be enclosed with your Proposal if you claim an exemption or have checked I or II above. If you do not check I or II above, your firm will be considered a corporation and subject to all requirements listed herein.

PROPOSER'S CORRECT LEGAL NAME

SIGNATURE OF AUTHORIZED AGENT OR PROPOSER

Offeror's Certification

WHEN OFFERER IS A PARTNERSHIP

IN WITNESS WHEREOF, the Offeror hereto has executed this Proposal Form this ____ day of _____, 20 ____.

Print Name of Partnership

By: _____
Signature of General or Managing Partner

Witness

Print Name of Partner

Witness

Business Address

City/State/Zip

Business Telephone Number

State of Registration

State of Florida
County of _____

On this _____ day of _____, 20 __, before me, the undersigned Notary Public of the State of Florida,
personally appeared _____ as whose name(s) is/are Subscribe
(Name(s) of individual(s) who appeared before notary)
to the within instrument, and he/she/they acknowledged that he/she/they executed it.

WITNESS my hand
and official seal

NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC
SEAL OF OFFICE:

(Name of Notary Public: Print, Stamp or Type
as Commissioned.)

Personally known to me or
Produced identification:

(Type of Identification Produced)

DID take an oath, or DID NOT take an oath

Offeror's Certification

WHEN OFFERER IS A CORPORATION

IN WITNESS WHEREOF, the Offeror hereto has executed this Proposal Form this 7 day of July, 2010

In My Net South Branch
Print Name of Corporation

Florida
Print State of Incorporation

(CORPORATE SEAL)

By: J. M. Keroff
Signature of President/other Authorized Officer

Frederick M. Keroff, M.D., FACEP
Print Name of President/other Authorized Officer

14050 NW 14th Street

Address of Corporation

Juno, FL 33323

City/State/Zip

By: Secretary

954-265-6307
Business Telephone Number

On this 11 day of July, 2010, before me, the undersigned Notary Public of the State of Florida, the foregoing instrument was acknowledged by

(Name of Corporate Officer(s) and Title(s))

of _____ on behalf of the Corporation.
(Name of Corporation and State of Place of Incorporation)

WITNESS my hand
and official seal

J. M. Keroff
NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC
SEAL OF OFFICE:

Jennifer Nicolas
(Name of Notary Public: Print, Stamp or Type
as Commissioned.)

NOTARY PUBLIC-STATE OF FLORIDA
Jennifer E. Nicolas
Commission # DD850364
Expires: JAN. 08, 2013
BONDED THRU ATLANTIC BONDING CO, INC.

Personally known to me, or
Produced identification:

(Type of Identification Produced)

DID take an oath, or DID NOT did not take an oath

Offeror's Certification

**WHEN OFFERER IS A SOLE PROPRIETORSHIP OR
OPERATES UNDER A FICTITIOUS OR TRADE NAME**

IN WITNESS WHEREOF, the Offeror here to has executed this _____ day of _____, 20 ____.

Print Name of Firm

By: _____

Signature of Owner

Witness

Print Name of Individual

Witness

Business Address

City/State/Zip

Business Telephone Number

State of Florida
County of _____

On this _____ day of _____, 20 __, before me, the undersigned Notary Public of the
State of Florida, personally appeared _____
(Name(s) of individual(s) who appeared before notary)
and whose name(s) is/are Subscribed to the within instrument, and he/she/they acknowledged that
he/she/they executed it.

WITNESS my hand
and official seal

NOTARY PUBLIC, STATE OF FLORIDA

**NOTARY PUBLIC
SEAL OF OFFICE:**

(Name of Notary Public: Print, Stamp or Type
as Commissioned.)

Personally known to me, or
Produced identification:

(Type of Identification Produced)

DID take an oath, or DID NOT did not take an oath

NON-COLLUSION AFFIDAVIT

State of Florida)
)ss.
County of Dade)

_____, being first duly sworn, deposes
and says that:

(1) Affiant is the Frederick M. Keroff, M.D., FACEP,
(Owner, Partner, Officer, Representative or Agent) of
Influry Net South Broward, Inc. the Proposer that has submitted the
attached Proposal;

(2) Affiant is fully informed respecting the preparation and contents of the attached Proposal and of all pertinent
circumstances respecting such Proposal;

(3) Such Proposal is genuine and is not a collusive or sham Proposal;

(4) Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in
interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any
other Proposer or firm, or person to submit a collusive or sham Proposal in connection with the work for which the
attached Proposal has been submitted; or to refrain from bidding in connection with such work; or have in any manner,
directly or indirectly, sought by agreement or collusion, or communication, or conference with any Proposer, firm, or
person to fix any overhead, profit, or cost elements of the Proposal price or the Proposal price of any other Proposer, or
to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or
any person interested in the proposed work;

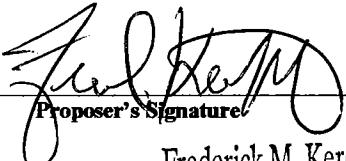
(5) The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy,
connivance, or unlawful agreement on the part of the Proposer or any other of its agents, representatives, owners,
employees or parties in interest, including this affiant.

DRUG-FREE WORK PLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that Truly Net Health Reward Inc.
(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the work place, the business's policy of maintaining a drug-free workplace, any available drug counseling, Employee Assistance Programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee a copy of the statement specified in subsection (1) that are engaged in providing the commodities or contractual services that are proposed.
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are proposed, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.



Proposer's Signature

Date

July 7, 2010

Frederick M. Keroff, M.D., FACEP

I CERTIFY THAT I AM AUTHORIZED TO EXECUTE THIS QUALIFICATION STATEMENT ON BEHALF OF THE APPLICANT. THE PROPOSER ACKNOWLEDGES AND UNDERSTANDS THAT THE INFORMATION CONTAINED IN RESPONSE TO THIS QUALIFICATION STATEMENT SHALL BE RELIED UPON BY OWNER IN AWARDING THE CONTRACT AND SUCH INFORMATION IS WARRANTED BY PROPOSER TO BE TRUE. THE DISCOVERY OF ANY OMISSION OR MISSTATEMENT THAT MATERIALLY AFFECTS THE PROPOSER'S QUALIFICATIONS TO PERFORM UNDER THE CONTRACT SHALL CAUSE THE CITY TO REJECT THE PROPOSAL, AND IF, AFTER TERMINATE THE AWARD AND/OR CONTRACT.


Signature

Frederick M. Keroff, M.D., FACEP

State of Florida

County of Broward

On this the 7 day of July, 2010, before me, the undersigned Notary Public of the State of Florida, personally appeared Dr. Fred Keroff and whose name(s) is/are subscribes to
(Name(s) of individual(s) who appeared before notary)
the within instrument, and acknowledge it's execution.


NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC
SEAL OF OFFICE:

Jennifer Nicolas
(Name of Notary Public: Print, Stamp or Type
as Commissioned.)

Personally known to me, or
Produced identification:

NOTARY PUBLIC-STATE OF FLORIDA
Jennifer E. Nicolas
Commission # DD850364
Expires: JAN. 08, 2013
BONDED THRU ATLANTIC BONDING CO., INC.

(Type of Identification Produced)

**CITY OF CORAL GABLES
LOBBYIST – ISSUE APPLICATION**

HAVE YOU BEEN RETAINED TO LOBBY ANY OF THE FOLLOWING FOR STATE PURPOSE?

CITY OFFICIALS: Mayor, City Commissioners, City Attorney, City Manager, Assistant City Manager, Heads or Directors of Departments, and their Assistant or Deputy, Police Major or Chief, Building and Zoning Inspectors, Board, or Committee Members.

FOR THIS PURPOSE: To encourage the passage, defeat or modification of any ordinance, resolution, action, or decision of the City Commission; or any action, decision or recommendation of any Board, Committee or City Official.

TIME PERIOD: During the time period of the entire decision-making process on an action, decision or recommendation which foreseeable will be heard or reviewed by the Commission, or a board or Committee.

IF THE FOREGOING APPLIES TO YOU, YOU ARE REQUIRED TO REGISTER AS A LOBBYIST AND TO FILE THE FOLLOWING INFORMATION, UNDER OATH, WITH THE CITY CLERK FOR EACH ISSUE ADDRESSED.

Your Name: (Print) _____ **LOBBYIST**

Your Business Name: (Print) _____

Business Telephone Number: _____

Business Address :

Client you are representing on this issue:

Name of Client: (Print) _____

Client's Address:

Name of Corporation, Partnership, or Trust: (Print) _____

Names of all persons holding, directly or indirectly, a 5% or more ownership interest in the corporation, partnership, or trust:
(Print)

ISSUE: Describe specific issue on which you will lobby: (Separate Application and Fee is required for each specific issue)

ISSUE FEE: You are required to pay a \$125.00 Issue Fee to the City Clerk prior to lobbying on a specific issue.

ADDITIONAL CLIENTS: You are required to fill out an additional Application for each additional Client represented on this issue, and attach to this Application.

I _____ hereby swear or affirm under penalty of
Print Name of Lobbyist
perjury that all the facts contained in this Application are true and that I am aware that these
requirements are in compliance with the provisions of Dade
County Code Sec. 2-11.1(s) governing Lobbying.

Date: _____

Signature of Lobbyist

\$125.00 Appearance Fee Paid: _____ Received by _____

Fees Waived for Not for Profit Organization (documentary proof attached) _____

Additional Client Application Attached: _____

**CITY OF CORAL GABLES
LOBBYIST
BIENNIAL REGISTRATION APPLICATION**

HAVE YOU BEEN RETAINED TO LOBBY ANY OF THE FOLLOWING FOR STATE PURPOSE?

CITY OFFICIALS: Mayor, City Commissioners, City Attorney, City Manager, Assistant City Manager, Heads or Directors of Departments, and their Assistant or Deputy, Police Major or Chief, Building and Zoning Inspectors, Board, or Committee Members.

FOR THIS PURPOSE: To encourage the passage, defeat or modification of any ordinance, resolution, action, or decision of the City Commission; or any action, decision or recommendation of any Board, Committee or City Official.

TIME PERIOD: During the time period of the entire decision-making process on an action, decision or recommendation which will be heard or reviewed by the Commission, or a board or Committee.

IF THE FOREGOING APPLIES TO YOU, YOU ARE REQUIRED TO REGISTER AS A LOBBYIST AND TO FILE THE FOLLOWING INFORMATION, UNDER OATH, WITH THE CITY CLERK FOR EACH ISSUE ADDRESSED.

Name: (Print)

LOBBYIST

Business Name: (Print)

Business Telephone Number:

Business Address:

State the extent of any business or professional relationship with any current member of the City Commission.

PRINCIPALS REPRESENTED: List here all principals currently represented by you, including address and telephone number:

ANNUAL REPORT: On July 1st of each year, you are required to submit to the City Clerk a signed statement under oath listing all lobbying expenditures in excess of \$25.00 for the preceding calendar year. A statement is required to be filed without expenditures.

ISSUE FEE: You are required to pay a \$125.00 Issue Fee to the City Clerk prior to lobbying on behalf of a specific issue and to fill out an Application stating under oath, your name, business address, the name of each principal employed by you to lobby, and the specific issue of which you wish to lobby.

NOTICE OF WITHDRAWAL: If you discontinue representing a particular client, a notice of withdrawal is required to be filed with the City Clerk.

BIENNIAL LOBBYIST REGISTRATION FEE: This Registration must be on file in the Office of the City Clerk prior to the filing of an Issue Application to lobby on a specific issue and the \$500.00 Biennial Lobbyist Registration Fee must be paid on or before October 1, 2000.

I _____ hereby swear or affirm under penalty of
(Print Name of Lobbyist)
perjury that I have read the provisions of Dade County Code Sec, 2-11.1(s)
governing Lobbying and that all of the facts contained in this Registration
Application are true and that I agree to pay the \$500.00 Biennial Lobbyist
Registration Fee on or before October 1, 2000 and on or before October 1,
of each even-numbered year thereafter, if I continue as an active Lobbyist in
the City of Coral Gables.

Signature of Lobbyist

STATE OF FLORIDA)
 }
COUNTY OF DADE)

BEFORE ME personally appeared _____ to me well known and known to me to be the person described
in and who executed the foregoing instrument, and acknowledged to and before me that _____ executed said instrument for the
purposes therein expressed.

WITNESS my Hand and Official Seal this _____.

_____ Personally Known

_____ Produced ID

Notary Public
State of Florida

\$500.00 Fee Paid _____

Received By _____

\$500.00 Fee Waived for Not-for-Profit Organizations (documentary proof attached) _____

CURRICULUM VITAE



Frederick Michael Keroff, M.D.,
FACEP

Prepared July 2010

Address: 2883 East Lake Vista Circle
Davie, Florida 33328-1127

Business Address: 3501 Johnson Street
Hollywood, Florida 33021
Business: 954-265-6307
Email: fkeroff@mhs.net

Personal: Born: September 4, 1948, Chicago, Illinois
SSN No.: 346-42-6176
Married: Esther Fernandez-Keroff
Children: Daniel, David, Sarah, Maia

Education: *Bachelor of Science* - University of Illinois - Urbana, Illinois September 1966 - June 1970

Medical Doctor - University of Health Sciences
The Chicago Medical School - Chicago, Illinois
September 1970 - June 1975

Internship - Jackson Memorial Hospital
University of Miami Medical School - Miami, Florida
July 1975 - June 1976

Residency - Family Medicine - Jackson Memorial Hospital
University of Miami Medical School - Miami, Florida, July 1976 - June 1978

Chief Resident - Family Medicine - Jackson Memorial Hospital
University of Miami Medical School - Miami, Florida July 1977 - June 1978

Certifications:

State of Florida - Department of Business & Professional Regulation Florida Medical License: ME0026979 Expires 01/31/2011

DEA: AK7087580 Expires 12/31/2012

American Board of Emergency Medicine
Certified 1984; Recertified 1993, 2003,
Expires 12/31/2013

American Board of Family Practice
Certified 1978; Recertified 1985, 1991, 1997, 2004,
Expires 12/31/2011

American Board of Quality Assurance & Utilization Review Physicians
Certified 1988; Recertified 1991, 1994, 1997

Advanced Cardiac Life Support (ACLS)
Provider 1977 - Present, Expires 2/2011
Florida State Affiliate Faculty 1986-2001

Advanced Trauma Life Support (ATLS)
Instructor 1981 - 1998,
Provider 1981, expires 2/2012

Basic Cardiac Life Support (BCLS)
Provider 1993, Expired 5/05

Pediatric Advanced Life Support (PALS)
Provider 1988 - Present, Expires 4/2011
Instructor 1989 - 1998

**Clinical/Administrative
Experience:**

Keys Community Hospital - Tavernier, Florida
Emergency Department Physician
July 1978 - February 1980 - Full-time

Coral Gables Hospital - Coral Gables, Florida
Emergency Department Physician
July 1978 - February 1980 - Full-time

Coral Reef General Hospital - Miami, Florida
Emergency Department Physician
March 1980 - December 1981 - Full-time

TEAM HEALTH/INPHYNET MEDICAL MANAGEMENT, INC. (EMSA)

PHYSICIAN - Emergency Department
Parkway Regional Medical Center - Miami,
Florida January 1982 - December 1983

MEDICAL DIRECTOR
Palmetto General Hospital - Hialeah, Florida
January 1984 - February 1992
February 1996 - 2001

ACTING MEDICAL DIRECTOR
Deering Hospital (Jackson-South) - Miami,
Florida January 1999 - 2001

REGIONAL MEDICAL DIRECTOR

- *Palmetto General Hospital* - Hialeah, Florida
January 1989 - 2002
- *Kendall Regional Medical Center* - Miami,
Florida August 1992 - 2002
- *Plantation General Hospital* - Plantation,
Florida July 1992 - 2000
- *Northwest Medical Center* - Margate, Florida
July 1992 - 2000

**Clinical/Administrative
Experience (continued)**

- **Aventura Hospital & Medical Center** - Miami, Florida December 1992 - 2000
- **Delray Community Hospital** - Delray Beach, Florida December 1992 - 2000
- **Deering Hospital** - Miami, Florida March 1995 - 2001
- **Westside Regional Medical Center** - Plantation, Florida September 1995 - 2001
- **Miami Heart Institute South** - Miami, Florida January 1997 - 2000
- **Martin Memorial Hospital North/South** - Stuart, Florida September 1997 - 2000
- **Memorial Hospital Pembroke** - Pembroke Pines, Florida, December 1992 - Present
- **West Boca Medical Center** - Boca Raton, Florida December 1992 - April 1998
- **Pompano Beach Medical Center** - Pompano Beach, Florida December 1992 - July 1998
- **Pensacola Naval Hospital** - Pensacola, Florida February 1989 - December 1992
- **Homestead Air Force Base** - Homestead, Florida June 1989 - December 1992
- **England Air Force Base** - Pineville, Louisiana February 1990 - December 1992
- **Victoria Hospital** - Miami, Florida March 1991 - December 1993
- **South Florida Reception Center** - Miami, Florida State of Florida - Department of Corrections March 1992 - December 1993
- **Parkway Regional Medical Center** - Miami Florida December 1992 - August 1993
- **Cleveland Clinic Hospital** - Ft. Lauderdale, Florida December 1992 - December 1994

**DISTRICT MEDICAL DIRECTOR OF
EMERGENCY SERVICES**

- **Memorial Regional Hospital, Hollywood, Florida** September 2000 - Present
- **Memorial Hospital West, Pembroke, Florida** September 2000 - Present
- **Memorial Hospital Pembroke, Pembroke, Florida** September 2000 - Present
- **Joe Dimaggio Children's Hospital** September 2000 - Present

Community Services:

- **Medical Director, Hialeah Fire and Rescue -**
Hialeah, Florida, March 1998 - Present
- **Medical Advisor, Metro-Dade Fire and Rescue**
Dade County, Florida, 1997 - Present
- **Medical Director, Miami Beach Fire and Rescue,** Miami Beach, Florida 2003 - Present

Hospital Committees:

Memorial Healthcare System, Hollywood, Florida

- Credentials Committee, September 2000- Present
- Medical Executive Committee, Memorial Regional Hospital September 2000 - Present

Palmetto General Hospital, Hialeah, Florida

- **Chief of Staff September 1997 - July 1999**
- **Vice Chief of Staff, 1996 - 1997**
- **Secretary/Treasurer 1995 - 1996**
- Medical Executive Committee
Member, 1984 - 2001
- Quality Assurance Committee
Member, 1984 - 2001
Chairman, 1987 - 1997
- Tissue and Surgical Committee
Member, 1985 - 1990
Chairman, 1986 - 1987
- Operating Room Committee
Member, 1985 - 1987
- Disaster/Emergency Room Committee
Member, 1984 - 2001
- Section of Emergency Medicine
Chairman, 1984 - 1992
Member, 1984 to 2001
- Utilization Management Committee
Member, 1985 - 2001
- Credentials Committee
Member, 1990 - 1992 and 1993 - 2001
- Physician/Hospital Organization
Medical Director, 1992 - 1993
- Steering Committee - Physician Hospital Organization
Member, 1992 - 1993

Board Memberships:

Medical Training & Stimulation Laboratory

University of Miami School of Medicine, Miami,
Florida, Medical Advisory Board
Member - July 1987 - June 1988

Emergency Medical Group - Miami, Florida

Board of Directors

Member - November 1986 - January 1989

InPhyNet Medical Management, Inc. (EMSA)

- Ft. Lauderdale, Florida

Continuing Medical Education Program

Chairman - February 1990 - 2001

University Affiliations:

University of Miami School of Medicine - Miami, Florida

Clinical Instructor - Department of Medicine

July 1985 - June 1987

University of Miami School of Medicine - Miami,

Florida, Medical Training and Stimulation Laboratory

Coordinator - Paramedic Advanced Life Support Program

July 1986 - June 1987

University of Miami School of Medicine - Miami,

Florida, *Clinical Assistant Professor* - Department of

Medicine, January 1987 - 1990

Nova Southeastern University of the Health

Sciences, College of Osteopathic Medicine - North

Miami Beach, Florida, *Clinical Associate Professor* -

Department of Emergency Medicine January 1993-
2000

Community Involvement:

American Trauma Society - South Florida Unit

President, 1986

Medical Advisory Council on Trauma for Dade

County, Dade County, Florida

Member, 1987 - 1989 and 1992 - 2000

Dade County Trauma Advisory Committee

Quality Management Sub-Committee

Chairman, 1992 - 2000

Dade County Task Force on Trauma

Member, 1987 - 1989

State of Florida - Department of Health & Rehabilitative

Services Trauma Center and Pediatric Trauma Referral Center

Standards, Technical Advisory Panel, *Member*, 1987

**American Heart Association of Greater Miami - Miami,
Florida**

- ECC/CPR Quality and Standards Subcommittee
Chairman, 1984 - 1986
- ECC/CPR Committee
Member, 1984 - 2000
- ECC/CPR Committee
Co-Chairman, 1985
- ECC/CPR Committee
Chairman, 1987 - 1990
- Community Site Action Committee
Chairman, 1986 - 1988
- Board of Directors
Member, 1986 - 1992
- Board of Directors
Vice-President, 1988 - 1989
- Board of Directors
President-Elect, 1989 - 1990
- Board of Directors
President, 1990 - 1991

**American Heart Association, Florida Affiliate
State of Florida Affiliate Council**

- ECC/CPR Committee
Member, 1988 - 1992
- ECC/CPR Committee - ACLS Subcommittee
Member, 1992 - 1994
- ACLS Subcommittee - Region 13
Chairman, 1994 - 1999

Board of Directors
Member, 1988 and 1990

Emergency Department Council of Dade County

- *Secretary/Treasurer, 1987 - 1988*
- *President, 1988 - 1989*

**American College of Emergency Physicians
Education Committee - Florida Chapter**

Member, 1990

- Legislative Committee
Member, 1990

Professional Societies:

American College of Emergency Physicians
Fellow, 1986 to Present

Awards:

William B. Peck Scientific Research Award
Outstanding Family Medicine Resident
University of Miami, Miami, Florida
Jackson Memorial Hospital

Articles:

Trauma Management for Paramedics, Course Manual,
Gordon, M., et al, Medial Training and Stimulation Laboratory
University of Miami School of Medicine, 1986

Trauma Task Force Report on Trauma, Perez, C., et al
Department of Transportation, 1988



REQUEST FOR PROPOSAL

RFP NO. 2010.06.24
Medical Director

ADDENDUM No. 1

Issued Date: July 13, 2010

This addendum has been issued to remove the last date to request packages for this solicitation.

1. Remove "Last date to request RFP" no date restriction will be applied to this project.

This addendum shall be acknowledged in Section 6.0 RFP Addendum and Response Forms. All other terms and conditions of this RFP shall remain in full force and effect.

Sincerely,

**Michael P. Pounds
Chief Procurement Officer**