

**COLUMBUS CONSOLIDATED GOVERNMENT**  
Georgia's First Consolidated Government



**FINANCE DEPARTMENT**  
**PURCHASING DIVISION**

1111 1<sup>ST</sup> AVENUE – 1<sup>ST</sup> FLOOR, COLUMBUS, GEORGIA 31901  
P. O. BOX 1340, COLUMBUS, GEORGIA 31902-1340  
706-225-4087 | [www.columbusga.gov](http://www.columbusga.gov)

**Date:** April 15, 2026

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| <p><b>REQUEST FOR PROPOSALS:</b></p> <p><b>RFP No. 26-0008</b></p> | <p>Qualified firms are requested to submit proposals, subject to conditions and instructions as specified, for the furnishing of:</p> <p align="center"><b>INMATE MEDICAL &amp; PHARMACY SERVICES FOR MUSCOGEE COUNTY PRISON (ANNUAL CONTRACT)</b></p>  |
| <p>GENERAL SCOPE</p>   | <p>Provide comprehensive medical and pharmacy services to inmates incarcerated in the Muscogee County Prison, in accordance with the specifications set forth herein.</p>   |
| <p>NON-MANDATORY SITE VISIT</p>                                    | <p>No later than seven (7) business days before the proposal due date, vendors desiring to do so may schedule a site visit to view the Clinic of the Muscogee County Prison. To schedule the site visit, contact Deputy Warden Normae Beecham at 706-641-5803 or <a href="mailto:nbeecham@columbusga.org">nbeecham@columbusga.org</a>. <b>Vendors are not required, but are strongly encouraged, to attend a Non-Mandatory Site Visit. Questions/concerns resulting from the Site Visit must be submitted in writing to the Purchasing Division,</b> as specified on pages 6 and 7.</p> |
| <p>DUE DATE</p>  | <p align="center"><b>MAY 15, 2026 - 5:00 PM (EASTERN)</b></p>   |
| <p>SUBMISSION REQUIREMENTS</p>                                     | <p><b>See Appendix A for information and instructions on how to register and submit a proposal through DemandStar.</b></p>  |
| <p>ADDENDA</p>   | <p>The Purchasing Division will post addenda (if any) for this project at <a href="https://www.columbusga.gov/finance/Bid-Opportunities">https://www.columbusga.gov/finance/Bid-Opportunities</a>. Vendors are responsible for periodically visiting the web page for addenda, before the due date and prior to submitting a response.</p>  |
| <p>NO SUBMITTAL</p>  | <p>If you are not interested in this solicitation, complete and return page 3.</p>  |

Andrea J. McCorvey,  
Purchasing Manager



# **IMPORTANT INFORMATION**

## **E-Notification**

The City uses the Georgia Procurement Registry e-notification system. You must register with the Team Georgia Marketplace to receive future procurement notifications at <https://doas.ga.gov/state-purchasing/getting-started-supplier>.

**If you have any questions or encounter any problems while registering, please contact the Team Georgia Marketplace Procurement Helpdesk:**

**Telephone:** 404-657-6000  
**Fax:** 404-657-8444  
**Email:** [procurementhelp@doas.ga.gov](mailto:procurementhelp@doas.ga.gov)

# STATEMENT OF "NO PROPOSAL SUBMISSION"

**Notify the Purchasing Division if you do not intend to submit a Proposal:**

Email: [BidOpportunities@ColumbusGa.org](mailto:BidOpportunities@ColumbusGa.org)  
Attn: **Heather Biddle, Buyer**  
Mail: Columbus Consolidated Government  
Purchasing Division  
P. O. Box 1340  
Columbus, Georgia 31902-1340

We, the undersigned decline to submit a proposal for **RFP No. 26-0008** for **Inmate Medical & Pharmacy Services for Muscogee County Prison (Annual Contract)** for the following reason(s):

- Specifications are too "tight", i.e., geared towards one brand or manufacturer (explain below)
- There is insufficient time to respond.
- We do not offer this product and/or service.
- 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.
- Other (specify below)

Comments:

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COMPANY NAME: \_\_\_\_\_

REPRESENTATIVE: \_\_\_\_\_

DATE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PROPOSALS WILL BE EVALUATED IN ACCORDANCE WITH THE PROCEDURES AS OUTLINED BELOW IN SECTION 3-110 OF THE PROCUREMENT ORDINANCE. ALL PROPOSALS WILL BE KEPT CONFIDENTIAL UNTIL AFTER AWARD.**

**3-110. Competitive Sealed Proposals (Negotiations)**

**(1) Conditions for Use**

When the Purchasing Manager determines that the use of competitive sealed bidding for any procurement is either not practicable or not advantageous to the City, a contract may be entered into using the competitive sealed proposals (negotiation) method. In addition, the competitive sealed proposal process shall be used for the procurement of professional services, specialized equipment or supplies.

The competitive sealed proposal process may be used for procurements with an estimated total cost less than \$50,000.00, if deemed to be in the best interest of the City. If the total cost can be determined, the authority to approve such solicitations will be as prescribed by [article 3-104](#), Purchasing Limits. If, due to the required services, a total cost cannot be determined then the award recommendation will be approved by Council.

**I. Request for Proposals**

Proposals shall be solicited through Request for Proposals. The Purchasing Division shall establish the specifications with the using agency and set the date and time to receive proposals. The request for proposal shall include a clear and accurate description of the technical requirements for the service or item to be procured.

**II. Public Notice**

The public will be given adequate notice of the request for proposals, provided that, adequate notice shall mean at least fifteen (15) business days before the due date, which is stated in the request. *The City reserves the right to seek request for proposals in a shorter period, if necessary, as determined by the Purchasing Manager.*

Notice shall be published in a reasonable time before due date, contain a description of the procurement in general terms, as well as, the place and due date for proposals, and appear in a newspaper(s) of general circulation, specifically the City's legal organ. In addition to publication in newspapers, notice shall also be made by electronic means, including posting on the internet and on the City's government access television channel.

Public works construction projects shall be advertised in accordance with Georgia State Law.

The City reserves the right to mail or e-mail invitations directly to vendors under the following circumstances:

- Solicitations for specialized equipment/supplies.
- Solicitations for specialized services.
- Re-bid of solicitations where normal advertising procedures netted no responses.
- Whenever deemed necessary by the purchasing manager.

**III. Receipt of Proposals**

Proposals must be received by the deadline date established. No public opening will be held. No proposals shall be handled to permit disclosure of the identity of any offeror or the contents of any proposal to competing offerors during the process of discussion. A register of proposals shall be prepared as part of the contract file, and shall contain the name of each offeror, the number of modifications received (if any), and a description sufficient to identify the item offered. The register of proposals shall be open for public inspection only after contract award.

**IV. Evaluation Factors**

The request for proposals shall identify the relative importance of cost (when applicable) and other evaluation criteria.

**V. Evaluation Process**

An odd number of voting members of a Selection or Evaluation Committee shall evaluate all proposals received based upon the criteria stated in the request for proposals. Each voting committee member shall grade each submitted proposal based upon the evaluation criteria.

**VI. Discussion with Responsible Offerors and Revisions to Proposals**

As provided in the Request for Proposals, discussions (negotiations) may be conducted with responsible offerors who submit proposals determined to be reasonably susceptible of being selected for award, to assure full understanding of and conformance to the solicitation requirements. All qualified, responsible offerors shall be given fair and equal treatment with respect to any opportunity for discussion and revision of proposals, and such revisions may be permitted after submissions and prior to award for the purpose of obtaining best and final offers. In conducting discussions, there shall be no disclosure of the identity of competing offerors or any information derived from proposals submitted by competing offerors. If only one proposal response is received, then the award recommendation shall be to the single offeror, if the offeror meets all requirements.

**VII. Award**

After negotiations, the award recommendation must be presented to Columbus City Council for final approval. Award will be made to the responsible offeror whose proposal is determined to be the most advantageous to the City, taking into consideration total cost (if determined) and all other evaluation factors set forth in the Request for Proposals.

After Council approval, a contract based on the negotiations (if negotiations were necessary) will be drawn and signed by all necessary parties. If Council does not approve the award, it may direct that further negotiations may take place with the recommended offeror, or that negotiations begin with the next most qualified offeror. Council may also exercise the option to reject all offers and instruct the Purchasing Division to begin the procurement process again. The contract file shall contain the basis on which the award is made.

After contract award, the contract file, will be made public. Unsuccessful offerors will be afforded the opportunity to make an appointment with the Purchasing Division for a debriefing. After the award, the contract file and the unsuccessful proposals will become subject to disclosure under the Georgia Open Records Act.

## **DO YOU HAVE QUESTIONS, CONCERNS OR NEED CLARIFICATION ABOUT THIS SOLICITATION?**

**COMMUNICATION CONCERNING ANY SOLICITATION CURRENTLY ADVERTISED MUST TAKE PLACE IN WRITTEN FORM AND ADDRESSED TO THE PURCHASING DIVISION.**

ALL QUESTIONS OR CLARIFICATIONS CONCERNING THIS SOLICITATION SHALL BE SUBMITTED IN WRITING. THE CITY WILL NOT ORALLY OR TELEPHONICALLY ADDRESS ANY QUESTION OR CLARIFICATION REGARDING BID/PROPOSAL SPECIFICATIONS. IF A VENDOR VISITS OR CALLS THE PURCHASING DIVISION WITH SUCH QUESTIONS, HE OR SHE WILL BE INSTRUCTED TO SUBMIT THE QUESTIONS IN WRITING.

**ALL CONTACT CONCERNING THIS SOLICITATION SHALL BE MADE THROUGH THE PURCHASING DIVISION.** BIDDERS SHALL NOT CONTACT CITY EMPLOYEES, DEPARTMENT HEADS, USING AGENCIES, EVALUATION COMMITTEE MEMBERS OR ELECTED OFFICIALS WITH QUESTIONS OR ANY OTHER CONCERNS ABOUT THE SOLICITATION. QUESTIONS, CLARIFICATIONS, OR CONCERNS SHALL BE SUBMITTED TO THE PURCHASING DIVISION IN WRITING. IF IT IS NECESSARY THAT A TECHNICAL QUESTION NEEDS ADDRESSING, THE PURCHASING DIVISION WILL FORWARD SUCH TO THE USING AGENCY, WHO WILL SUBMIT A WRITTEN RESPONSE.

THE PURCHASING DIVISION WILL FORWARD WRITTEN RESPONSES TO THE RESPECTIVE BIDDER OR IF IT BECOMES NECESSARY TO REVISE ANY PART OF THIS SOLICITATION, A WRITTEN ADDENDUM WILL BE ISSUED TO ALL BIDDERS.

THE CITY IS NOT BOUND BY ANY ORAL REPRESENTATIONS, CLARIFICATIONS, OR CHANGES MADE TO THE WRITTEN SPECIFICATIONS BY CITY EMPLOYEES, UNLESS SUCH CLARIFICATION OR CHANGE IS PROVIDED TO THE BIDDERS IN A WRITTEN ADDENDUM FROM THE PURCHASING MANAGER.

BIDDERS ARE INSTRUCTED TO USE THE ENCLOSED "QUESTION/CLARIFICATION FORM" TO FAX OR EMAIL QUESTION.

**ANY REQUEST, AFTER A SOLICITATION HAS CLOSED AND PENDING AWARD MUST ALSO BE SUBMITTED IN WRITING TO THE PURCHASING DIVISION.**

# QUESTION/CLARIFICATION FORM

Date: \_\_\_\_\_

To: Heather Biddle, Buyer

Email: [BidOpportunities@ColumbusGA.org](mailto:BidOpportunities@ColumbusGA.org)

Re: **Inmate Medical & Pharmacy Services for Muscogee County Prison (Annual Contract) – RFP No. 26-0008**

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**Questions and requests for clarification must be submitted at least five (5) business days before the due date:**

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From:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Website

\_\_\_\_\_  
Representative

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

# COLUMBUS CONSOLIDATED GOVERNMENT GENERAL PROVISIONS FOR REQUEST FOR PROPOSALS

## Inmate Medical & Pharmacy Services for Muscogee County Prison (Annual Contract) RFP No. 26-0008

Provide comprehensive medical and pharmacy services to inmates incarcerated in the Muscogee County Prison, in accordance with the specifications set forth herein.

### **A. PROPOSAL SUBMITTAL DATE:**

**PROPOSALS ARE DUE: MAY 15, 2026, NO LATER THAN 5:00 PM (EASTERN). *Submit one electronic response via DemandStar.***

The City shall not be held liable for any expenses incurred by the respondent in preparing and submitting the proposal and/or attendance at any interviews, final contract negotiations or applicable site visits. **The City reserves the right to award this project or to reject any and all proposals; whichever is in the best interest of the City.**

### **B. RECEIPT OF PROPOSALS:**

Unless otherwise stated in the technical specifications of the RFP, the City will accept one, and only one, proposal per Offeror. In the event a team of firms is entering into a joint venture to respond to the RFP, one firm shall be named the prime contractor and the proposal shall be submitted in the name of the prime contractor. All correspondence concerning the RFP will be between the City and prime contractor.

### **C. SUBCONTRACTING:**

Should the offeror intend to subcontract all or any part of the work specified, names and address of subcontractors must be provided in proposal response. The offeror shall be responsible for subcontractors' full compliance with the requirements of the RFP specifications. If awarded the contract, payments will only be made to the offerors submitting the proposal. The Columbus Consolidated Government will not be responsible for payments to subcontractors.

### **D. QUESTIONS ABOUT THE RFP:**

Communication concerning any solicitation currently advertised must take place in writing and addressed to the Purchasing Division. See page titled "Do You Have Questions ..." within this proposal package. **Questions and Requests for Clarification will be received until five business days prior to the proposal due date.**

### **E. PUBLIC INFORMATION:**

All information and materials submitted will become the property of the Columbus Consolidated Government, Columbus, Georgia; and shall be subject to the provisions of the Georgia public records law. If awarded the contract, the proposal submission, in its entirety, will be included as part of the contract documents and filed, as public record, with the Clerk of Council.

### **F. ADDENDA:**

The proposer shall include acknowledgment of receipt of addenda (if any) in their sealed proposal. The proposer should include an initialed copy of each addendum in the proposal package. It is the proposer's

responsibility to contact the City for copies of addenda if they receive the proposal document from any other source other than the City.

**G. CONTRACT:**

Each proposal is received with the understanding that an acceptance in writing by the City of the offer to furnish any or all of the services and materials described shall constitute a contract between the proposer and the City. This contract shall bind the proposers to furnish and deliver the services and materials quoted, at the prices stated and in accordance with the condition of said accepted proposal.

It is agreed that the successful respondent will not assign, transfer, convey or otherwise dispose of the contract or its right, title or interest in or to the same, or any part thereof, without previous consent of the City and any sureties.

**H. NON-COLLUSION:**

Proposer declares that the proposal is not made in connection with any other proposer submitting a proposal for the same commodity or commodities, and that the proposal is bona fide and is in all respects fair and without collusion or fraud.

**I. INDEMNITY:**

The Contractor covenants to save, defend, hold harmless, and indemnify the City, and all of its officers, departments, agencies, agents, and employees (collectively the "City") from and against any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney's fees), charges, liability, or exposure, however caused, resulting from, arising out of, or in any way connected with the Contractor's intentional, negligent, or grossly negligent acts or omissions in performance or nonperformance of its work called for by the Contract Documents.

**J. DISADVANTAGED BUSINESS ENTERPRISE CLAUSE:**

Disadvantaged Business Enterprises (minority or women owned businesses) will be afforded full opportunity to submit proposals in response to this invitation and will not be discriminated against on the grounds of race, color, creed, sex, sexual orientation, gender identity or national origin in consideration for an award. It is the policy of the City that disadvantaged business enterprises and minority business enterprises have an opportunity to participate at all levels of contracting in the performance of City contracts to the extent practical and consistent with the efficient performance of the contract.

**K. AFFIRMATIVE ACTION PROGRAM - NON-DISCRIMINATION CLAUSE:**

The City has an Affirmative Action Program in connection with Equal Employment Opportunities. The successful vendor will comply with all Federal and State requirements concerning fair employment and employment of the handicapped, and concerning the treatment of all employees, and will not discriminate between or among them by reason of race, color, age, religion, sex, sexual orientation, gender identity, national origin or physical handicap.

**L. SPECIFICATION DESCRIPTIONS:**

The specifications detailed herein represent the quality of equipment, goods or services required by the City. Whenever in this invitation any particular process, service or equipment is indicated or specified by patent, proprietary or brand name of manufacturer/developer/inventor, such wording will be deemed to be used for the purpose of facilitating descriptions of the process, service or equipment desired by the City. It is not meant to eliminate offerors or restrict competition in any RFP process. Proposals that are equivalent or surpass stated specifications will be considered. Determination of equivalency shall rest solely with the City.

**M. TAXES:**

The City is exempt from State Retail Tax and Federal Excise Tax. Tax Exemption No. GA Code Sec. 48-8-3. Federal ID No. 58-1097948.

**N. DRUG-FREE WORKPLACE:**

Per Ordinance No. 93-55, in compliance with Federal and State Drug Free Workplace Acts, the Council of Columbus, Georgia adopted a drug free Workplace Policy. Consequently, any vendor providing goods or services to Columbus Consolidated Government must comply with all applicable Federal and State Drug Free Workplace Acts.

**O. FEDERAL, STATE, LOCAL LAWS:**

All respondents will comply with all Federal, State and Local laws, ordinances, rules and regulations relative to conducting business in Columbus, Georgia and performing the prescribed service. Ignorance on the part of the respondent shall not, in any way, relieve the respondent from responsibility for compliance with said laws and regulations or any of the provisions of these documents.

**P. PROVISIONS OF THE PROCUREMENT ORDINANCE:**

The provisions of the Procurement Ordinance for the Consolidated Government of Columbus, Georgia as adopted and amended by Council shall apply to all invitations to respond to Requests for Proposals and is specifically incorporated herein by this reference. The procurement ordinance is codified on Section 2-3.03 of the Columbus Code and can be accessed through the City's web-site at [https://library.municode.com/ga/columbus/codes/code\\_of\\_ordinances](https://library.municode.com/ga/columbus/codes/code_of_ordinances).

**Q. INSURANCE:**

All respondents shall maintain, and if requested, show proof of insurance applicable for services described in these specifications.

**R. HOLD HARMLESS AGREEMENT:**

The successful respondent hereby agrees to indemnify, hold free and harmless Columbus Consolidated Government (The City), its agents, servants, employees, officers, directors and elected officials or any other person(s) against any loss or expense including attorney fees, by reason of any liability imposed by law upon the City, except in cases of the City's sole negligence, sustained by any person(s) on account of bodily injury or property damage arising out of or in the consequence of this agreement.

**S. TERMINATION OF CONTRACT:**

- 1. Default:** If the contractor refuses or fails to perform any of the provisions of this contract with such diligence as will ensure its completion within the time specified in this contract, or any extension thereof, otherwise fails to timely satisfy the contract provisions, or commits any other substantial breach of this contract, the Purchasing Division Director may notify the contractor in writing of the delay or nonperformance and if not cured within **thirty (30) days** or any longer time specified in writing by the Purchasing Division Director, such director may terminate the contractor's right to proceed with the contract or such part of the contract as to which there has been delay or a failure to properly perform.

In the event of termination in whole or in part the Purchasing Division Director may procure similar supplies or services, from other sources, in a manner and upon terms deemed appropriate by the Purchasing Division Director. The contractor will continue performance of the contract to the extent it is not terminated and will be liable for excess costs incurred in procuring similar goods or services.

- 2. Compensation:** Payment for completed supplies or services delivered and accepted by the City will be at the contract price. The City may withhold from amounts due the contractor such sums

as the Purchasing Director deems to be necessary to protect the City against loss because of outstanding liens or claims of former lien holders and to reimburse the City for the excess costs incurred in procuring similar goods and services.

- 3. Excuse for Nonperformance or Delayed Performance.** Except with respect to defaults of subcontractors, the contractor shall not be in default by reason of any failure in performance of this contract in accordance with its terms (including any failure by the contractor to make progress in the prosecution of the work hereunder which endangers such performance) if the contractor has notified the Purchasing Division Director within 15 days after the cause of the delay and the failure arises out of causes such as: acts of God; acts of public enemy; acts of the City and any other governmental entity in its sovereign or contractual capacity; fires; floods; epidemics; quarantine restrictions; strikes or other labor disputes; freight embargoes; or unusually severe weather, If the failure to perform is caused by the failure of a subcontractor to perform or to make progress, and if such failure arises out of causes similar to those set forth above, the contractor shall not be deemed to be in default, unless the supplies or services to be furnished by the subcontractor was reasonably obtainable from other sources in sufficient time to permit the contractor to meet the contract requirements.

Upon request of the contractor, the Purchasing Division Director shall ascertain the facts and extent of such failure, and, if such director determines that any failure to perform was occasioned by anyone or more of the excusable causes, and that, but for the excusable cause, the contractor's progress and performance would have met the terms of the contract, the delivery schedule shall be revised accordingly.

**T. TIME FOR CONSIDERATION:**

Due to the evaluation process, proposals must remain in effect for at least **180 days** after date of receipt.

**U. CONTRACT AWARD:**

Award of this contract will be made in the best interest of the City.

**After award of the contract by Columbus Council, awarded vendor will be notified to provide one identical hard copy of submitted proposal with original signatures. The awarded vendor will receive a digital copy of the executed contract.**

**V. REQUEST FOR EVALUATION RESULTS:**

Per the City's Procurement Ordinance, evaluation results cannot be divulged until after the award of the contract. After contract award, proponents desiring to review documents relevant to the RFP evaluation results will be afforded an opportunity by appointment only.

**W. GOVERNING LAW:**

The parties agree that this Agreement shall be governed by the laws of Georgia, both as to interpretations and performance.

**X. FINAL CONTRACT DOCUMENTS:**

It is understood that the final contract shall include the following: **1) The RFP; 2) Addenda; 3) Awarded Vendors(s) response; 4) Awarded Vendor(s) Clarifications; 5) Negotiated Components; and 6) Awarded Vendor(s) Business Requirements.**

**Y. PAYMENT DEDUCTIONS:**

The City reserves the right to deduct, from payments to awarded vendor(s), any amount owed to the City for various fees, to include, but not limited to: False Alarm fees, Ambulance fees, Occupation License Fees, Landfill fees, etc.

**Z. PAYMENT TERMS:**

The City's standard payment term is usually net 30 days, after successful receipt of goods or services. Payment may take longer if invoice is not properly documented or not easily identifiable, goods/services are not acceptable, or invoice is in dispute.

**AA. RIGHT TO PROTEST:**

- (1) Right of Protest. Any actual or prospective bidder offeror, or contractor who is aggrieved in connection with a solicitation or award of a contract may protest to the Purchasing Manager initially. All protests shall be filed in the manner prescribed herein. Protests that do not comply with the following rules shall be deemed invalid and of no effect.
- (2) The protest must be in writing, executed by a company officer that is authorized to execute agreements on behalf of the bidder or offeror or provided by an authorized legal representative of the protestor.
- (3) A protest with respect to an invitation for Bids or Request for Proposals shall be submitted in writing no less than five (5) business days prior to the opening of bids or the closing date of proposals or qualification statements.
- (4) Stay of Procurement During Protests. If there is a timely protest submitted as described above, the Purchasing Manager shall not proceed further with the solicitation or award of the contract until all administrative remedies have been exhausted or until the City Council, Mayor, or City Manager makes a determination on the record that the award of the contract without delay is necessary to protect substantial interests of the City.

**NOTICE TO VENDORS**

**Sec. 2-3.05. - Submitting bids to Consolidated Government, etc.—By mayor or councilmembers.**

Neither the mayor nor any member of the Columbus Council shall submit any bid to the consolidated government, nor shall the mayor or any member of the Columbus Council own or have a substantial pecuniary interest in any business that submits a bid to the consolidated government. (Ord. No. 92-60, 6-23-92)

**Sec. 2-3.06. - Same—By members of boards, authorities, commissions.**

No member of any board or authority or commission or other independent or subordinate entity of the consolidated government shall submit any bid to the consolidated government or have a substantial pecuniary interest in any business that submits a bid to the consolidated government if such bid pertains to the board or authority or commission on which such person holds such membership. (Ord. No. 92-61, 6-23-92)

**GENERAL SPECIFICATIONS**  
**Inmate Medical & Pharmacy Services for Muscogee County Prison**  
**(Annual Contract)**  
**RFP No. 26-0008**

**I. SCOPE**

Provide comprehensive medical and pharmacy services to inmates incarcerated in the Muscogee County Prison, in accordance with the specifications set forth herein.

**Technical Specifications begin on page 20.**

**II. TERM OF CONTRACT**

- A.** The term of this contract will be for two (2) years, with an option to renew for three (3) additional twelve-month periods. Contract renewal will be contingent upon the mutual agreement of the City and the Contractor(s).

Notice of intent to renew will be given to the contractor in writing by the City Purchasing Manager, normally sixty days before the expiration date of the current contract period. **This notice will not be deemed to commit the City to a contract renewal.**

It should be noted that multi-year contracts may be continued each fiscal year only after funding appropriations and program approvals have been granted by the Council of the Consolidated Government of Columbus, Georgia. In the event that the necessary funding is not approved, then the affected multi-year contract becomes null and void, effective July 1st of the fiscal year for which such approval has been denied.

- B. Termination for Convenience:**  
For the protection of both parties, either party giving **90** days prior notice in writing to the other party, may cancel this contract.

**III. TRANSITION PERIOD**

If the incumbent contractor, CorrectHealth Companies, is not awarded this contract, the successful contractor is expected to coordinate with CorrectHealth Companies to affect a smooth transition.

**IV. INDEMNITY CLAUSE**

The Contractor covenants to save, defend, hold harmless, and indemnify the City, and all of its officers, departments, agencies, agents, and employees (collectively the “City”) from and against any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney’s fees), charges, liability, or exposure, however caused, resulting from, arising out of, or in any way connected with the Contractor’s intentional, negligent, or grossly negligent acts or omissions in performance or nonperformance of its work called for by the Contract Documents.

**V. INSURANCE**

The vendors shall be required, at their own expense, to furnish to the City of Columbus Purchasing Division, evidence showing the insurance coverage to be in force throughout the term of the contract. Insurance requirements are listed on the attached **Insurance Checklist**. **The limits shown are minimum limits. Vendor shall indicate the actual limit they will provide for each insurance requirement. The bidder shall complete the Insurance Checklist and include with bid response. Certificate of Insurance is acceptable.** The Insurance Checklist will indicate to the City, the bidder's ability and agreement to provide the required insurance, in the event of contract award.

The successful candidate shall provide the required Certificates of Insurance within **10 business days** after award notification. The Certificates of Insurance will name Columbus Consolidated Government as an additional insured, **as well as list the applicable project or annual contract name, and/or solicitation name and number.** The Certificate of Insurance will be included with the contract documents prior to signing.

## VI. E-VERIFY AFFIDAVIT

Pursuant to O.C.G.A. § 13-10-91, a public employer shall not enter into a contract for the performance of services unless the contractor registers and participates in the federal work authorization program. If a supplier is providing services under a contract with a total compensation amount of \$2,500 or greater, (even if such services will be performed outside of the State of Georgia), Columbus Consolidated Government requires a notarized affidavit from the supplier attesting to the following:

- (A) The affiant has registered with, is authorized to use, and uses the federal work authorization program;
- (B) The user identification number and date of authorization for the affiant;
- (C) The affiant will continue to use the federal work authorization program throughout the contract period; and,
- (D) The affiant will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the same information required by subparagraphs (A), (B), and (C) of this paragraph.

Additional information regarding the State's E-Verify requirements can be found at: <https://www.audits2.ga.gov/wp-content/uploads/2021/10/13-10-91.pdf>. **A properly completed, stamped/notarized E-Verify Affidavit must be included with sealed proposal; failure to do so will render the firm's or individual's proposal non-responsive and ineligible for award consideration.**

## VII. PROPOSAL PREPARATION AND SUBMISSION

*See Appendix A for information and instructions on how to register and submit proposals through DemandStar.*

- A. Each proposal shall include the following information with submission. Vendor shall submit **ONE (1) ELECTRONIC PROPOSAL RESPONSE VIA DEMANDSTAR**. Submissions will be deemed incomplete/non-responsive if the following required documents are not included, as prescribed within the specifications: **E-Verify Affidavit, Conflict of Interest Affidavit, and Communication Concerning This Solicitation form.** However, the City reserves the right to request **any other** omitted information. Firms shall be notified, in writing, and shall have two (2) days, after notification, to submit the omitted

information. If the omitted information is not received within two (2) days, the firm shall be deemed non-responsive, and the proposal will not receive further consideration.

- B. Proposals shall be as thorough and detailed as possible so that the Columbus Consolidated Government may properly evaluate the proposer's capabilities to provide the required services.
- C. Proposals shall be prepared simply, providing a straightforward, concise description of capabilities to satisfy the requirements of the RFP. Emphasis should be placed on completeness and clarity of content.
- D. Offerors shall submit the following items as a complete proposal:

**Submit the information in the order listed below. Include a header for each section/item, as follows: Section 1-A, Section 1-B, Section 1-C, etc.**

**Section 1: Transmittal Letter**

The transmittal letter shall:

- A. Introduce the business and include the name and email address(es) of contact person(s) during this proposal process.
- B. List the complete address, telephone number and fax number for the corporate office as well as for the office/branch that will administer the contract.
- C. Include a statement to the effect that the proposal is binding for at least 180 days from the proposal date. An authorized agent of the business must sign the transmittal letter.

**Section 2: E-Verify Affidavit (Form 1)**

**A properly completed, notarized E-Verify Affidavit must be included with proposal; failure to do so will render the firm's proposal non-responsive and ineligible for further consideration.** Additional information regarding the State's E-Verify requirements can be found at: <https://www.audits2.ga.gov/wp-content/uploads/2021/10/13-10-91.pdf>.

**Section 3: Conflict of Interest Affidavit (Form 2)**

**Form 2 must be signed and returned with the vendor's proposal. Failure to include the form will automatically render vendor's response non-responsive.**

**Section 4: Communication Concerning This Solicitation (Form 3)**

**Form 3 must be signed and returned with the vendor's proposal. Failure to include the form will automatically render vendor's response non-responsive.**

**Section 5: Federal Compliance (Form 4)**

Complete the form titled "Federal Compliance".

**Section 6: Addenda Acknowledgement (Form 5)**

Use **Form 5** to acknowledge receipt for all addenda (if any). The Purchasing Division will post addenda (if any) for this project at

<https://www.columbusga.gov/finance/Bid-Opportunities>. Vendors are responsible for periodically visiting the web page for addenda, before the due date and prior to submitting a response.

**Section 7: Exceptions to RFP**

- A. List **ANY AND ALL** exceptions to the RFP specifications in this section of proposal submission. Exceptions listed in other areas of the vendor's submission will not be considered. All exceptions will be vetted during the RFP process, and if found unacceptable, the vendor's proposal will be rejected and no longer considered for award. Exceptions shall be considered by the Evaluation Committee. The vendor's proposal may not receive further consideration if exceptions are not acceptable and/or cannot be clarified to the Committee's satisfaction. Vendors shall be notified in writing if exceptions are not acceptable. **PLEASE NOTE: EXCEPTIONS TO THE RFP GENERAL PROVISIONS WILL NOT BE CONSIDERED, AND IF SUBMITTED WILL AUTOMATICALLY RENDER THE RESPONSE NON-RESPONSIVE.**
- B. **VENDOR AGREEMENT/CONTRACT FORM**: Exceptions also include the terms of any contract or other agreements which the vendor or any subcontractors will require to be executed by the City.
- C. **If there are no exceptions to the RFP**, vendor must include a statement for **Section 7** which states: **No Exceptions**.

**Section 8: Qualifications and Experience**

This section shall address the firm's ability to fulfill the requirements of the RFP. Provide responses to the following:

- A. Describe in detail the firm's ability and experience in providing the medical and pharmacy services to incarcerated clients, as specified in Technical Specifications, as well as other clients with similar needs.
- B. Provide the names and titles of professional staff, including administrative and medical personnel, who will be dedicated to this contract to perform the services required. Provide copies of resumes, medical licenses, credentials, etc.
- C. Attach additional facts about your firm that you feel will be an asset in evaluating your proposal.

**Section 9: Client Work History**

Use **Form 6** to provide details of the last three (3) state, county or private jail(s)/prison(s) for which you have provided the specified services. The City reserves the right to contact additional clients not listed.

**Section 10: Service Plan**

- A. Describe the firm's understanding of the scope of service.

- B. Provide a written narrative, which demonstrates the method, or manner in which the offeror proposes to satisfy the requirements of this Request for Proposals. Include a proposed transition plan, and the requirements from Columbus Consolidated Government and the incumbent contractor, in the event the incumbent contractor is not awarded the new contract.
- C. Provide a list of all known equipment that will be provided by the vendor, or must be provided by the Muscogee County Prison under this contract.
- D. Describe any similar contracts vendor is currently involved in and their duration. Include the entity name and contact person, project, location, services provided, date of completion, and contact telephone and email.

**Section 11: Cost Proposal** *(subject to negotiation)*

Use **Form 7** to provide annual fees for medical services, which will be paid in twelve (12) equal monthly installments, and the percentage for pharmacy services. Delineate other associated costs required to provide the services but are not included in the annual fee.

**Section 12: Agreement / Contract Form** *(If Applicable)*

Provide a copy of any and all Agreement(s)/Contract Form(s) the City would be required to sign prior to entering into a contract with your firm.

**Section 13: Contract Signature Page**

Complete **Form 8**. City officials will sign the copies after Columbus Council approves the contract award with the successful firm *(see note below)*. Per the General Provisions, Page 12, Item X, the final contract shall include the following: 1) The RFP; 2) Addenda; 3) Awarded Vendor(s) response; 4) Awarded Vendor(s) Clarifications; 5) Negotiated Components; and 6) Awarded Vendor(s) Business Requirements.

*Please note: After award of the contract by Columbus Council, awarded vendors will be notified to provide one identical hard copy of submitted proposal with original signatures. The awarded vendors will receive a digital copy of the executed contract.*

**Section 14: Proof of Insurance**

Provide Insurance Checklist (**Form 9**) or Certificate of Insurance.

**Section 15: Form W-9, Request for Taxpayer Identification Number and Certification**

Complete and return **Page 1** of the Form **W-9** (Revised March 2024), which is available at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>

**Section 16: Business License (Occupation License)**

Provide a current copy of the Business License (Occupation License) that is required to conduct business at your location.

If awarded the contract, the successful vendor must obtain a business license from the City of Columbus. However, if the business is located in Georgia and has proof of being properly licensed by a municipality in Georgia, and paid applicable occupation taxes in that city, the contractor will not be required to pay occupation taxes in Columbus, Georgia.

If you have questions regarding this requirement, please contact the Revenue Division at 706-225-4100.

## VIII. EVALUATION OF PROPOSALS

### A. Proposal Evaluation Timeline

All proposals must be reviewed and scored by an evaluation committee. The evaluation process normally takes approximately 3 months before a recommendation is provided to Columbus Council for review. The evaluation process may take longer if the required services or products are complex in nature, if negotiations are required, if presentations are required, if demonstrations are required, if site visits are required, etc. If the Purchasing Division determines the evaluation process may exceed the specified Time for Consideration period, the Purchasing Division may request respondents to extend the Time for Consideration period.

During the evaluation process, the Purchasing Division will notify respondents, via email, if clarification or additional information is required regarding proposals.

### B. Each submittal will be evaluated to determine the ability of each offeror to provide the required services. The following weighted criteria will be used to evaluate proposals:

| Criteria  | Weight      |
|---|-------------|
| A. Qualifications and Experience                    | 40%         |
| B. Service Plan                                     | 40%         |
| C. Client Work History                              | 15%         |
| D. Proposed Cost ( <i>subject to negotiations</i> ) | 5%          |
| <b>Total</b>  | <b>100%</b> |

Each of the above criteria (A-D) will be given a rating by each voting member of the Evaluation Committee. The ratings are as follows:

| Description  | Value            |
|--|------------------|
| <b>Poor</b> = Is not qualified.  | <b>20 Points</b> |
| <b>Marginal</b> = Is minimally qualified but one or more area is lacking in some essential aspect. | <b>40 Points</b> |
| <b>Adequate</b> = Is qualified and is generally capable of achieving the objectives of this RFP.   | <b>60 Points</b> |
| <b>Good</b> = Is more than qualified and exceeds in some areas.                                    | <b>80 Points</b> |

**Excellent** = Is fully qualified and exceeds in several or more areas.

**100 Points**

After the review and rating of proposal(s) by the evaluation committee, individual scores will be averaged and ranked. Offerors will be ranked in descending order of numerical predominance.

**TECHNICAL SPECIFICATIONS**  
**Inmate Medical & Pharmacy Services for Muscogee County Prison**  
**(Annual Contract)**  
**RFP No. 26-0008**

**I. SCOPE**

Provide comprehensive medical and pharmacy services to inmates incarcerated in the Muscogee County Prison, in accordance with the specifications set forth herein.

**II. INTRODUCTION**

It is the intent of Columbus Consolidated Government (the City) and the Muscogee County Prison (MCP) to enter into an annual contract with a qualified medical correctional provider for comprehensive medical and pharmacy services to those patients incarcerated in the MCP. Currently, approximately 576 offenders (528 State and 48 County offenders) are housed at MCP, which is an all-male facility. The medical services will reflect the Georgia Department of Corrections medical standards for prisons and will be commensurate with the accepted community standard of care. Refer to **Attachment A** (page 25) for current staffing and **Attachment B** (page 26) for the 2025 Statistical Report.

CorrectHealth Companies, LLC (Alpharetta, GA) is the current provider of inmate medical services; the contract does not include mental health services. The current monthly cost for the medical services is \$95,537.71. The Muscogee County Prison does not currently have a contract for pharmacy services.

**III. VENDOR QUALIFICATIONS**

- A. Five (5) years successful experience providing comprehensive health care to jails/prisons with a population of approximately 600 inmates.
- B. Five (5) Years of successful experience providing comprehensive health care to state, county, or private prisons.
- C. Successful NCCHC accreditation of at least one jail/prison of comparable size.

**IV. TRANSITION PERIOD**

Columbus Consolidated Government and CorrectHealth Companies, LLC have exhausted all renewals for the contract, which will expire on **September 30, 2026**. If the incumbent contractor is not awarded this contract, the successful contractor is expected to coordinate with CorrectHealth Companies, LLC to effect a smooth transition.

**V. REQUIRED SERVICES**

Contractor will be required to provide the staffing, supplies, in-clinic contracts, systems, and administration to provide the following services to the patients at the Muscogee County Prison within the time frame and to a level of quality that will meet Georgia Department of Corrections (GDC) medical standards for prisons.

GDC has separate guidelines that Muscogee County Prison must meet, due to the 528 state inmates housed at MCP. Any changes in population or standard of care set forth in the GDC guidelines may require an adjustment in the staffing level agreed upon in the original contract. The changes shall be discussed between GDC and the awarded vendor. If an agreement in staffing or service levels

cannot be met, either party may terminate upon a 90-day written notice.

The following list will serve as a minimum expectation of services the vendor will be required to provide within the scope of this contract:

A. Health Care Services:

1. Intake Screening
2. 14 day physicals
3. Sick Call
4. Chronic Care
5. Medical Delivery
6. Nursing Services
7. Emergency Services
8. Referrals to Hospital and Specialty Care
9. Case management
10. Utilization Management
11. Prior Authorization
12. Billing Adjudication
13. Quality Assurance/Quality Improvement
14. Offender Health Education
15. Medical Records management
16. Expendable Medical Supplies (Includes all expendables in sufficient quantity to execute daily delivery of medical care such as antifungal creams dressings, over the counter analgesics, cold medicines) (excludes pharmacy orders for prescription meds)
17. All office supplies, printing postage, manuals, telephones, and computer not directly involved in the actual point of delivery inmate medical care will be responsibility of the vendor.
18. Formulary Development and Management
19. In clinic labs (includes contract with lab services provider)
20. In clinic x-ray services (includes contract with mobile x-ray)
21. Dental services (will not include costs associated with partials, dentures, and oral surgery conducted off site)
22. Hazardous Waste Management and Disposal (includes contract with waste management disposal company)
23. Vendor is responsible for providing its employees with all equipment required for conducting routine medical assessments and procedures to include but not limited to any devices used to access vital signs, dopplers, stethoscopes, glucometers and test strips, dressings, suture kits etc.
24. Drugs and Alcohol Withdrawal and Detox.
25. Vendor is responsible for filing Medicare.

B. Pharmacy Services

1. Formulary and non-formulary oversight
2. Prescribing and dispensing of medications
3. Recordkeeping
4. Management data and reports quantifying medications ordered, processed, delivered, and disposed.
5. Reports shall be delivered in a mutually agreed upon HIPAA-compliant format.
6. Secure and proper storage of all medications in accordance with NCCHC standards, Muscogee County Prison policy, and applicable state and federal laws.

7. Contracted vendor shall invoice (monthly) the Muscogee County Prison for amounts paid by the contracted vendor, on behalf of the Muscogee County Prison for pharmacy services, and cost details for the same, plus the management fee (percentage).

## **VI. PERSONNEL/STAFFING**

Vendor will be required to recruit, train, and manage all clinical staff. The Muscogee County Prison has provided a sample-staffing matrix below, but vendors are encouraged to offer innovative ways to enhance the delivery of care with more efficient staffing models. Any changes in population or standard of care set forth in the GDC guidelines may require an adjustment in the staffing level agreed upon in the original contract. The changes shall be discussed between GDC and the awarded vendor. If an agreement in staffing or service levels cannot be met, either party may terminate upon a 90-day written notice.

### Staffing Matrix Proposed by the MCP for the Muscogee County Prison

|                                 |                                    |
|---------------------------------|------------------------------------|
| 1. Medical Director (1)         | 8 hours per week                   |
| 2. NP/PA (1)                    | 8 hours per week                   |
| 3. RN (1)                       | 40 hours per week                  |
| 4. Administrative Assistant (1) | 40 hours per week                  |
| 5. LPNs (5)                     | 200 hours per week (40 hours each) |
| 6. Dentist (1)                  | 4 hours per week                   |
| 7. Optometrist (1)              | 4 hours per week                   |
| 8. X-Ray Technician (1)         | 1 hour weekly                      |

## **VII. VENDOR REQUIREMENTS**

- A. Vendor will be responsible for arranging emergency service and emergency transport. Vendor will not be financially responsible for emergency room costs or the cost of transport.
- B. Vendor will be responsible for arranging hospital and specialty care. Vendor will not be responsible for the costs of either hospital or specialty care.
- C. Vendor will not be responsible for elective care. Elective care is any treatment or medical intervention not required to prevent deterioration in the patient's health or required to avoid obvious harm to the inmate/patient. The vendor's Medical Director will determine what treatments, interventions, therapies and pharmaceuticals are elective as opposed to those required to maintain the patients' health.
- D. Vendor will be required to provide emergency services to anyone on the property of the MCP to include visitors, other contractors and staff. The vendor is not responsible for any costs associated with transport of or follow-up care provided to these patients.
- E. Vendor is responsible for providing the MCP with a pharmaceutical formulary, which includes an objective process and peer oversight/ prior authorization for any prescriptions, which deviate from the base line first tier drug formulary. The vendor is NOT responsible for the cost associated with any prescription, which is derived from the formulary and/or follows the process agreed upon for ordering non-formulary drugs. In those cases in which the vendor's provider does not follow the formulary or the process of prior authorization for ordering non-formulary drugs, the vendor WILL be responsible for the cost associated with that prescription.
- F. Vendor will be responsible for all Utilization Management and Claims Adjudication for any off

site hospitalization or specialty care. The vendor will be identified as the administrative agent for all off-site medical care for the MCP. The vendor will not be financially responsible for any off-site specialty or hospital care.

- G. Vendor will bill the MCP thirty (30) days after the end of the contract quarter for reimbursement equal to all the money the vendor has paid off-site medical services on behalf of the MCP. The MCP will submit payment to the vendor equal to the amount the vendor has billed within 30 days of receipt.
- H. The MCP will provide all the office space, clinic space, durable medical equipment and security that will be required by the vendor to allow the vendor to provide medical services to inmate/patients within the time frame and of the quality required.
- I. Vendor will not be responsible for mental health treatment.
- J. Vendor will provide monthly summary reports on clinical services to the MCP. These reports will include as a minimum the following:
  - 1. Number of patients on Psychotropic Drugs (A contracted mental health provider will prescribe the drugs and the successful Inmate Medical & Pharmacy Services provider shall dispense/administer the drugs to the inmates.)
  - 2. Treatment of patients with alcohol and drug abuse issues
  - 3. Any use of restraints
  - 4. Any use of forced medications
  - 5. Sick call
  - 6. Chronic care
  - 7. Physicals
  - 8. Intake Screening
  - 9. TB prevention
  - 10. Infection Control Tracking
  - 11. HIV Treatment
  - 12. Staffing report with actual FTEs, hours worked and level of professional certifications.
  - 13. Any sentinel events
  - 14. Legal Cases
  - 15. Dental Sick Call
  - 16. Vision Screening
  - 17. Referrals to outside specialists
  - 18. Any refusals of care by patients
  - 19. Any refusals of medication
  - 20. Narcotics counts
  - 21. Emergency Room visits (requires additional documentation and justification)
  - 22. Specialist visits (requires additional documentation and justification)

## **VIII. EQUIPMENT PROVIDED BY MUSCOGEE COUNTY PRISON**

- A. Examination Tables 2 each
- B. Centrifuge 1 each
- C. Dental Chair (New) 1 each
- D. AED (New) 1 each
- E. Medication Cart 1 each

|                                 |        |
|---------------------------------|--------|
| F. Sharps Cart                  | 1 each |
| G. Glucometer                   | 1 each |
| H. Oxygen Tanks                 | 4 each |
| I. Emergency Bags (Stocked)     | 2 each |
| J. Scales (1 digital, 1 manual) | 2 each |
| K. Wheel Chair                  | 1 each |
| L. Back Board                   | 1 each |
| M. Medical Refrigerator         | 1 each |
| N. Specimen Refrigerator        | 1 each |
| O. Gurnee                       | 1 each |
| P. Ophthalmoscope               | 1 each |
| Q. Portable Pulse oximeter      | 1 each |
| R. Dental X-ray Machine         | 1 each |
| S. Autoclave                    | 1 each |
| T. Mobile Blood Pressure        | 1 each |
| U. Copier (Under contract)      | 1 each |
| V. Physician stools             | 3 each |
| W. Compressor Nebulizer         | 1 each |
| X. IV Pole                      | 1 each |
| Y. Office Desks                 | 4 each |

**IX. EQUIPMENT/SERVICES TO BE PROVIDED BY VENDOR**

If the incumbent service provider is not awarded this contract, the successful vendor shall provide the following:

|                       |        |
|-----------------------|--------|
| A. EKG Machine (New)  | 1 each |
| B. Computers (New)    | 2 each |
| C. Otoscopes          | 2 each |
| D. Internet services  |        |
| E. Telephone services |        |

**X. SUMMARY**

The MCP has purposely elected to not describe the methods of and procedures by which the selected vendor will execute the medical services they will be contracted to provide. Rather we expect that the vendor will be cognizant of the Georgia Department of Corrections guidelines and evolving legal/medical environment from which the concept of “Community Standard of Care” is derived. We expect that the selected vendor can articulate innovative, efficient practices that will ensure the inmate/patient receives the quality of care required to protect their health, meets this community’s expectation of humaneness and applies the investment the taxpayers have made as effectively as possible.

## ATTACHMENT A

### Staffing Matrix of Current Contractor

| <b>Position</b>              | <b>Hours/Week</b> | <b>Total Full-Time Employees</b> |
|------------------------------|-------------------|----------------------------------|
| Medical Director – Physician | 8                 | .20                              |
| NP/PA                        | 8                 | .20                              |
| Dentist                      | 4                 | .10                              |
| Optometrist                  | 4                 | .10                              |
| X-ray Technician             | 1                 | .05                              |
| Registered Nurse             | 40                | 1.00                             |
| Licensed Practical Nurse     | 112               | 2.80                             |
| Licensed Practical Nurse     | 56                | 1.40                             |
| Licensed Practical Nurse     | 56                | 1.40                             |
| Administrative Assistant     | 40                | 1.00                             |

# ATTACHMENT B

## Statistical Report

| Health Services Statistics Report         | Aug | Sep | Oct | Nov | Dec | Total YTD |
|---|-----|-----|-----|-----|-----|-----------|
| Average Daily Population                  | 507 | 509 | 472 | 442 | 440 |           |
| <b>Medical</b>                            |     |     |     |     |     |           |
| Intakes                                   | 40  | 22  | 11  | 21  | 53  | 147       |
| Sick Call -Nurse                          | 158 | 152 | 214 | 183 | 163 | 1377      |
| Sick Call – MLP                           | 19  | 27  | 31  | 21  | 27  | 125       |
| Sick Call – MD                            | 34  | 22  | 28  | 32  | 36  | 152       |
| Sick Calls – Total Encounters             | 211 | 201 | 273 | 236 | 226 | 1147      |
| Sick Call – Total Referrals Received      | N/A | N/A |     |     |     |           |
| Emergency Respose – On site               | 8   | 6   | 10  | 12  | 9   | 45        |
| Nurse Contacts – Treatment and monitoring | 36  | 28  | 24  | 22  | 28  | 138       |
| 14 day Helath assessment completed        | N/A | N/A |     |     |     |           |
| 14 day Helath assessment uncompleted      | N/A | N/A |     |     |     |           |
| Annual Health assessment completed        | 19  | 13  | 9   | 15  | 36  | 92        |
| Annual Health assessment due              | 0   | 0   | 0   | 0   | 0   |           |
| X-ray (non TB related on-site)            | 10  | 7   | 9   | 5   | 9   | 40        |
| EKGs                                      | 4   | 3   | 0   | 0   | 0   | 7         |
| Ultrasound                                | 1   | 1   | 0   | 1   | 4   | 7         |
| Labs obtained                             | 38  | 29  | 26  | 20  | 32  | 145       |
| <b>Medical Records</b>                    |     |     |     |     |     |           |
| Scanned paperwork                         | N/A | N/A | N/A | N/A | N/A |           |
| <b>Dental</b>                             |     |     |     |     |     |           |
| Dental Exams                              | 15  | 23  | 24  | 16  | 20  | 98        |
| Dental sick calls/screen                  | 15  | 23  | 24  | 16  | 20  | 98        |
| Extractions                               | 2   | 3   | 5   | 3   | 2   | 15        |
| Refusals                                  | N/A | N/A | N/A | N/A | N/A |           |
| Off-site Dental referrals                 | 0   | 0   | 0   | 0   | 0   |           |
| <b>Offsite services</b>                   |     |     |     |     |     |           |
| Emergency room visits                     | 5   | 1   | 3   | 6   | 6   | 21        |
| AmbulanceTransport to ER                  | 4   | 0   | 0   | 0   | 4   | 8         |
| Prison Transport to ER                    | 1   | 1   | 3   | 6   | 2   | 13        |
| Hospital admissions                       | 0   | 0   | 0   | 1   | 1   | 2         |
| Hospital Days                             | 0   | 0   | 0   | 5   | 2   | 7         |
| Average length of stay                    | 0   | 0   | 0   | 5   | 2   | 7         |
| On-site consultations – Vision            | 8   | 6   | 13  | 2   | 0   | 29        |
| Off-site consults                         | 9   | 10  | 4   | 8   | 3   | 34        |
| Death on-site                             | 0   | 0   | 0   | 0   | 0   |           |
| Death in custody                          | 0   | 0   | 0   | 0   | 0   |           |
| <b>Pharmaceuticals</b>                    |     |     |     |     |     |           |

|  |     |     |     |     |     |  |
|--|-----|-----|-----|-----|-----|--|
| Total I/Ms on meds                       | 160 | 164 | 148 | 144 | 152 |  |
| Total I/Ms on medical meds               | 153 | 157 | 141 | 137 | 145 |  |
| Total I/Ms on psychotropic meds          | 7   | 7   | 7   | 6   | 6   |  |
| Total I/Ms on nonformulary meds          | 1   | 0   | 0   | 0   | 0   |  |
| # of medicain cards returned to pharmacy | 0   | 0   | 0   | 0   | 0   |  |
| # of boxes returned to pharmacy          | 0   | 0   | 0   | 0   | 0   |  |
| <b>Chronic Care</b>                      |     |     |     |     |     |  |
| Asthma/COPD                              | 20  | 18  | 18  | 20  | 20  |  |
| Diabetic                                 | 12  | 12  | 14  | 22  | 22  |  |
| Dialysis                                 | N/A | N/A | N/A | N/A | N/A |  |
| HIV                                      | 3   | 2   | 2   | 2   | 1   |  |
| Pregnancy                                | N/A | N/A | N/A | N/A | N/A |  |
| Hypertension/Cardiovascular              | 91  | 96  | 106 | 112 | 114 |  |
| Seizure disorder                         | 2   | 2   | 2   | 2   | 2   |  |
| Thyroid                                  | 3   | 3   | 3   | 3   | 3   |  |
| Tuberculosis                             | 0   | 0   | 0   | 0   | 0   |  |
| Other (GERD, HDL, Eczema)                | 64  | 64  | 68  | 76  | 80  |  |
| <b>Infectious Disease Control</b>        |     |     |     |     |     |  |
| PPDs Planted                             | 19  | 11  | 9   | 16  | 36  |  |
| PPDs read                                | 19  | 11  | 9   | 16  | 36  |  |
| Positive PPDs                            | 0   | 0   | 0   | 0   | 0   |  |
| TB related chest x-ray                   | 0   | 2   | 3   | 2   | 0   |  |
| Active TB                                | 0   | 0   | 0   | 0   | 0   |  |
| HIV test                                 | 8   | 7   | 9   | 4   | 8   |  |
| Positive HIV                             | 0   | 0   | 0   | 0   | 0   |  |
| # of positive HIV inmates                | 3   | 2   | 2   | 2   | 1   |  |
| Hepatitis A                              | 0   | 0   | 0   | 0   | 0   |  |
| Hepatitis B                              | 0   | 0   | 0   | 0   | 0   |  |
| Hepatitis C                              | 9   | 9   | 7   | 5   | 5   |  |
| Chlamydia                                | 0   | 0   | 0   | 0   | 0   |  |
| Gonorrhea                                | 0   | 0   | 0   | 0   | 0   |  |
| Syphilis                                 | 3   | 3   | 3   | 3   | 3   |  |
| Other STD/PID Not listed                 | N/A | N/A | N/A | N/A | N/A |  |
| Pediculosis                              | 0   | 0   | 0   | 0   | 0   |  |
| Scabies                                  | 0   | 0   | 0   | 0   | 0   |  |
| MRSA confirmaed                          | 0   | 0   | 0   | 0   | 0   |  |
| Confirmed MRSA treated                   | 0   | 0   | 0   | 0   | 0   |  |
| Suspected MRSA treated                   | 0   | 0   | 0   | 0   | 0   |  |
|  |     |     |     |     |     |  |

**E-VERIFY AFFIDAVIT**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of **Columbus Consolidated Government** has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Company ID Number (*numerical, 4-7 digits*) Date of Authorization  
**\*\*See <https://www.e-verify.gov/> to access your E-Verify Company Identification Number.**

\_\_\_\_\_  
Name & Address of Contractor

**Inmate Medical & Pharmacy Services for Muscogee County Jail (Annual Contract) – RFP No. 26-0008**

Name of Project

**Columbus Consolidated Government**

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_, 20\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

*Subscribed and sworn before me on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.*

Affix Stamp/Seal

\_\_\_\_\_  
*NOTARY PUBLIC*

*My Commission Expires:*

**A properly completed, notarized/stamped E-Verify Affidavit must be included with the proposal; failure to do so will render the firm’s proposal non-responsive and ineligible for further consideration.**

**CONFLICT OF INTEREST AFFIDAVIT:**

**THIS PAGE MUST BE SIGNED, NOTARIZED/STAMPED AND RETURNED WITH THE VENDOR'S BID/PROPOSAL. FAILURE TO INCLUDE THIS FORM WILL AUTOMATICALLY RENDER VENDOR'S RESPONSE NON-RESPONSIVE.**

**Pursuant to Columbus Georgia Code Part I – Charter, Appendix Two Code of Ethics and Prohibited Practices:**

I hereby declare that any person(s) employed by the City of Columbus, who has direct or indirect personal or financial interest in this solicitation, has been identified and the interest disclosed below. (Please include in your disclosure any interest which you know of).

An example of a direct interest would be a City of Columbus employee, City of Columbus City Council Member, who would be paid to perform services if awarded the contract.

An example of indirect interest would be a City of Columbus employee who is related to any officers, employees, principal, or shareholders of your firm or to you. (If in doubt as to status or interest, please disclose to the extent known).

**CONFLICT OF INTEREST:       YES       NO**

**Disclosed Conflict of Interest(s):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information on this form is complete and accurate. If necessary, I will provide the information required to verify this data (e.g., pay stubs, bank account statements, etc.). I, therefore, authorize such verification, and I will provide the supporting documentation, if necessary.

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

**I hereby declare under penalty of perjury that the foregoing is true and correct.**

\_\_\_\_\_  
**Signature of Authorized Officer or Agent**

\_\_\_\_\_  
**Printed Name and Title of Authorized Officer or Agent**

*Subscribed and sworn before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.*

\_\_\_\_\_  
**NOTARY PUBLIC**

*My Commission Expires:*

**COMMUNICATION CONCERNING THIS SOLICITATION**

**THIS PAGE MUST BE SIGNED AND RETURNED WITH THE VENDOR’S BID/PROPOSAL. FAILURE TO INCLUDE THIS FORM WILL AUTOMATICALLY RENDER VENDOR’S RESPONSE NON-RESPONSIVE.**

.....  
ALL QUESTIONS OR CLARIFICATIONS CONCERNING THIS SOLICITATION SHALL BE SUBMITTED IN WRITING. THE CITY WILL NOT ORALLY OR TELEPHONICALLY ADDRESS ANY QUESTION OR CLARIFICATION REGARDING BID/PROPOSAL SPECIFICATIONS. IF A VENDOR VISITS OR CALLS THE PURCHASING DIVISION WITH SUCH QUESTIONS, HE OR SHE WILL BE INSTRUCTED TO SUBMIT THE QUESTIONS IN WRITING.

**ALL CONTACT CONCERNING THIS SOLICITATION SHALL BE MADE THROUGH THE PURCHASING DIVISION.** BIDDERS SHALL NOT CONTACT CITY EMPLOYEES, DEPARTMENT HEADS, USING AGENCIES, EVALUATION COMMITTEE MEMBERS, INCLUDING NON-CCG EMPLOYEES, CONTRACTED PERSONNEL ASSOCIATED WITH THIS PARTICULAR PROJECT (I.E. ARCHITECTS, ENGINEERS, CONSULTANTS), OR ELECTED OFFICIALS WITH QUESTIONS OR ANY OTHER CONCERNS ABOUT THE SOLICITATION. QUESTIONS, CLARIFICATIONS, OR CONCERNS SHALL BE SUBMITTED TO THE PURCHASING DIVISION IN WRITING. IF IT IS NECESSARY THAT A TECHNICAL QUESTION NEEDS ADDRESSING, THE PURCHASING DIVISION WILL FORWARD SUCH TO THE USING AGENCY, WHO WILL SUBMIT A WRITTEN RESPONSE.

THE PURCHASING DIVISION WILL FORWARD WRITTEN RESPONSES TO THE RESPECTIVE BIDDER. IF IT BECOMES NECESSARY TO REVISE ANY PART OF THIS SOLICITATION, A WRITTEN ADDENDUM WILL BE ISSUED TO ALL BIDDERS.

THE CITY IS NOT BOUND BY ANY ORAL REPRESENTATIONS, CLARIFICATIONS, OR CHANGES MADE TO THE WRITTEN SPECIFICATIONS BY CITY EMPLOYEES, UNLESS SUCH CLARIFICATION OR CHANGE IS PROVIDED TO THE BIDDERS IN A WRITTEN ADDENDUM FROM THE PURCHASING MANAGER.

BIDDERS ARE INSTRUCTED TO USE THE ENCLOSED “QUESTION/CLARIFICATION FORM” TO FAX OR EMAIL QUESTION. **QUESTIONS AND REQUESTS FOR CLARIFICATION MUST BE SUBMITTED AT LEAST FIVE (5) BUSINESS DAYS BEFORE THE DUE DATE.**

ANY REQUEST/CONCERN/PROTEST, AFTER A SOLICITATION HAS CLOSED AND PENDING AWARD, MUST ALSO BE SUBMITTED IN WRITING TO THE PURCHASING DIVISION.

-----  
**I agree to forward all communication about this solicitation, in writing, to the Purchasing Division. I understand that communication with other persons, other than the Purchasing Division, will render my Bid/Proposal response non-responsive and I will no longer be considered in the solicitation process.**

**Vendor Name:** \_\_\_\_\_

**Print Name of Authorized Agent:** \_\_\_\_\_

**Signature of Authorized Agent:** \_\_\_\_\_

*In the event a procurement under this contract is federally funded, the Contractor agrees to comply with all federal statutes relating to nondiscrimination, labor standards, and environmental compliance. The Contractor will be notified if the procurement is federally funded.*

With regards to “**Rights to Inventions Made Under a Contract or Agreement**,” If the Federal award meets the definition of “funding agreement” under 37 CFR § 401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.

Contractor agrees to be wholly compliant with the provisions of **2 CFR 200, Appendix II**. Additionally, for work to be performed under the Agreement or subcontract thereof, including procurement of materials or leases of equipment.

Contractor shall comply and shall notify each potential subcontractor or supplier of the Contractor's federal compliance obligations. These may include, but are not limited to:

- (a) **Title VII of the Civil Rights Act of 1964 (P.L. 88-352)** which prohibits discrimination on the basis of race, color or national origin;
- (b) **Title IX of the Education Amendments of 1972**, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex;
- (c) the **Fair Labor Standards Act of 1938 (29 USC 676 et. seq.)**,
- (d) **Section 504 of the Rehabilitation Act of 1973, as implemented by Executive Orders 11914 and 11250**, which prohibits discrimination on the basis of handicaps and the Americans with Disabilities Act of 1990;
- (e) the **Age Discrimination in Employment Act of 1967 (29 USC 621 et. seq.)** and the Age Discrimination Act of 1974, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age;
- (f) the **Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255)**, as amended, relating to nondiscrimination on the basis of drug abuse;
- (g) the **Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616)**, as amended, relating to the nondiscrimination on the basis of alcohol abuse or alcoholism;
- (h) **§§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3)**, as amended, relating to confidentiality of alcohol and drug abuse patient records;
- (i) **Title VIII of the Civil Rights Act of 1968 (42 U.S.C. § 3601 et seq.)**, as amended, relating to nondiscrimination in the sale, rental or financing of housing;
- (j) any other nondiscrimination provisions in any specific statute(s) applicable to any Federal funding for this Agreement;
- (k) the requirements of any other nondiscrimination statute(s) which may apply to this Agreement;
- (l) applicable provisions of the **Clean Air Act (42 U.S.C. §7401 et seq.)**, the **Federal Water Pollution Control Act, as amended (33 U.S.C. §1251 et seq.)**, **Section 508 of the Clean Water Act (33 U.S.C. 1368)**, **Permits required by Section 404 of the Clean Water Act, Executive Order 11738, Endangered Species Act (P.L. 93-205)**, and the **Environmental Protection Agency regulations at 40 CFR Part 15**;
- (m) **DBE requirements found at 40 CFR Part 33, Executive Order 11246, and Equal Employment Opportunity regulations at 41 CFR § 60-4**;
- (n) applicable provisions of the **Davis-Bacon Act (40 U.S.C. 276a - 276a-7)** as it relates to cleanup activities, the **Copeland Act (40 U.S.C. 276c)**, the **Anti-Kickback Act (40 USC § 3145)**, the **OSHA Worker Health & Safety Standard (29 CFR § 1910.120)**, and the **Contract Work Hours and Safety Standards Act (40 U.S.C. 327-333)**, as set forth in Department of Labor Regulations at 20 CFR 5.5a;
- (o) applicable provisions of **Uniform Relocation Act (40 USC § 61)** and the **National Historic Preservation Act (16 USC § 470)**;
- (p) the mandatory standards and policies relating to energy efficiency which are contained in the state energy conservation plan issued in compliance with the **Energy Policy and Conservation Act (P.L. 94-163)**.
- (q) the Buy America sourcing requirements in the **Build America, Buy America Act (41 U.S.C. § 8301-8305)**;
- (r) the general provisions of **Section 3** offering economic opportunities for low-income persons (**12 U.S.C. 1701u**).

**To demonstrate acknowledgement and understanding of the above listed Federal Requirements, vendor is required to sign below and return with bid response:**

**Vendor Name:** \_\_\_\_\_

**Signature of Authorized Agent:** \_\_\_\_\_

**Print Name and Title of above Agent:** \_\_\_\_\_

**ADDENDA ACKNOWLEDGEMENT**  
**Inmate Medical & Pharmacy Services for Muscogee County Jail**  
**(Annual Contract)**  
**RFP No. 26-0008**

The Purchasing Division will post addenda (if any) on the Bid Opportunities page: <https://www.columbusga.gov/finance/Bid-Opportunities>. It is the vendors' responsibility to periodically visit the page to check for addenda, **both before the due date and prior to submitting a response in DemandStar.**

**IF ADDENDA WERE ISSUED:**

By signing below, I acknowledge 1) I have received the addenda (if any) as indicated below, 2) my submittal reflects the changes to the specifications, and 3) my submittal includes the most recently revised forms:

|                               |                               |
|-------------------------------|-------------------------------|
| Addendum No. ____ dated _____ | Addendum No. ____ dated _____ |
| Addendum No. ____ dated _____ | Addendum No. ____ dated _____ |
| Addendum No. ____ dated _____ | Addendum No. ____ dated _____ |
| Addendum No. ____ dated _____ | Addendum No. ____ dated _____ |
| Addendum No. ____ dated _____ | Addendum No. ____ dated _____ |

**IF NO ADDENDA WERE ISSUED:**

By signing below, I acknowledge that I reviewed the Bid Opportunities page referenced above on \_\_\_\_\_ and did not see any addenda listed for this solicitation.

\_\_\_\_\_  
(date)

---

**Business Name** \_\_\_\_\_ **Date** \_\_\_\_\_

---

**Authorized Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_



**COST PROPOSAL**  
**Inmate Medical & Pharmacy Services for Muscogee County Prison**  
**(Annual Contract)**  
**RFP No. 26-0008**

**OPTION 1: Specified Staffing**

| DESCRIPTION  | CONTRACT YEAR                 | *ANNUAL CONTRACT AMOUNT |
|--|-------------------------------|-------------------------|
| Medical Services   | 1 <sup>st</sup> Year          | \$                      |
|  | 2 <sup>nd</sup> Year          | \$                      |
|  | Total Initial Contract Amount | \$                      |
| Medical Services   | 3 <sup>rd</sup> Year          | \$                      |
| Medical Services   | 4 <sup>th</sup> Year          | \$                      |
| Medical Services   | 5 <sup>th</sup> Year          | \$                      |
| Pharmacy services at pass-through cost with a management fee |                               | _____ % Management Fee  |

*\*Subject to negotiations*

**OPTION 2: Vendor's Recommended Staffing**

| DESCRIPTION  | CONTRACT YEAR                 | *ANNUAL CONTRACT AMOUNT |
|--|-------------------------------|-------------------------|
| Medical Services   | 1 <sup>st</sup> Year          | \$                      |
|  | 2 <sup>nd</sup> Year          | \$                      |
|  | Total Initial Contract Amount | \$                      |
| Medical Services   | 3 <sup>rd</sup> Year          | \$                      |
| Medical Services   | 4 <sup>th</sup> Year          | \$                      |
| Medical Services   | 5 <sup>th</sup> Year          | \$                      |
| Pharmacy services at pass-through cost with a management fee |                               | _____ % Management Fee  |

*\*Subject to negotiations*

---

**Company Name** **Authorized Signature** **Date**

**CONTRACT SIGNATURE PAGE  
Inmate Medical & Pharmacy Services for Muscogee County Prison  
(Annual Contract)  
RFP No. 26-0008**

**THE UNDERSIGNED HEREBY DECLARES THAT HE HAS/THEY HAVE CAREFULLY EXAMINED THE SPECIFICATIONS HEREIN REFERRED TO AND WILL PROVIDE ALL EQUIPMENT, TERMS AND SERVICES TO THE CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA.**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature of Authorized Representative      Date

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Print Name of Authorized Signatory

(Corporate seal, if applicable)

***Company Street Address***

***Company Payment Address***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

**CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA**

Accepted this \_\_\_ day of \_\_\_\_\_ 20\_\_\_

**APPROVED AS TO LEGAL FORM:**

\_\_\_\_\_  
**B.H. "Skip" Henderson, III, Mayor**

\_\_\_\_\_  
**Clifton C. Fay, City Attorney**

**ATTEST:**

\_\_\_\_\_  
**Lindsey G. McLemore, Deputy Clerk of Council**

**INSURANCE CHECKLIST**

**Inmate Medical & Pharmacy Services for Muscogee County Prison  
(Annual Contract)  
RFP No. 26-0008**

**CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGE  
AND ENDORSEMENTS INDICATED BY "X"**

CSL = Combined Single Limit; BI = Bodily Injury; PD=Property Damage

| Required Coverage(s) |  | Limits<br>(Figures denote minimums)                                  | Bidders<br>Limits/Response |
|----------------------|--|--|----------------------------|
| X                    | 1. Worker's Compensation and Employer's Liability          | <b>STATUTORY REQUIREMENTS</b>  |                            |
|                      | <b>Comprehensive General Liability</b>                     |  |                            |
| X                    | 2. General Liability Premises/Operations                   | \$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate  |                            |
| X                    | 3. Independent Contractors and Subcontractors              | \$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate  |                            |
|                      | 4. Products Liability                                      | \$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate  |                            |
|                      | 5. Completed Operations                                    | \$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate  |                            |
|                      | 6. Contractual Liability (Must be shown on Certificate)    | \$ 1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate |                            |
|                      | <b>Automobile Liability</b>                                |  |                            |
| X                    | 7. *Owned/Hired/Non-Owned Vehicles/ Employer non ownership | \$1 Million BI/PD each Accident, Uninsured Motorist                  |                            |
|                      | <b>Others</b>  |  |                            |
| X                    | 8. Miscellaneous Errors and Omissions                      | \$1 Million per occurrence/claim                                     |                            |
|                      | 9. Umbrella/Excess Liability                               | \$1 Million Bodily Injury, Property Damage and Personal Injury       |                            |
|                      | 10. Personal and Advertising Injury Liability              | \$1 Million each offense, \$1 Million annual aggregate               |                            |
|                      | 11. Professional Liability                                 | \$1 Million per occurrence/claim                                     |                            |
|                      | 12. Architects and Engineers                               | \$1 Million per occurrence/claim                                     |                            |
|                      | 13. Asbestos Removal Liability                             | \$2 Million per occurrence/claim                                     |                            |
| X                    | 14. Medical Malpractice                                    | \$1 Million per occurrence/claim                                     |                            |
| X                    | 15. Medical Professional Liability                         | \$1 Million per occurrence/claim                                     |                            |
|                      | 16. Dishonesty Bond  |  |                            |

| Required Coverage(s) |   | Limits<br>(Figures denote minimums)             | Bidders<br>Limits/Response |
|----------------------|---|---|----------------------------|
|                      | 17. Builder's Risk  | Provide Coverage in the full amount of contract |                            |
|                      | 18. XCU (Explosive, Collapse, Underground) Coverage   |   |                            |
|                      | 19. USL&H (Long Shore Harbor Worker's Compensation Act)   |   |                            |
|                      | 20. Contractor Pollution Liability  | \$2 Million per occurrence/claim                |                            |
|                      | 21. Environmental Impairment Liability  | \$2 Million per occurrence/claim                |                            |
| X                    | 22. Carrier Rating shall be Best's Rating of A-VII or its equivalents   |   |                            |
| X                    | 23. Notice of Cancellation, non-renewal or material change in coverage shall be provided to City at least 30 days prior to action.  |   |                            |
| X                    | 24. The City shall be named Additional Insured on all policies  |   |                            |
| X                    | 25. Certificate of Insurance shall show <b>Solicitation Number RFP No. 26-0008</b> and <b>Solicitation Title Inmate Medical &amp; Pharmacy Services for Muscogee County Prison (Annual Contract)</b> in box: <b>Description of Operations</b> |   |                            |
|                      | 26. Pollution:  | \$2 Million per occurrence/claim                |                            |

\*If offeror's employees will be using their privately owned vehicles while working on this contract and are privately insured, please state that fact in the **Bidders Limits/Response** column of the insurance checklist.

**VENDOR'S STATEMENT:**

If awarded the contract, I will comply with contract insurance requirements and provide the required certificate(s).

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Agent

\_\_\_\_\_  
Print Name of Authorized Agent

# DEMANDSTAR SUBMISSION INFORMATION

**Responses must be submitted via DemandStar. See the following pages for Submission Requirements Checklist, Registering for DemandStar and Responding to an Electronic Bid in DemandStar.**

There is no cost to submit responses electronically through DemandStar; you will only incur a fee if you opt to receive e-notifications directly from DemandStar. You must select “Columbus Consolidated Government” as your free agency (see registration instructions). Solicitations may be accessed thru the DemandStar link that is posted at <https://www.columbusga.gov/finance/Bid-Opportunities>.

Per Georgia HB489, the Purchasing Division will continue to post solicitations on the Georgia Procurement Registry. To receive future procurement notifications, you must register with the Team Georgia Marketplace at <https://doas.ga.gov/state-purchasing/getting-started-supplier>.

***Excluding responses to Requests for Proposals (RFP)***, a tabulation of responses will be available on DemandStar shortly after the solicitation closes. The Purchasing Division will also continue to post tabulations at <https://www.columbusga.gov/finance-2/Bid-Tabulations>.

**Failure to submit electronic responses, via DemandStar, will result in the rejection of your response. Submittals received via U.S. Postal Service, FedEx, UPS, etc., will be returned unopened at the expense of the sender. The Purchasing Division will not accept hand-delivered submittals and will immediately discard any submittal left in the reception area of the Finance Department.**

The Purchasing Division sincerely appreciates your cooperation.

# ELECTRONIC SUBMITTAL CHECKLIST

Inmate Medical & Pharmacy Services for Muscogee County Prison  
(Annual Contract)  
RFP No. 26-0001

## Submit your electronic response as instructed below:

1. Vendors shall submit **only** the required documents listed using the “Bidder Response ALL Documents” function.
2. Zip files with multiple files are not acceptable; vendors shall submit one PDF file of their submittal.
3. Due to file size limitations that may occur, **please do not** resend the City’s RFP specifications. This information is already on file.
4. **In the event DemandStar requires a dollar value for your submittal, enter “0”.**

*This checklist is for informational purposes only and is not intended to be part of the formal RFP specifications. Refer to General Specifications for Proposal Submission Requirements*

- SECTION 1 – TRANSMITTAL LETTER (A – C)
- SECTION 2 – E-VERIFY AFFIDAVIT (FORM 1) \*
- SECTION 6 – CONFLICT OF INTEREST (FORM 2) \*
- SECTION 3 – COMMUNICATION CONCERNING THIS SOLICITATION (FORM 3) \*
- SECTION 5 – FEDERAL COMPLIANCE (FORM 4)
- SECTION 4 – ADDENDA ACKNOWLEDGEMENT (FORM 5)
- SECTION 7 – EXCEPTIONS TO RFP (LIST EXCEPTIONS OR STATE “NONE”)
- SECTION 8 – QUALIFICATIONS AND EXPERIENCE (A – C)
- SECTION 9 – CLIENT WORK HISTORY (FORM 6)
- SECTION 10 – SERVICE PLAN (A – D)
- SECTION 11 – COST PROPOSAL (FORM 7)
- SECTION 12 – AGREEMENT / CONTRACT FORM (IF APPLICABLE)
- SECTION 13 – CONTRACT SIGNATURE PAGE (FORM 8)
- SECTION 14 – PROOF OF INSURANCE (FORM 9 OR SAMPLE CERTIFICATE)
- SECTION 15 – FORM W-9
- SECTION 16 – BUSINESS LICENSE / OCCUPATION TAX CERTIFICATE

\*Denotes mandatory submission requirement(s).

**NOTE:** After award of the contract by Columbus Council, awarded vendor will be notified to provide one identical hard copy of submitted proposal with original signatures. The awarded vendor will receive a digital copy of the executed contract.

# Registering for DemandStar



We are pleased to announce our membership in the DemandStar network. DemandStar is an online marketplace that connects our suppliers directly to the bids, quotes and RFPs that matter to them.

DemandStar is open and accessible to all businesses and provides instant access to our solicitations. By registering for your complimentary DemandStar account, you will receive:

- **Instant** access to bids, quotes and RFPs
- **Automatic** notifications, right to you inbox, of bids that match the commodity codes you select
- The ability to **quickly view** the contractual terms and scope of work
- All the **forms and documents** you need in one place
- Access to **more government bids** in neighboring cities, counties and states

**It's EASY!** Get started with these 3 easy steps!

## 1 REGISTER

Go to:

<https://www.demandstar.com/registration>

### Create an Account with DemandStar

You are one step away from picking your free government agency

Email Address

Company Name

I accept the DemandStar [Terms of Use](#) and [Privacy Policy](#)

Next



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206.940.0305

## 2 CHOOSE YOUR FREE AGENCY

Type in the name of the government agency you'd like to add, for example "City of Metropolis" in the Search Box

## 3 CHECK OUT

Check out with your **FREE AGENCY** Registration by clicking "Skip for now" on the page where it gives you options to add additional counties and States

### ← Choose Your Free Agency

Receive full access to the government agency of your choice and receive advance notifications of new opportunities.

City of Metropolis ✕  
Narrow down your search by selecting a state and county.

State County  
Select State ▼ Select County ▼

- City of Metropolis – Board of Commissioners
- City of Metropolis Purchasing
- Metropolis Technical College

You have chosen **Metropolis Technical College** as your free agency. Add additional government agencies below for \$25 per County, Statewide and National subscriptions available.

My Subscriptions  [0]

Nation (0)

States (0)

Counties (0)

|       |                   | Your Current Rate |
|-------|-------------------|-------------------|
| Total | (0 subscriptions) | \$0/year          |

Proceed to Checkout

Skip for Now

**SIGN UP**

Visit [www.demandstar.com](http://www.demandstar.com)



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# Responding to an Electronic Bid

5 Step Instructions

# Step 1

Many governments are moving toward requiring bid responses electronically. Here are the steps to respond to a bid Electronically.

- Click on the solicitation name

The screenshot shows a web application interface for managing bids. At the top, there is a navigation bar with tabs for 'Board', 'Bids', 'Quotes', 'Coming Soon! Activities', 'Coming Soon! Messages', and 'Responses'. Below the navigation bar is a header area with a 'Bids' button and a 'Sort By' dropdown menu set to 'Due Date'. The main content area displays a list of bid items. A red arrow points to the first item, 'TSEBIDVINO24JAN01'. The list includes the following information for each item:

| Solicitation Name | Agency   | ID                            | Broadcast | Due       | Planholders | Watch | Status |
|-------------------|--|-------------------------------|-----------|-----------|-------------|-------|--------|
| TSEBIDVINO24JAN01 | City of Fort Pierce - Purchasing Department, Fort Pierce, AZ | ID: BID-TSEBIDVINO24JAN01-C-  | 1/24/2020 | 3/1/2020  | 3           | Watch | Active |
| AA-BB-CC-DD-EE    | agency2.0, Texas, FL   | ID: EBID-001-946-00-0-2020/AD | 2/4/2020  | 2/29/2020 | 0           | Watch | Active |
| TESTBID           | agency2.0, Texas, FL   |                               |           |           |             |       | Active |

# Step 2

Once you are in the solicitation, you will see the Bid Details page that is standard for all solicitations

- When you are ready to submit your bid, click on “Submit E-Bid Proposal”

**TESTBID** None

**Bid Details**

Agency Name: Agency 01  
Bid Number: Agency 01  
Bid ID: EBO-00000000000000000000  
Bid Type: EBO - EBO  
Broadcast Date: 01/01/2022 2:45:11 PM Eastern  
Fiscal Year: 2022  
Due: 01/24/2022 11:00 PM Eastern  
Bid Status Text: BID START

**Scope of Work**

scope work

**Documents**

| Filename | Type       | Date Modified | Status   |
|----------|------------|---------------|----------|
| file     | Attachment | 01/24/2022    | Complete |

**Distribution Info**

Bid Bond: None  
Plan (Assigned): None  
E-Bidding: Submit  
Distributed By: Administrator  
Distribution Method: Download and Mail  
Distribution Options: Bidder has bid items assigned to bid  
Project Estimated Budget: 1,000,000.00  
Distribution Notes: None

**Publications**


View Legend

**Pre-Bid Conference**

No Pre-Bid Conference Data Found

**Commodity Code**

[001-000-00] municipal services

 **Submit E-Bid Proposal**

# Step 3

Enter information requested page-by-page and you can see what will come next via the menu bar on the left under "E-Bid Progress"

**Enter "0" as your bid (proposal) amount.**

(As cost proposals remain confidential until after contract award (if any), Columbus Consolidated Government will not consider proposed costs, fees, revenues, etc., that are entered directly into DemandStar.)

The screenshot shows the DemandStar interface for an E-Bid Response. The left sidebar, titled "E-Bid Progress", has a red arrow pointing to the "Contact Information" step. The main content area is titled "E-Bid Response" and contains a "Contact Information" section with the following fields:

- Company Name: Calgon Carbon Corporation
- Address 1: P.O. Box 717
- Address 2: (optional)
- City: Pittsburgh
- Country: United States of Ame...
- State/Province: Pennsylvania
- County: Select...
- Postal Code: 15230-0717
- Phone Number: 4127876810
- Extension: (optional)
- Bid Amount: 127,000 (invalid)
- Alternate Bid Amount: (optional)
- Notes: For the full 6 month contract (optional)

A "Next" button is located at the bottom right of the form.

# Step 4

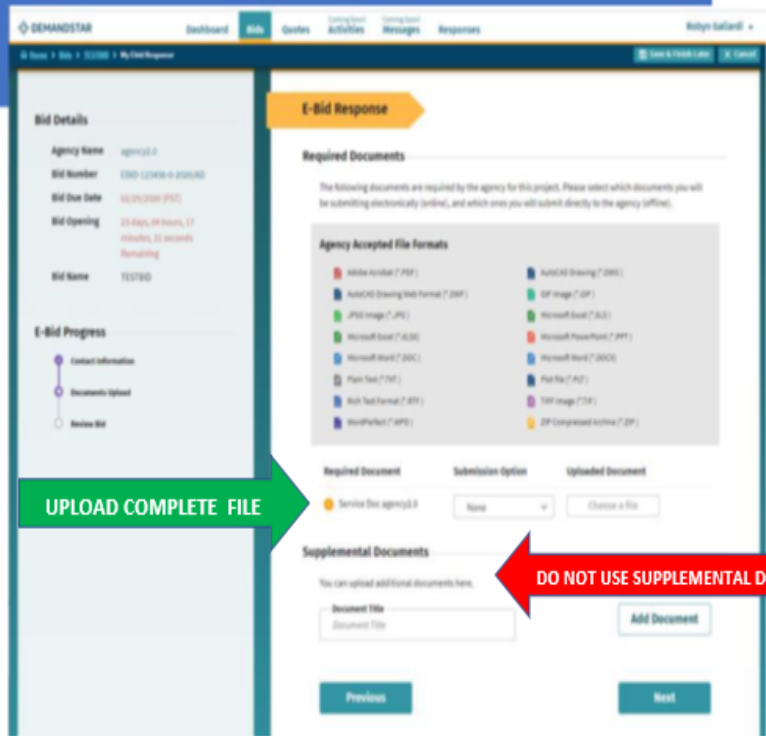
After you click NEXT on the Contract Information page, you will be directed to enter the documents required.

Create one (1) file containing **only** the required documents listed on the "Electronic Proposal Submission Checklist" page of the specifications and upload using the "Bidder Response ALL Documents" function.

**NOTE: Do not enter information using the "Supplemental Documents" function.**

**Due to file size limitations, please do not include the City's specification document in your uploaded response as this information is already on file. Font and page limitations may also apply.**

**BEST PRACTICE TIP:** In some instances, multiple addenda may be issued for a solicitation. To avoid having to re-upload your firm's response file multiple times, it is **recommended** that vendors upload within five (5) business days of the due date. The City posts all documents, to include addenda, on the Finance Department Bid Opportunities web page: [https://www.columbusga.gov/finance/purchasing/docs/opportunities/Bid\\_Opportunities.htm](https://www.columbusga.gov/finance/purchasing/docs/opportunities/Bid_Opportunities.htm).



# Step 5

Review Your E-Bid Response, and if everything is correct, then press “Submit Response”

You are done! And the government to which you’ve submitted this will download your responses and documents and see the day and time upon which you submitted your proposal.

