



WILLIAMSON COUNTY
PURCHASING DEPARTMENT
301 SE INNER LOOP - SUITE 106
GEORGETOWN, TEXAS 78626

<http://www.williamson-county.org/Purchasing>

REQUEST FOR PROPOSAL

EMPLOYEE HEALTH & WELLNESS CENTER MANAGEMENT AND OPERATIONS PROPOSAL NUMBER: 11WCP1007

PROPOSALS MUST BE RECEIVED AT OR BEFORE: June 1, 2011 – 3:00 PM

PROPOSALS WILL BE PUBLICLY OPENED: June 1, 2011 – 3:00 PM

PROPOSAL SUBMISSION

DEADLINE: Proposals must be received in the Williamson County Purchasing Department **at or before Wednesday, June 1, 2011 at 3:00 PM**. Proposals will be publicly opened at 3:00 pm or soon thereafter in the Williamson County Purchasing Department.

METHODS: Sealed proposals may be hand-delivered or mailed to the *Williamson County Inner Loop Annex, Purchasing Department, Attn: Jonathan Harris, 301 SE Inner Loop, Suite 106, Georgetown, Texas 78626*.

LOCATION DIRECTIONS: Please see page 32 of this document for a map and directions to the Williamson County Inner Loop Annex.

FAX/EMAIL: Facsimile and electronic mail transmittals will not be accepted.

PROPOSAL REQUIREMENTS

PRE-PROPOSAL MEETING: All vendors interested in submitting a proposal are invited to attend the non-mandatory pre-proposal meeting at **3:00 PM on Wednesday, May 18, 2011**, at the Williamson County Human Resources Department, located at the Inner Loop Annex, 301 SE Inner Loop, Suite 108, Georgetown, TX 78626.

SUBMITTAL: One (1) original proposal and three (3) copies should be submitted and consist of the COMPLETED AND SIGNED Proposal Form and any other required documentation. **All copies should have the same attachments as the original.**

SEALED: All proposals must be returned in a sealed envelope with the proposal name, number, opening date and time clearly marked on the outside. If an overnight delivery service is used, the proposal name, number, opening date and time must be clearly marked on the outside of the delivery service envelope.

REFERENCES: Williamson County requests proposer supply with this proposal, a list of at least three (3) references where like services have been supplied by their firm. Include name of firm, address, telephone number, and name of representative. **Please see "V. EXPERIENCE AND HISTORY" for more information.**

LEGIBILITY: Proposals must be legible and of a quality that can be reproduced.

FORMS: All proposals must be submitted on the forms provided in this Request for Proposal. Changes to forms made by proposer may disqualify their proposal. Proposals cannot be altered or amended after submission deadline.

LATE PROPOSAL: Proposals received after submission deadline will not be opened and will be considered void and unacceptable. Williamson County is not responsible for lateness of mail, courier service, etc.

RESPONSIBILITY: It is expected that a prospective proposer will be able to affirmatively demonstrate proposer's responsibility. A prospective proposer should be able to meet the following requirements:

- a) have adequate financial resources, or the ability to obtain such resources as required;

- b) be able to comply with the required or proposed delivery schedule;
- c) have a satisfactory record of performance;
- d) be otherwise qualified and eligible to receive an award.

Williamson County may request representation and other information sufficient to determine proposer's ability to meet these minimum standards listed above.

AWARD

THIRTY DAYS: Awards should be made approximately thirty (30) days after the proposal opening date. Results may be obtained by contacting the Purchasing Contact.

REJECTION OR ACCEPTANCE: No more than one proposal will be awarded for any item, single department or area. Proposals may be rejected for some items, departments or areas, even though awards are made for others. The convenience of having a single source for similar items will be taken into consideration together with price in determining the lowest and best proposal.

It is understood that the Commissioners Court of Williamson County, Texas, reserves the right to accept or reject any and/or all proposals for any or all materials and/or services covered in this proposal request, and to waive informalities or defects in the proposal or to accept such proposal it shall deem to be in the best interest of Williamson County. In determining the overall best proposal, the County may exercise either (or both) of the following options granted to local government's under the Texas Local Government Code.

Option 1 – TLGC § 271.905. This option allows the County to consider a proposer's principal business location in determining the overall lowest and best proposal.

Option 2 – TLGC § 271.907. This option allows the County to evaluate proposals and give preference to goods and/or services of a vendor that demonstrates that the vendor meets or exceeds any and all state or federal environmental standards, including voluntary standards, relating to air quality. If the proposal being submitted will have an effect on air quality for Williamson County (as it relates to any state, federal, or voluntary air quality standard), then the proposer should provide information in narrative form indicating the anticipated air quality impact. Proposers are expected to meet all mandated state and federal air quality standards.

CONTRACT: This Proposal, when properly accepted by Williamson County, shall constitute a contract equally binding between the successful Proposer and Williamson County.

EMPLOYEE HEALTH & WELLNESS CENTER MANAGEMENT AND OPERATIONS

The successful proposer may be required to sign an additional agreement containing terms necessary to ensure compliance with the proposal.

CONTRACT ADMINISTRATION: Under the Contract, Lisa Zirkle, Senior Director of Human Resources, (512) 943-1534, shall be the contract administrator with designated responsibility to ensure compliance with the requirements of the Agreement, such as but not limited to, acceptance, inspection and delivery. The contract administrator will serve as liaison between Williamson County Commissioners' Court and the successful Proposer.

CONTRACT PERIOD: The Initial Term of the Contract shall commence on the November 1, 2011 and continue for twenty-four (24) months thereafter. The Contract Agreement may be reviewed on an annual basis and may be renewed as described and set forth under "CONTRACT EXTENSIONS" below.

CONTRACT EXTENSIONS: On or before the Termination Date, the Williamson County Commissioners Court reserves the right to extend the Agreement, by mutual agreement of both parties, as it deems, in its sole discretion, to be in the best interest of Williamson County. Any such extensions will be in twelve (12) month increments for up to one (1) additional year, with the terms, covenants and conditions of the Contract Agreement remaining the same for any extension. The total term of the Agreement, including all extensions thereto, shall not exceed a maximum combined period of thirty six (36) months. Each new extension of the Agreement is contingent upon the approval of Williamson County Commissioners Court for each extended term in question. The County and the proposer agree that termination shall be the proposer's sole remedy if the Williamson County Commissioners Court decides not to extend the Agreement for additional term(s), as set forth above.

PROPOSAL CONTACTS

Any questions, clarifications or requests for general information should be directed to the contacts listed below. Question submittals must be made via email, and are **due by 5 PM CST on May 30, 2011**. Every effort will be made to answer questions within 24 hours of receiving them, with an email response.

TECHNICAL CONTACT:

Mr. Eric Smith
Smith & Associates
P. O. Box 92398, Southlake, TX 76092
eric.smith@smith-associates.com

PURCHASING CONTACT:

Mr. Jonathan Harris
Assistant Purchasing Agent
301 SE Inner Loop, Suite 106
Georgetown, TX 78626
joharris@wilco.org

MISCELLANEOUS

FOB DESTINATION: All of the items listed are to be Free On Board to final destination (FOB Destination) with all transportation charges if applicable to be included in the price, unless otherwise specified in the Request for Proposal. The title and risk of loss of the goods shall not pass to the County until receipt and acceptance takes place at the FOB point.

FIRM PRICING: The price must be good from the date of proposal opening for a fixed period of time. Unless the proposal expressly states otherwise, this period shall be until the end of the initial term. Proposals which do not state a fixed price, or which are subject to change without notice, will not be considered. The Court may award a Contract for the period implied or expressly stated in the best proposal.

ESTIMATED QUANTITIES: The estimated quantity of each item listed in the notice is only an estimate -- the actual quantity to be purchased may be more or less. The County is not obligated to purchase any minimum amount, and the County may purchase any reasonable amount greater than the estimate for the same unit price. Any limit on quantities available must be stated expressly in the proposal.

FUNDING: Funds for payment have been provided through the Williamson County budget approved by Commissioners Court for the October 1, 2010 thru September 30, 2011 fiscal year.

SALES TAX: Williamson County is by statute, exempt from the State Sales Tax and Federal Excise Tax.

STATEMENTS: No oral statement of any person shall modify or otherwise change, or affect the terms, conditions, plans and/or specifications stated in the various Proposal Packages and/or Proposal Instructions/Requirements.

DELIVERY: The delivery time and location for the commodity and/or service covered by this proposal shall be as stated in the various proposal packages.

PURCHASE ORDER: If required by the Williamson County Purchasing Department a purchase order(s) may be generated to the successful proposer for products and/or services. If a purchase order is issued the

purchase order number must appear on all itemized invoices and/or requests for payment.

PAYMENT: Payment shall be made by check from the County upon satisfactory completion and acceptance of items and submission of the Invoice to the ordering department for work specified by this Contract Document. All payments owed will be paid no later than thirty (30) days after the goods or services are received OR the date that the invoice is received by the Auditor's Office whichever is later. As a minimum, invoices shall include:

- (1) Name, address, and telephone number of Vendor and similar information in the event the payment is to be made to a different address
- (2) County contract, Purchase Order, and/or delivery order number
- (3) Identification of items or service as outlined in the contract
- (4) Quantity or quantities, applicable unit prices, total prices, and total amount
- (5) Any additional payment information which may be called for by the contract

Payment inquiries should be directed to the Auditor's Office, Accounts Payable Department: Donna Baker, (512) 943-1558.

STATEMENTS: No oral statement of any person shall modify or otherwise change, or affect the terms, conditions, plans and/or specifications stated in the various Proposal Packages and/or Proposal Instructions/Requirements.

CONFLICT OF INTEREST: No public official shall have interest in a contract, in accordance with Vernon's Texas Codes Annotated, Local Government Code Title 5, Subtitle C, Chapter 171.

As of January 1, 2006 Vendor's are responsible for complying with Local Government Code Title 5, Subtitle C, Chapter 176. Additional information may be obtained from the County website at the following link:
<http://www.wilco.org/CountyDepartments/Purchasing/ConflictofInterestDisclosure/tabid/689/language/en-US/Default.aspx>

The Williamson County Conflict of Interest Statement is located on Page 30 of this RFP. This form must be completed, signed, and submitted with your Proposal.

ETHICS: The proposer shall not accept or offer gifts or anything of value nor enter into any business arrangement with any employee, official or agent of Williamson County.

DOCUMENTATION: Proposer shall provide with this response, all documentation required by this request for proposal. Failure to provide this information may result in rejection of the proposal.

TERMINATION FOR CAUSE: In the event of breach or default of this contract or any other additional agreement containing terms necessary to ensure compliance with the Proposer's proposal, Williamson County reserves the right to enforce the performance of this contract or any additional agreement by any manner prescribed by law or deemed to be in the best interest of Williamson County. At Williamson County's sole discretion, the Proposer may be given a reasonable opportunity to cure its breach or default prior to Williamson County's termination under this provision. Williamson County's option to offer time to cure a default or breach shall, however, in no way be construed as negating the basis for termination for non-performance.

TERMINATION FOR CONVENIENCE: Williamson County may terminate this contract and/or any additional agreement containing terms necessary to ensure compliance with the Proposer's proposal, for convenience and without cause or further liability, upon thirty (30) days written notice to Proposer. In the event Williamson County exercises its right to terminate without cause, it is understood and agreed that only the amounts due to Proposer for goods, commodities and/or services provided and expenses incurred to and including the date of termination, will be due and payable. No penalty will be assessed for Williamson County's termination for convenience.

SILENCE OF SPECIFICATIONS: The apparent silence of these specifications as to any detail or to the apparent omission from it of a detailed description concerning any point, shall be regarded as meaning that only the best practices are to prevail. All interpretations of these

specifications shall be made on the basis of this statement.

COMPLIANCE WITH LAWS: The successful proposer shall comply with all applicable federal, state and local laws and regulations pertaining to the practice of the profession and the execution of duties under this proposal including the TEXAS HAZARD COMMUNICATION ACT and THE WILLIAMSON COUNTY HAZARD COMMUNICATION PROGRAM POLICY.

PROPRIETARY INFORMATION: All material submitted to the County becomes public property and is subject to the Texas Open Records Act upon receipt. If a Proposer does not desire proprietary information in the proposal to be disclosed, each page must be identified and marked proprietary at time of submittal. The County will, to the extent allowed by law, endeavor to protect such information from disclosure. The final decision as to what information must be disclosed, however, lies with the Texas Attorney General. Failure to identify proprietary information will result in all unmarked sections being deemed non-proprietary and available upon public request.

WORKER'S COMPENSATION

This contract contemplates services that do not require worker's compensation insurance coverage. However, if it becomes necessary that the bidder provide services related to the project such as delivering equipment or materials, an amended contract will be executed which fully complies with the Texas Labor Code and the Texas Worker's Compensation Commission requirements.

PROPOSAL REQUIREMENTS

Proposers must complete all forms and fill in all information asked for in the blanks provided under each item. Failure to comply may result in rejection of the proposal at Williamson County's option.

The total for each proposal submitted must include any applicable taxes. Although Williamson County (the County) is exempt from most County, State and Federal taxes, this is not true in all cases. It is suggested that taxes, if any, be separately identified, itemized and stated on each proposal. The County cannot determine for the proposer whether or not the proposal is taxable to the County. The proposer through the proposer's attorney or tax consultant must make such determination. Bills submitted for taxes after the proposals are awarded will not be honored.

Proposals deposited with the County cannot be withdrawn before the time set for Proposal Deadline. Request for non-consideration of proposals must be made in writing to the Purchasing Manager and received by the County before the time set for pending proposals. After other proposals are opened, the proposal for which non-consideration is properly requested may be returned unopened. The proposal may not be withdrawn after the proposals have been received, and the proposer, in submitting the same, represents, warrants and guarantees that this proposal has been carefully reviewed and checked and that it is in all things true and accurate and free of mistakes and that such proposal will not and cannot be withdrawn because of any mistake or mistaken assumption of fact committed by the Proposer. Proposer further acknowledges, by submitting this proposal that it is Proposer's intent to be bound by the terms and conditions contained in its submission.

Until final award of the Contract, the County reserves the right to reject any or all proposals, to waive technicalities, to request new proposals, or proceed to do the work otherwise in the best interests of the County.

Proposals will be considered irregular if they show any omissions, alteration of form, additions or conditions not called for, unauthorized alternate proposals or irregularities of any kind. However, the County reserves the right to waive any such irregularities and to make the award that represents the best overall value for the County.

The County reserves the right to reject any or all proposals in whole or in part, to waive any informality in any proposal, to declare inadequate or inappropriate any proposer failing to meet the specifications, and to accept the proposal which, in its discretion, is in the best interests of the County, and all proposals submitted are subject to this reservation. Proposals may be rejected, among other reasons, for any of the following specific reasons:

1. Proposals received after the time limit for receiving proposals as stated in the advertisement;
2. Proposal containing any irregularities;
3. Unbalanced value of any items; and/or
4. Failure to comply with the enclosed contract language.

Proposers may also be disqualified and their proposals not considered, among other reasons, for any of the following specific reasons:

1. Reason for believing collusion exists among the proposers;
2. Reasonable grounds for believing that any proposer is interested in more than one proposal for the work contemplated;
3. The proposer being in arrears on any existing contract or having defaulted on a previous contract;
4. Lack of competency as revealed by a financial statement, experience and equipment, questionnaires, etc;

5. Uncompleted work which, in the judgment of the County, will prevent or hinder the prompt completion of additional work if awarded; and/or
6. Failure to comply with the enclosed contract language.

The successful proposal/proposer may not assign his rights and duties under the award without the written consent of the County's Director of Purchasing. Such consent shall not relieve the assignor of liability in event of default by his assignee.

PROPOSAL SUBMISSION

Though there is **not** a page limit for proposal responses, to save natural resources including paper, and to allow County staff to efficiently evaluate all submitted responses, Williamson County requests that responses be orderly, concise, but comprehensive in providing the requested information. Please limit additional, non-requested information. Please provide your Proposal response using:

- 8 ½" x 11" pages
- The least amount of plastic/laminate or other non-recyclable binding materials
- Single-sided printing

Vendor will submit one (1) original and three (3) hard copies to the County that includes a description of the services provided in this order:

1. Title Page shall include the following:

Company name
Contact name
Address
Telephone Number
Email address
Date of proposal

2. Table of Contents

3. Executive Summary

Include an executive summary, briefly stating the vendor's background, ability to meet key components, understanding of the work to be done and the vendor's ability to meet the County's goals and objectives.

4. Detailed proposal

Proposal shall include an organized response to each section identified in the proposal. Clarity of items, organization of proposal and options shall be clearly identified and communicated. This section shall also include a timeline on key milestones and tasks in bringing the Wellness Center from design to operational by November 1, 2011.

5. Cost of proposed work

The vendor shall provide a simple layout of all projected 1st year and 2nd year costs, including clearly identified startup costs. This simplified version may be supported by explanatory text following the summary layout. These will be reported as all inclusive and will be itemized by component. The fees will be fixed for the duration of the agreement unless otherwise specified. The vendor will clearly state how operating costs will be allocated and accounted for. The vendor will manage Wellness Center costs in line with County requirements.

All proposers must include a financial statement audited by an independent third party.

All proposers must clearly mark cost proposal sections and place them at the front of the proposal.

AFFIDAVIT

STATE OF _____) §
COUNTY OF _____)

_____, of lawful age, being first duly sworn, on oath says, that (s) he is the agent authorized by the proposal to submit the attached proposal. Affiant further states that the proposal has not been a party to any collusion among proposals/proposers in restraint of freedom of competition by agreement to proposal at a fixed price or to refrain from proposing; or with any state official, County employee, County Commissioner, or benefit consultant as to quantity, quality, or price in the prospective contract, or any other terms of said prospective contract; or in any discussions or actions between proposals/proposers and any state official, County employee, County Commissioner, or benefit consultant concerning exchange of money or other things of value for special consideration in the letting of this contract.

Subscribed and sworn to before me this _____ day of _____, 2011.

(Notary Public)

State of _____

My Commission Expires: _____

Carrier/Administrator: _____

Vendor: _____

Conflict of Interest Questionnaire

Effective January 1, 2006, Chapter 176 of the Texas Local Government Code requires that persons, or their agents, who seek to contract for the sale or purchase of property, goods, or services with the County, shall file a completed conflict of interest questionnaire with the County Secretary not later than the seventh (7th) business day after the date that the person: (1) begins contract discussions or negotiations with the County; or (2) submits to the County an application, response to a request for bid or proposal, correspondence, or another writing related to a potential agreement with the County. The Conflict of Interest questionnaire **form is available below** or from the Texas Ethics Commission at www.ethics.state.tx.us. Completed questionnaires may be mailed or delivered to Williamson County Purchasing Department, Attn. Jonathan Harris, Williamson County Inner Loop Annex, 301 SE Inner Loop, Suite 106, Georgetown, Texas, 78626.

SEE BELOW

CONFLICT OF INTEREST QUESTIONNAIRE Page 1

For vendor or other person doing business with local governmental entity

This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.

By law this questionnaire must be filed with the records administrator of the local government not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of person doing business with local governmental entity.

2 ☐ **Check this box if you are filing an update to a previously filed questionnaire.**

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name each employee or contractor of the local governmental entity who makes recommendations to a local government officer of the governmental entity with respect to expenditures of money AND describe the affiliation or business relationship.

4 Name each local government officer who appoints or employs local government officers of the governmental entity for which this questionnaire is filed AND describe the affiliation or business relationship.

CONFLICT OF INTEREST QUESTIONNAIRE Page 2
For vendor or other person doing business with local governmental entity

5 Name of local government officer with whom filer has affiliation or business relationship. (Complete this section only if the answer to A, B, or C is YES.

This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or other relationship. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire? ☐ Yes ☐ No

B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity?
☐ Yes ☐ No

C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?
☐ Yes ☐ No

D. Describe each affiliation or business relationship.

6

 Signature of person doing business with the governmental entity

 Date

STATEMENT OF COMPLIANCE

Please submit as a part of your proposal the following information:

RE: Williamson County

We hereby acknowledge receipt of Request for Proposal for Employee Health & Wellness Center Management and Operations and certify that our proposal conforms to the RFP except as detailed below:

Organization

Signature

Date

Title

FELONY CONVICTION NOTICE

Statutory citation covering notification of criminal history of contractor is found in the Texas Education Code Section 44.034. Following is an example of a felony conviction notice:

FELONY CONVICTION NOTICE

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states "a person or business entity that enters into a contract with a municipality must give advance notice to the County if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony."

Subsection (b) states "a municipality may terminate a contract with a person or business entity if the County determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The County must compensate the person or business entity for services performed before the termination of the contract."

THIS NOTICE IS NOT REQUIRED OF A PUBLICLY-HELD CORPORATION

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

VENDOR'S NAME: _____

AUTHORIZED COMPANY OFFICIAL'S NAME (PRINTED): _____

A. My firm is a publicly held corporation; therefore, this reporting requirement is not applicable.

Signature of Company Official: _____

B. My firm is not owned nor operated by anyone who has been convicted of a felony:

Signature of Company Official: _____

C. My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:

Name of Felon(s): _____

Detail of Conviction(s): _____

Signature of Company Official: _____

BONDING, INSURANCE AND INDEMNITY

Performance, Payment, and Maintenance Bonds

The successful contractor for renovation and construction of the chosen facility site must furnish performance, payment and maintenance bonds with appropriate "powers or attorney" in the amount of one hundred percent (100%) of the contract total maximum price from a corporate surety authorized (licensed) by the State of Texas and acceptable to the County.

Insurance

The Proposer, acting as an independent contractor, must provide the following insurance, which must be kept in force during the term of the contract. Performance under the contract will not start until this obligation has been met.

<u>TYPE</u>	<u>AMOUNT</u>
Workers' Compensation	Statutory Limits
Employer's Liability	\$1,000,000
Comprehensive General/Liability	\$1,000,000 (Combined Single Limit)
Consultants, architects, engineers, landscape Design specialists, other professional services	\$500,000 Professional Liability with proof that aggregate is still Available
Professional Malpractice Insurance	\$400,000 / \$800,000

The successful contractor must provide insurance certificates satisfactory to Williamson County within ten (10) working days after notification of award. Failure to supply such insurance shall be a breach of contract. All policies shall be of the "occurrence type" and Williamson County **shall be listed as an additional insured** (to the extent Contractor/County are indemnified pursuant to the indemnity provisions herein) on all certificates of insurance. Additional Insured Clauses does not apply to Workers' Compensation and Employer's Liability. A waiver of Subrogation Clause, naming Williamson County, "shall be included" on all types of coverages.

Thirty (30) days prior written notice to the County of cancellation or material change endorsement shall be attached to all policies.

Insurance certificate to be submitted with proposal.

Indemnity

The successful contractor shall defend, indemnify and hold harmless Williamson County and all its officers, agents and employees who are participating in this contract from all suits, actions or other claims of any character, name and description brought for or on account of any negligent act or fault of the contractor, or of any agent, employee, subcontractor or supplier in the execution of, or performance under, any contract which may result from Proposal award. Successful Proposer shall pay any judgment with cost which may be obtained against Williamson County and participating entities growing out of such injury or damages.

Tentative Project Time Table

Advertise	May 3, 2011
Deadline for Proposals	June 1, 2011 3:00 pm CDST
Proposal Analysis	June 1- July 1, 2011
Interview Process	July 11-22, 2011
Vendor Contract Negotiations	July 25- August 19, 2011
Commissioners Court Approval	August 23, 2011

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Section A	Background Information
Section B	General Requirements
Section C	Employee Health & Wellness Center Management and Operations Scope of Services

SECTION A: BACKGROUND INFORMATION

The County currently has 1,738 full and part time employees. The group Health plan covers 1,296 employees plus their dependents and 62 retirees plus their dependents. Williamson County has a Self-funded Medical benefit program administered by United Healthcare with (3) Medical Plans to choose from. The Wellness Center would service all eligible employees, retirees and their eligible dependents.

Currently, the County does not manage any medical facility or employ medical staff that offers services similar to those planned for the Wellness Center. Vendors will coordinate within the framework of Williamson County's current health plan and services currently in place, such as the County Wellness Program, and in accordance with Texas Workers Compensation Act.

The County's Wellness Program is currently split into two main focuses. First, is a financial incentive for members who have their Wellness visits done by their PCP. Secondly, the County is instituting a significant rate differential for tobacco use vs. non-tobacco use. It is the County's intent to utilize the new Health & Wellness Center for a majority of these programs.

Through this Wellness Center, the County is committed to partnering with Wellness Center personnel to:

1. promote and encourage healthy behaviors in our employees and to support the wellness initiatives.
2. promote a drug free/tobacco free environment for our employees.
3. ensure injured employees receive prompt and competent treatment with a focus on recovery and return to work.

The County may have a building with ample space for the Wellness Center but will need to be modified. Proposer should prepare a response with the County supplying the facility and without the County supplying the facility.

The bulk of this RFP is for:

Employee Health & Wellness Center Management and Operations

Please note that your inability to quote the above option would not preclude you from being selected as a finalist. Should you have standard products, which do not in their entirety meet the RFP, please feel free to quote based on your standard package. However, you must specify any and all deviations in your quotation and the RFP on the Statement of Compliance. It will be assumed that your proposal is in compliance if deviations are not noted in the Statement of Compliance.

Any prospective proposer will be responsible for having qualified personnel and computerized systems capable of handling an entity of this size and demonstrate your ability to provide the services outlined under the Scope of Services section. The proposer must provide references and proof of the providers' ability to serve satisfactorily to the County.

Commissions, fees, or other reimbursement arrangements must be disclosed. Each proposer must sign the non-collusion Affidavit enclosed or the proposal may not be considered.

SECTION B: GENERAL REQUIREMENTS

1. Exclusions & Limitations

It is imperative that any exclusions, limitations or any deviations be clearly outlined and discussed. A proposer is expected to explain, in detail, any limitations.

2. Commission

No commissions or service fees shall be paid to any party without full disclosure.

3. Compliance with the Request for Proposal

All responses are to be prepared according to the Request for Proposal. Any item(s) your company cannot accommodate are to be disclosed in writing on the **Statement of Compliance Form**. After a commitment has been made by the County, the proposer will be held responsible for all items contained in the specifications.

4. Effective Date

The effective date of the new contract(s) will be November 1, 2011.

5. Quoted Rates

A minimum rate guarantee of 12 (twelve) months is required. Please confirm this guarantee in your response to the proposal and denote any additional guarantees your company may wish to extend to the County. It is the County's intent to establish an initial two-year contract with the new Health & Wellness Center Management Company, provided renewal rates are acceptable and can be given within your proposal. Multiple years, rate guaranteed, contracts will receive preference. The proposal must clearly state:

- a) The guaranteed period of time. Any adjustments on an annual basis must have an acceptable negotiable cap; and
- b) Must include a clause retaining the County's continuing right to terminate the contract at the end of the County's budget period; and
- c) A clause conditioning the continuation of the contract on the County's best efforts to appropriate funds for the payment of the contract.

6. Renewal Rates

The selected vendor is required to deliver a rate adjustment no later than 90 days before the anniversary date each year.

7. Ownership of Records

All records, member files and miscellaneous data necessary to operate the Wellness Center shall be the property of the County. The selected administrator will be asked to transfer records to the County within 30 days of notice of termination.

8. Master Contract

The master contract shall be provided to the County no later than 30 days before effective date. Please confirm your ability to provide this service and meet the deadline in your bid response.

9. Vendor Selection

The selection of the vendor should be made on or before **August 30, 2011.**

10. Right to Audit

The County reserves the right to audit the invoices and supplies, as they pertain to the Health & Wellness Center whenever it is deemed appropriate. Such audits may be performed by the County's personnel or by outside auditors selected by the County.

11. Data Caveat

The data contained in this section has been supplied by the County and United Healthcare. It has been gathered and coordinated by the consultant and reviewed as to accuracy on a "best effort" manner. This request for proposal is qualified to the extent the data provided is accurate.

12. Biography

Please provide a brief biography or relevant experience on key personnel in management.

13. Provider Selection

The County requests the right to interview all potential candidates for employment at the Health & Wellness Center.

14. Client Information

The proposer data needed:

- . 3 termed clients within last 5 years
- . 2 new clients within last year
- . 5 existing clients for 3 or more years

15. Proposer Selection / Consideration

A review committee will judge the merit of the proposals received in accordance with the general criteria defined herein. Failure of vendors to provide in their proposals any information requested in their RFP may result in disqualification of the proposal. The sole objective of the review committee will be to select the proposal that is most responsive to the County's need. The County reserves the right to discard any and all RFP responses if, at the County's sole discretion, it is determined that moving forward would not be economically feasible for the County.

The qualified proposal shall be considered based on the following evaluation criteria:

FACTOR	WEIGHT
Detail and thoroughness of RFP responses (see 1 below)	35%
Cost of Proposal (see 2 below)	35%
Experience (see 3 below)	30%

1. Detail and thoroughness of the RFP responses to each section in the proposal – 35%
 - a. Demonstrated ability to match the County's business needs and expectations with the Wellness Center concept (from building, to supplies and delivery of services by Wellness Center staff)
 - b. Clear descriptions of the various programs, slated to be included in the Wellness Center, including – but not limited to – first-line medical care, chronic disease management, preventive risk factor reduction program, wellness initiatives.
 - c. Evidence of ability to out-refer care to community providers in a congenial way that can be tracked.
 - d. Ability to show patient tracking and activity reporting capabilities.
2. Cost of proposal and services – 35%
 - a. Clearly outline 1st year and 2nd year costs, including those that are one-time and recurring.
 - b. Willingness to comply with County regulations regarding invoicing and payment terms
 - c. Clear statement regarding risk sharing in relationship to attaining cost savings through the Wellness Center (if agreed to).
3. Experience – 30%
 - a. Evidence of Wellness Center management in the public sector, or in absence of public entity, private business Wellness Center.
 - b. Evidence of high employee satisfaction
 - c. Evidence of high patient/participant satisfaction
 - d. Evidence of involvement with County staff to meet expectations
 - e. Past work experience with Wellness Centers

REQUIRED WORDING FOR CONTRACTS

1. Non-Exclusive Agreement. This agreement is non-exclusive, and the plan may make similar agreements with other providers.
2. Indemnification – (Provider)
_____ shall defend, indemnify and hold harmless the plan from any and all claims, demands, liabilities, and expenses (including attorney's fees and costs of defense) incurred by the Plan as a direct and sole result of the performance of its obligations under this agreement.
3. Indemnification – (Plan or the County) – None
4. Ownership of records and databases. Except for microfilm, all records relating to the Plan and the Employer that come into the possession of _____ shall remain the property of the Employer and shall remain confidential; provided that _____ shall have the right to make copies of such records and data and to include data collected during the performance of this Agreement with data collected from other sources to create one or more master databases. All such master databases and any data included therein shall be the property of _____ and shall not be used or disclosed by Employer; provided, however, that _____ shall not disclose to any third party any Employer-specific or Plan-specific data contained in any such master database.

5. Term. This agreement shall commence on November 1, 2011, and continue for twenty-four (24) months thereafter. The Contract Agreement may be reviewed on an annual basis and may be renewed for one (1) additional year beyond the initial twenty-four (24) month period unless Exhibit A (schedule of fees and services) is changed without written approval by the Plan or terminated earlier as provided herein. Either party may terminate this agreement with a 60-day notice.
6. No arbitration.
7. Independent Contractor. _____ is and shall at all times be deemed to be an independent contractor and shall be wholly responsible for the manner in which it performs the services required of it by the terms of this Agreement. Nothing herein contained shall be construed as creating a relationship of employer and employee, or principal and agent, between the Plan and _____ or any of _____'s agents or employees or between _____ and any member of its staff. _____ assumes exclusively the responsibility for its acts and the acts of its employees as they relate to the services to be provided during the course and scope of their employ. _____, its agents and employees shall not be entitled to any rights or privileges of the Plan's employees and/or Members and shall not be considered in any manner to be the Plan employee(s).

Include a "sample contract" for professional services.

Any deviations, whole or in part, must be disclosed in the "Statement of Compliance". Any deviations must be enclosed in RFP. If an agreement is not met between the County and proposer, the proposal will be rejected and a subsequent proposal will be chosen.

SECTION C: EMPLOYEE HEALTH & WELLNESS CENTER MANAGEMENT AND OPERATIONS SCOPE OF SERVICES

I. SCOPE OF SERVICES

The selected organization will be responsible for managing the day-to-day operations of an employee Health & Wellness Center, including the care and treatment of employees, as well as providing enhanced health awareness, education and follow-up on employee health issues.

Specifically, the following core services are expected to be delivered in the center, in conjunction with the current programs in place;

1. Conduct pre-employment physicals as requested;
2. Serve as a collection site for pre-employment, random, reasonable suspicion, post-accident, return to duty and follow-up drug and/or breath alcohol testing in accordance with DOT/FTA testing.
 - a. Testing and specimen collection shall include primarily regulated drug screens in accordance with the procedures in 49 CFR Part 40 – Procedures for Transportation Workplace Drug and Alcohol Testing Programs and comply with the Drug Free Workplace Act and the Department of Transportation regulations, including the use of split samples and bluing agents in the toilet water.
 - b. A certified Breath Alcohol Technician (BAT) will conduct breath alcohol tests in compliance with DOT regulations.
 - c. Provide for proper chain of custody and all necessary forms relating thereto.
 - d. Provide all collection supplies.
 - e. Provide transportation of specimen to laboratories.
 - f. Provide qualified Medical Review Officer (MRO) services for DOT regulated negative test results and determinations for all confirmed positive test results received from the laboratory. (Both regulated and non-regulated.)
 - g. Ensure that negative results of all DOT regulated drug tests are sent for confirmation to the Medical Review Officer within 24 hours. All negative results of Non-Regulated test results must be forwarded to the County within 24 hours. All confirmed positive results must be reported to the MRO within 48 hours (confirmation must be done in compliance with the applicable federal, state and local regulations).
 - h. Provide required reporting in accordance with SAMHSA/NIDA/DOT regulations.****Please note: This service is to be considered as an “add on”. The County would like this service priced separately in order to determine the cost effectiveness.**
3. Give inoculations and vaccinations including flu shots, tetanus, etc. as desired or promoted by the County or during wellness related health screenings and events.
4. Provide minor care for injured employees, in accordance with state law, and case management.
 - a. Prompt Treatment – injuries to receive preferred service (no waiting periods) by a licensed physician.
 - b. Communication with the County: The Physician shall contact the designated Human Resource staff member with the employee’s condition, treatment, prognosis, and return to work status.

- c. Case Management to include loss control, peer to peer review and computerized tracking.
- 5. Provide primary medical care for employees who have non-occupational illness or injuries.
- 6. Provide state of the art technology to support scheduling requirements for employees and online check-in.
- 7. Support wellness initiatives in conjunction with the County's wellness program, including but not limited to conducting:
 - a. Health Screening – Blood Pressure checks, HDL/LDL Cholesterol, Blood Sugar, Total BMI and other screenings as requested during the year.
 - b. Provide employee follow-up and wellness education.
 - c. Offer comprehensive Health Risk Assessments (with reports back to individuals and to the County on an overview of our total risks, what to focus on to reduce risks. All reporting should be in compliance with HIPAA requirements).
 - d. Chronic disease management and monitoring and employee education
 - e. Coordination with the County's wellness representative to support wellness related activities.
 - f. Assist the County in developing wellness initiatives that have a direct impact on potentially reducing identified health risks in the County.
- 8. It is the County's intent that the Wellness Center will provide pharmacy benefits if the cost and implementation is determined to be a benefit to the County and its employees. This will be considered as an option during the review of this Wellness Center feasibility study. If these services are offered, please provide detailed pricing information.
- 9. Provide Pediatric services by a Pediatrician on a limited basis.
- 10. Perform Serum Catinine Test as required by the County Tobacco/Non-Tobacco Policy.

II. WELLNESS CENTER HOURS

The Wellness Center is expected to operate initially during normal business hours of 8:00 am to 8:00 pm. Due to various shifts that employees work at the County, the requested hours of operation are as follows.

Monday:	10am – 2pm
Tuesday & Thursday:	12pm – 8pm
Wednesday & Friday:	9am -5pm
Saturday:	10am -2pm

Alternate hours or extended hours may be proposed as options, but should be quoted in addition to the standard operating hours. Hours may be extended after the Wellness Center is operational, based on demand, demonstrated success in meeting the County's expectations and quality of care.

After-hours, weekend and emergency care will be provided through established Urgent Care Centers and ER Facilities.

If the Wellness Center is to be staffed by someone other than an MD/DO during the evening hours or Saturday hours, please explain the licensure of the individual you expect to fulfill those hours. A Nurse Practitioner is acceptable to the County during these hours.

III. REPORTING

The selected vendor will deliver management reports on an agreed upon timeframe (quarterly, etc.) to include:

- a.** Wellness Center census data (employees seen/day; time/visit; etc)
- b.** Financial performance data
- c.** Employee satisfaction data
- d.** Referral data
- e.** Cost savings
- f.** Wellness initiatives and efforts

In addition to the above mentioned reporting requirements, the County is also requesting that member specific disease states are transmitted to the designated Disease Management Company on a monthly basis.

IV. WELLNESS CENTER MANAGEMENT AND OPERATIONS

- a.** The selected vendor will operate the Wellness Center on a day-to-day basis to include, but not limited to, the following components:
 - i. Staffing of medical, technical and support staff that demonstrate strong interpersonal skills, exceptional service philosophy and passion for the treatment, care and recovery of patients;
 - ii. Supply and inventory management;
 - iii. Medical administration of patient care including patient management and referral management;
 - iv. Maintain communications with County officials regarding patient status within HIPAA and ADA guidelines;
 - v. Maintain employee records in a secured environment and efficient manner and in compliance with HIPAA regulations;
 - vi. Actively manage the County's employee health by deploying target wellness and chronic disease management initiatives with internal or subcontracted vendors;
 - vii. Maintain open dialogue with the County's medical providers and County officials in charge of those functions to balance the employee's recovery;
 - viii. Assist and actively engage in cost savings management initiatives;
 - ix. Provide regularly scheduled reports to the County that sufficiently describe the program impact, cost impact, employee satisfaction, and other parameters as agreed upon with the County;
 - x. Manage and dispense prescription drugs, to include specialty pharmacy and biotech medicines, etc.;
 - xi. Refer members to cost effective, local providers who are in the County's PPO Network.

- b. Wellness Center Start-up**

The selected vendor will be expected to engage in development work leading to an efficient and successful Wellness Center. To that extent, the vendor, in tandem with County officials, or County designated representatives, will extend any of its purchasing benefits, resources, networking contracts, or additional opportunities to minimize cost and optimize resources. The Wellness Center is to be furnished and maintained in the most professional and efficient manner possible.

c. Communications and Promotion of the Wellness Center

The vendor will provide resources and expertise to ensure an optimal and positive positioning of the Wellness Center at time of opening. The County values the employees' high endorsement received from the surveys and interviews and expects that to translate into high participation volumes. In recognition of that, the vendor will coordinate its marketing and promotional efforts with County interests.

d. Quality Assurance and Liability

- i. The selected vendor will provide proof of high patient service quality through its patient satisfaction program, patient complaint handling and its conformance with regulatory requirements. Given the oversight by Risk Management and Employee Benefits, this aspect will be emphasized during the selection process.
- ii. The vendor will clearly state the extent to which it will accept liability for the services provided and the extent to which the County will be liable. The vendor will provide any examples of liability cases that it may be aware of to assist the County in determining its potential liability.

e. Add-On Services

The vendor, with County approval, will recommend additional services on an as-needed basis. Such services will be evaluated on medical and cost aspects as well as overall impact to the County. One such item the County is interested in is an X-ray Machine. Please give a separate cost breakdown of having such services available in the Wellness Center and include advantages and disadvantages.

V. EXPERIENCE AND HISTORY

The vendor shall provide a demonstrated history of successful Wellness Center design, start-up and management. The vendor shall provide detail to outline projected steps in Wellness Center startup and provide at least one site visit for 2-3 County staff of a recently implemented and operational Wellness Center similar in scope to what the County is requesting. References of the proposer's Wellness Centers shall include: a Wellness Center in operation in excess of 5 years, less than 5 years and newly implemented. It is important that the County obtains a comfort level with the vendor for the quality of work proposed as well as the conceptual fit of the Wellness Center with the County's intent to manage cost and optimize employee relations. Further, the proposer must disclose how they will find staff to work in the Wellness Center that fit the County's organizational culture of care and service delivery expected of a world-class organization.

Scope of Services Questionnaire

Williamson County seeks a company to offer on-site medical services to its employees and dependents to include but not limited to primary care, health risk assessments, call support, immunizations, injections, new hire physicals, exams and screenings (including random and required drug testing), prescriptions, pharmaceuticals, disease management, and primary care case management. In addition to on-site healthcare the County desires the on-site medical services to provide health risk assessments and handle on-the-job injury services including treatment of injuries and case management. The County is also interested to know if the proposer can offer disease management services driven by its health plans medical and pharmacy claims data so it can reach members who don't access the Wellness Center. The provider will work with the County's existing wellness program to provide educational, intervention and incentive programs. The company must comply with all guidelines and regulations set forth in the Health Insurance Portability and Accountability Act (HIPAA).

In order for the County to fully understand your services, please answer the following questions as thoroughly and succinctly as possible:

Primary Care:

1. How are appointments scheduled?
2. How many appointments per day are you estimating?
3. Clearly explain:
 - a. What level of staff you are projecting (P.A., Nurse, MD, etc)
 - b. Their normal projected salary
 - c. Their projected hours per day at the Wellness Center
4. Is the appointment scheduling process available online?
5. Describe the types of problems that can be addressed on-site.
6. Describe if you support implementing a pharmacy on-site or recommend this as a 2nd phase.
7. What hours of operation are you proposing?
8. What if a disease process escalates?
9. Will your physician(s) have hospital privileges? If so, where?
10. Describe the primary care case management process.
11. What if the medical team is not available on the day the care is needed?
12. How will you refer after hours issues?
13. The County will expect some pediatric coverage at the Wellness Center, please explain how you can and will address this coverage.

Pharmacy:

1. Please explain your methodology for dispensing prescription drugs through the Wellness Center.
2. Please explain in detail how you propose to handle the inventory of Prescription drugs.
3. What guarantees are you willing to put in place, assuring the County they will not be at risk for Out of Date Prescriptions?
4. Is your organization capable of supplying the County EMS Department with their medical supplies? If so, at what costs?
5. Please explain how your ability to supply specialty and biotech drugs through the Wellness Center.
6. How would you propose getting prescriptions to members who live a great distance from the Wellness Center?

Communication Plan & Member Services:

Please provide a proposed communication plan for introducing the on-site healthcare and wellness program and reference the on-going communication process. Outline your company's responsibilities in these processes.

Please include copies of your educational materials and timelines for distribution.

1. How can employees communicate with the medical team?
2. How do you determine locations of service and standard hours of operations for member services?
3. Will you utilize existing resources for Wellness Centers?
4. What staffing do you envision?
5. What days and hours of operation do you recommend?
6. Describe your ability to provide health care on nights and weekends.
7. Is your health risk assessment available both on-line and off-line?
8. Can your website be linked with the County's website?
9. Describe your ability to communicate with an employee population that is geographically dispersed. Provide examples if appropriate.
10. Discuss the frequency and type of communications that eligible persons will receive throughout the program period.
11. How can an employee access your company for Member Services after hours?
12. Provide your web address and any access codes needed to explore your services.
13. Are you willing to let the County use its own branding on communication and program materials?

Identification of High Risk Individuals:

Understanding that there are a variety of methodologies for implementing a HRA/targeted intervention process, please explain in detail the HRA/targeted intervention model that your organization would recommend be implemented. Explain the rationale behind your recommendation. Please keep in mind that this needs to be a confidential process following all HIPAA guidelines.

1. How would your company identify high-risk members?
2. Please describe your methodology for tracking and intervening with high-risk members on an on-going basis.
3. Do you stratify members by severity of risk for complication? Please elaborate.
4. What Health Risk Assessment (HRA) do you use and how long have you used it? List all risk factors you identify in your profile. Please provide a sample HRA in your response.
5. How often do you recommend that the members have an HRA?
6. Please describe turn-a-round time for each of the following areas:
 - a. Providing the HRA results to individuals;
 - b. Contacting individuals for possible interventions;
 - c. Providing the County with a summary report of the initial HRA results.
7. Please describe how your organization would provide a system to assist HRA participants in completion of their questionnaires and in the interpretation of their personal profile.
8. What level of participation can we expect in year one, two and three of this program?

9. Describe how your organization will set and reach participation goals?
10. Do you recommend using incentives? If so, please describe the incentives your organization recommends.
11. Please describe your plan to involve new employees in the HRA process.
12. Please describe your capabilities to update an individual's HRA record while conducting follow-up calls.
13. How does your HRA monitor and report individual changes from year to year?
14. Describe in detail how Wellness Center data gathered at the Wellness Center will be shared with the County's Case Management/Disease Management vendor.
15. Describe how you envision working collectively with the County's Case Management / Disease Management Vendor.

Intervention:

Please describe a typical intervention conversation.

1. Are telephone conversations monitored for quality assurance? If so, how?
2. Describe the process for engaging the targeted individual.
3. Describe the process for persons you are unable to reach.
4. Describe and provide samples of any support materials used with the intervention.
5. Describe the process for documentation and tracking of each conversation.
6. Describe and provide samples of any management reports on intervention activity.
7. How do you link to on-site or community programs (Employee Assistance Programs, Wellness Screenings, etc.)?
8. Describe your methods for ensuring confidentiality of caller information.
9. Indicate what type of provider interventions and education your plan provides and the results of these interventions.

Measurement Tools & Results:

Provide a copy of your quality assurance program. This should include standard measurement criteria for on-site healthcare activities, costs, outcomes, HRA, disease management, member services, member intervention and educational materials.

1. How would you propose measuring the outcomes and success of the overall program?
2. Describe your standard management reports. Describe your custom reporting capabilities and the associated costs. Please provide a recommendation and examples of reports that you would provide the County.
3. Provide examples of the following:
 - a. On-site healthcare activity report
 - b. HRA and member profile

- c. Member participation
 - d. Member intervention
 - e. Financial summary/savings report
 - f. Are management reports available on-line?
4. Describe how your plan specifically evaluates the effectiveness of primary care case management. Include any results of the evaluation as an attachment.
 5. Provide all Wellness Center indicators used to track the success of the program and the results, if any, by year since inception of the program.
 6. Describe specifically how records for individuals with both personal health and job injury Wellness Center experience will be managed.

HIPAA Compliance:

1. Is your firm HIPAA compliant?
2. Describe your system for the assurance of personal health data security.
3. Has your network security systems ever been breached? If so, please explain in detail.

Proposed Program Costs:

It is the County's intention to provide on-site health care and population health management services including health risk assessment to every employee and their dependents on our self-funded medical plan.

Please include the following in your detailed pricing qualifications:

1. Fees broken out for each recommended key component of making the Wellness Center operational:
 - a. Average cost per visit
 - b. Hours per day per staff
 - c. Salaries of Staff
 - d. Supply costs
 - e. Expected number of visits per day
 - f. Any other estimated costs

Advertising of Projects

The Williamson County Purchasing Department is continually looking for efficient ways to notify vendors regarding our bids, proposals, and requests for qualifications, and wants to know how vendors are finding out about County projects. Though not a requirement, please answer and submit the following short survey with your RFP response. Thank you in advance for your feedback.

My company/firm was made aware of the RFP by:

- | | |
|--|--------------------|
| a. An ad in the Austin American Statesman newspaper | _____ Yes _____ No |
| b. An ad in the Williamson County Sun newspaper | _____ Yes _____ No |
| c. An email notification from the County | _____ Yes _____ No |
| d. The County Purchasing Department website | _____ Yes _____ No |
| e. County Department or Employee | _____ Yes _____ No |
| f. Plan room(s)
Name of Plan Room(s) _____
_____ | _____ Yes _____ No |
| g. Texas Comptroller, Electric State Business Daily | _____ Yes _____ No |
| h. Other: _____ | _____ Yes _____ No |

Any additional advertising suggestions?



WILLIAMSON COUNTY CONFLICT OF INTEREST STATEMENT

I hereby acknowledge that I am aware of the Local Government Code of the State of Texas, Section 176.006 regarding conflicts of interest and will abide by all provisions as required by Texas law.

Printed name of person submitting form:

Name of Company:

Date:

Signature of person submitting form:

Notarized:

Sworn and subscribed before me

by: _____

on _____
(date)

WILLIAMSON COUNTY PROPOSAL FORM
EMPLOYEE HEALTH & WELLNESS CENTER
MANAGEMENT AND OPERATIONS

PROPOSAL NUMBER: 11WCP1007

NAME OF PROPOSER: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Telephone: (_____) _____ Fax: (_____) _____

The undersigned, by his/her signature, represents that he/she is authorized to bind the proposer to fully comply with the terms and conditions of the attached Request for Proposal, Specifications, and Special Provisions for the amount(s) shown on the accompanying proposal sheet(s). By signing below, you have read the entire document and agreed to the terms therein.

Signature of Person Authorized to Sign Proposal

Date: _____

Printed Name and Title of Signer: _____

DO NOT SIGN OR SUBMIT WITHOUT READING ENTIRE DOCUMENT

THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH PROPOSAL

Williamson County Inner Loop Annex

Address:

**301 SE Inner Loop
Georgetown, TX 78626**

Directions:

From South (Austin, Round Rock)

Take IH-35 Northbound

Exit 259

Stay on frontage road for approximately 2 miles

At stop sign, go right on Inner Loop

Just past Snead Drive, the Inner Loop Annex is on the left

Main entrance is on the side of the building by the flagpoles

From North (Georgetown, Jarrell)

Take IH-35 Southbound

Exit 259

At stop sign, go left under the overpass

At stop stay straight onto Inner Loop

Just past Snead Drive, the Inner Loop Annex is on the left

Main entrance is on the side of the building by the flagpoles

