



DeKalb County
Department of Purchasing & Contracting
Maloof Administration Building, 1300 Commerce Drive, 2nd Floor,
Decatur, Georgia 30030

REQUEST FOR PROPOSALS (RFP)
FOR
MEDICAL SERVICES (ANNUAL CONTRACT WITH FOUR (4) OPTIONS TO RENEW)

Solicitation No.: 2026-026-RFP
Procurement Agent: Kyheem Bristol
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Advertisement Date	October 12, 2026
Mandatory DeKalb LSBE Meeting (Bidders must attend 1 meeting on either of the dates listed in person or via video conference.): (Mandatory)	October 14, 2026 and October 21, 2026 For attendance instructions utilize the following link: https://dekalbcountyga.gov/departments/purchasing-and-contracting/lsbe-program (Meetings are held at 10:00 a.m. and 2:00 p.m.)
Pre-Proposal Meeting (Mandatory)	October 20, 2026, 3:00pm https://dekalbcountyga.zoom.us/j/81483942158
Question Submission Deadline	October 23, 2026, 5:00pm
Response Submission Deadline	November 12, 2026, 3:00pm https://dekalbcountyga.zoom.us/j/86196148223

THE RESPONSIBILITY FOR SUBMITTING A RESPONSE TO THIS BID TO THE DEPARTMENT OF PURCHASING AND CONTRACTING OF DEKALB COUNTY GOVERNMENT ON OR BEFORE THE STATED DATE AND TIME WILL BE SOLELY AND STRICTLY THE RESPONSIBILITY OF THE BIDDER.

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SOLICITATION NO. 2026-026-RFP

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I. INTRODUCTION

The County of DeKalb, GA (the "County"), is requesting Proposals for MEDICAL SERVICES (ANNUAL CONTRACT WITH FOUR (4) OPTIONS TO RENEW). Proposals are to be submitted via the County's eProcurement Portal via <https://procurement.opengov.com/portal/dekalbcountyga> **PRIOR TO 3:00 pm on Thursday, November 12, 2026. Late Proposals will not be accepted.**

Project work includes services provided by an Occupational Medical Services provider to deliver high-volume physical exams, drug/alcohol testing, CDL and public-safety certifications, 24/7 emergency testing, and fully integrated electronic reporting for a diverse 6,300-employee workforce.

DeKalb County Government (the County) requests qualified individuals and firms with experience in providing Medical Services as described in the Scope of Work to submit proposals for MEDICAL SERVICES (ANNUAL CONTRACT WITH FOUR (4) OPTIONS TO RENEW).

A. Background

DeKalb County Government has a workforce of approximately 6,300 full and part-time employees performing a wide range of functions and direct services for the citizens of the County. The employees work in forty-three (43) different departments with offices or work locations within a 279 square mile area. Our general operations are conducted during normal workdays, but certain offices must provide services seven (7) days per week, twenty-four (24) hours a day, such as the Sheriff's Department, Fire, Police, Wastewater Treatment Plants and others.

DeKalb County's operations are widespread throughout the County with central administrative offices located in the Manuel Maloof Building at 1300 Commerce Drive in downtown Decatur. We employ a widely diverse workforce including Officials and Administrators, Professionals, Technicians, Clerical and Administrative Workers, Public Safety Workers, Skilled Crafts Workers, and General Labor and Maintenance Workers. The County desires to offer pre-employment physicals and drug and alcohol testing services to the workforce through an external provider.

B. Overview

DeKalb County, via the Human Resources & Merit System (HRMS) Department, is seeking an experienced, professional and qualified medical service provider to administer Post Offer/Pre-Employment Physicals and Fitness for Duty Physicals performed by a Board-Certified Occupational Medicine Physician.

This will be a base, one (1) year contract with four (4) one-year options to renew. The initial contract period shall commence upon issuance of the written notice to proceed and continue for twelve (12) months. Subsequent contract periods may be renewed based on satisfactory performance until the end of the award period.

This RFP and the resulting contract are contingent upon available funding and is subject to federal budgetary policy decisions. Funding of contracts achieved and that have approved funding available, will have the option to extend the contract for up to four (4) additional one-year periods. The option for extension is at the discretion of DeKalb County and is not guaranteed.

The services shall commence within ten (10) calendar days after acknowledgement of receipt of written notice to proceed and shall be completed within twelve (12) months.

C. Support Resources

Please find vendor guides from OpenGov to support vendor registration and submittal efforts at the following link: <https://opengov.my.site.com/support/s/article/ca6d1285-1e48-4a21-bb0d-715edb7794ed>

If you are still having issues, please reach out to the OpenGov Support Team at support@opengov.com or (650) 336-7167 from 7 AM to 10 PM Eastern.

II. PROJECT CONTACT

Project Contact

Kyheem Bristol

Procurement Agent

1300 Commerce Drive, 2nd Floor

Decatur, GA 30030

Email: kbristol@dekalbcountyga.gov

Phone: (404) 371-7063

III. SCOPE OF WORK

Support Resources

Please find vendor guides from OpenGov to support vendor registration and submittal efforts at the following link: <https://opengov.my.site.com/support/s/article/ca6d1285-1e48-4a21-bb0d-715edb7794ed>

If you are still having issues, please reach out to the OpenGov Support Team at support@opengov.com or (650) 336-7167 from 7 AM to 10 PM Eastern.

A. OVERVIEW:

DeKalb County Government (the County), Department of Human Resources & Merit System is seeking a qualified Medical Services firm or firm(s) that provides Occupational Medical Services which includes Pre-employment Examinations, Fitness-for-Duty Evaluations, and other Ancillary Testing. The Medical Services provider must provide physical examinations, Commercial Driver's License (CDL) medical certification and recertifications, Peace Officer Safety Training (P.O.S.T Certification and Recertification's); special examinations such as hazmat/respirator fit evaluations; COVID-19 testing, medical consultations/testimony;

drug and alcohol (random, post-accident, reasonable suspicion, and pre- employment testing) services. The Physical Agility Testing must administer a designed battery of tests to evaluate applicant's ability to perform essential job functions. All services should be performed and/or overseen by a Board-Certified Occupational Medicine Physician.

B. QUALIFICATIONS AND SCOPE OF WORK REQUIRED OF THE PROVIDER IN ORDER TO SUBMIT A PROPOSAL:

A. QUALIFICATIONS REQUIRED OF THE PROVIDER IN ORDER TO SUBMIT A PROPOSAL:

1. Essential Qualification Requirements:

a. Credentials:

- Licensed by the State of Georgia to do business; and
- Appropriate professional licensing, certifications, and/or registrations of all professionals providing services

b. Experience:

- At least three years of experience providing specified services;
- Demonstrated ability to provide specified services in a timely manner; and
- Clear and demonstrated record for maintenance of client records in alignment with O.C.G.A. § 50-18-92.

c. Hours and Proximity:

- Office hours of at least five (5) full days per week at locations conveniently located to 4380 Memorial Drive, Suite 400, Decatur, GA 30032;
- At least one 24-hour facility/location with full-service capability available 7 days a week in DeKalb County, GA, available at no extra charge to the County;
- At least two additional facilities/locations available with extended hours before 7 am and after 6 pm with full-service capability, within 25 miles of 4380 Memorial Drive, Suite 400, Decatur, GA 30032, available at no extra charge to the County; and
- Mobile or onsite testing for DeKalb County Government random program Monday – Friday.

d. Technological Capabilities:

- Use of technology that provides seamless integration of service requests, random program management, county overview reports, and scheduling workflow reports;
- Advanced electronic scheduling system, i.e., bulk scheduling for department contacts and self-scheduling for applicants for all authorized services, with prior authorization from appropriate Human Resource representatives;

- System-generated and self-accessible analytic operational reports (i.e., wait time, lab & visit processing time, qualified/disqualified, pending, volume, DOT expiration, and client summary reports) and ad hoc reports (i.e., Department and county level reports on positive drug & alcohol test, total positives, type of drug by percentage, recertification failures, reason for failure by percentage etc.) The primary output format for the reports should be Excel. For certain reports, as defined by the client team, additional output formats such as CSV, TXT, and PDF should also be available;
- Timely and accurate independent electronic notification of exam (pass/fail/pending) statuses via email or other automated methods;
- Service and component level notification to the correct DeKalb County Government representative (for example, a service consisting of components a, b, and c can be grouped or separated by component and sent to three different parties based on their access level in the system);
- EMR/EHR system must have the capability to securely send and receive all data via automation or real-time, related to the contracted medical services to and from the County's case management/EMR system and Oracle HCM (e.g., via OAuth 2.0 Rest API, SFTP with SSH key-based authentication, or other approved methods);
- EMR/EHR system must have the capability for client-generated customized reports, including but not limited to wait time, lab, registration, and visit processing time, pending, disqualification, self-scheduling, and other ad hoc reports as needed.
- An SFTP interface with SSH key-based authentication, including defined file requirements and templates supporting .xls, .csv, and/or .txt uploads, to facilitate bulk and self-scheduling of pre-employment physical candidates, at a minimum;
- A secure online portal for the County to order, retrieve, monitor exam statuses/results, and run various client-generated reports; and
- A dedicated development environment, separate from the production environment, to support testing, configuration, and validation of all system functionality. This environment will be used for quality assurance, user acceptance testing, and troubleshooting before migrating to the live production environment.

e. Processing Capabilities:

- Dedicated client liaison to assist DeKalb County Government with all Occupational Health needs during the life of the contract (Liaison will assist with administrative nuisances, for example, walk-ins, invoice auditing, out-of-state examinations, and issues causing the failure of results to post within three business days
- Applicants & employees receiving referral letters for clearance must be allowed to resolve within 45 days at no additional charge to DeKalb County Government;
- Pending results must be resolved within 45 days at no additional charge to DeKalb County Government;

- Workflow notification must be provided at each phase (for example, a DOT physical requiring additional information from the Primary Care Provider. DeKalb must be notified when the employee provides updated information, if the status changes, or if the status remains the same and the employee needs to provide additional information); and
 - Appropriate accounting and billing procedures in alignment with Generally Accepted Accounting Principles (GAAP) set by the Financial Accounting Standards Board (FASB).
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B. DESCRIPTION OF PROJECT RESPONSIBILITIES:

The Contractor selected to provide occupational medical services must be responsible for performing the following:

1. Assign a dedicated client liaison to assist DeKalb County Government with all Occupational Health needs during the life of the contract (Liaison will assist with administrative nuisances, for example, walk-ins, invoice auditing, out-of-state examinations, and issues causing the failure of results to post within three business days
2. Obtain a qualified Medical Review Officer (MRO) who is a licensed physician. The MRO must be:
 - a. Knowledgeable about and have clinical experience in controlled substance abuse disorders, including detailed knowledge of alternative medical explanations for laboratory confirmed drug test results.
 - b. Knowledgeable on issues relating to adulterated and substituted specimens as well as the possible medical causes of specimens having an invalid result.
 - c. Knowledgeable on the Department of Transportation (DOT) Medical Review Officer (MRO) Guidelines and the DOT agency regulations applicable to DeKalb County.
 - d. Comply with all guidelines under the Department of Transportation's (DOT) regulation, 49 CFR part 40, for all alcohol and drug screening performed for this contract.
 - e. Contact the designated employee representative (DER) immediately if unable to contact the donor after 24 hours and three attempts. Report results after 24 hours if DER is unable to have the donor contact the MRO.
3. Assign a licensed physician or nurse practitioner/ physician assistant to complete all medical exams. The physician(s) must be a Georgia-licensed medical doctor with recent documented training in occupational health and comprehensive knowledge of Federal Motor Carrier Safety Administration regulations, the Family Medical Leave Act, the Americans with Disabilities Act, the terms of this contract, the physician requirements to perform the county jobs relative to this contract, and related county policies. The physician must provide a professional assessment of an applicant/employee's ability to perform a specific job. Nurse practitioners or physician assistants must work under the direction of Board-Certified Occupational Medicine physicians.
4. Provide a back-up licensed medical doctor, certified medical examiner/Department of Transportation (DOT), and certified Medical Review Officer (MRO) who is familiar with all aspects of the Occupational

Medicine Services contract. The Contractor must receive prior approval from DeKalb County Government's HR Director.

5. Conduct Department of Transportation (DOT) / Commercial Driver's License (CDL) physical examination by a licensed medical examiner listed on the Federal Motor Carrier Safety Administration (FMCSA) National Registry. The term medical examiner includes, but is not limited to, Doctor of Medicine (MD), doctors of osteopathy (DO), physician assistants (PA), advanced practice nurses (APN), and Doctor of Chiropractic (DC).
6. Provide expert testimony in administrative, legal, or arbitration proceedings on any claim or grievance arising out of employment examinations, tests, or matters related to the services in this scope. Whenever possible, the County will give a 48-hour notice.
7. Consult with and advise the County's management by telephone or in person as needed. Direct communication with the physician(s) is required on an as-needed basis. The Contractor must be available for the quarterly partnership meeting at a mutually agreeable time and location.
8. Have a thorough knowledge of laws governing occupational medicine for transportation, understand the physical and mental requirements to perform the County's relevant jobs, attend meetings, and be prepared to discuss and make recommendations to the County's designated staff on employees' fitness for work and reasonable accommodation issues.
9. Reserve the County's ability to review the credentials, interview the physician(s), and key personnel before their assignment to the County's contract. The County requests the right to approve physicians or key personnel assigned to this Contract. The County also requests the right to approve collectors, technicians, and testing laboratories.
10. Provide the County with a chart detailing its organizational structure and a written policy on the communication workflow between the Contractor and the County. Maintain a current training and/or retraining plan for key staff. The plan must include, at a minimum, the type and frequency of training.
11. Have at least one facility conveniently located to 4380 Memorial Drive, Suite 400, Decatur, GA 30032 that is open twenty-four hours a day in DeKalb County, seven days a week, and conveniently located for random, reasonable suspicion, post-accident drug and alcohol testing for substance abuse analysis, and for walk-in appointments as necessary. Provide a list of facilities conveniently located and easily accessible to the DeKalb County worksites and service areas with free parking to accommodate multiple fire trucks and heavy equipment, which will offer services under this statement of work. Random test schedules, including on-site screenings, will be set by the County's Designated Human Resources Representative, and session information will be provided to the Contractor.
12. Agree not to render services to any employee without proper written authorization. If services are rendered without proper written authorization, the County reserves the right to withhold payment for that service. Except in cases where after-hours are coordinated by the County's Occupational Compliance Division (OCD) only, verbal authorization will be accepted, i.e., post-accidents, officer-involved incidents, and reasonable suspicion.
13. Provide a monthly, quarterly, and yearly service report documenting service usage as outlined in the Statement of Work, including but not limited to exam/test type by category, total number of tests conducted, test/exam type outcome, i.e., qualified, disqualified, positive, negative, expiration dates,

(DOT) medical certification cards by length (2 yr., 1yr., 6m, 3m, 30 days), etc. In addition, wait time, processing times, scheduling workflow time, and turnaround times must be included.

14. Grant access to the OCD staff with ad hoc privilege to generate reports as needed for analysis and trending of exams and testing data on an as-needed basis. If specific strategic reports cannot be generated via the OCD staff access, the Contractor will generate all ad hoc reports within 48 hours of the request at no additional cost to the County.

15. Provide certified Breath Alcohol Technician and professional Collectors to conduct on-site post-accident Department of Transportation (DOT) and Non-Department of Transportation (non-DOT) testing for emergency room/hospitalized employees involved in vehicle accidents and/or Officer involved incidents for emergency room (ER)/hospitalized employees, coordination and collection by the Contractor must occur within two (2) hours of the accident.

16. Must provide drug and alcohol testing at DeKalb County satellite location (4380 Memorial Drive, Suite 400, Decatur, GA 30032) and provide mobile services as well. The staffing plan should be included in the proposal.

17. Conduct reasonable suspicion Evidential Breath Testing on an employee when directed to do so by a designated County Manager. Employees covered by U.S. Department of Transportation (DOT) provisions are subject to tests prescribed by federal regulations, including random testing. The County will require a certified Breath Alcohol Technician (BAT) to be available 24 hours a day to provide this test if required for post-accident or reasonable suspicion. All testing will be conducted strictly in accordance with the DOT regulations and the DeKalb County Drug and Alcohol Testing Program and Policy.

a. Results of negative drug/alcohol tests must be made available to DeKalb County within 48 hours. Notification of positive drug and alcohol test results will adhere to U. S. Department of Transportation (DOT), 49 CFR Part 40 Procedures for Transportation Workplace Drug and Alcohol Testing Programs. The contractor must have in place a protocol for communicating sensitive exam and testing results, which must be made available upon request by the County's Occupational Compliance Manager. For all drug screenings in which the initial screen indicates a positive result for a specified substance, the contractor's MRO must interview the donor. If an MRO is unable to contact a DeKalb County employee to discuss a positive test result within 24 hours, DeKalb County's Human Resources Department must be contacted to resolve the issue. If the County cannot contact the donor within 24 hours, the MRO must report the positive non-contact.

b. The MRO will immediately notify the Human Resources Department by phone and other electronic means when an employee is not cleared to perform the work being considered. Immediate notification is also required when the medical status has been upgraded, allowing the employee to return to work. Results of physical examinations will be reported to DeKalb County's Human Resources Department via automated systems. All final results must be reported as pass/fail or canceled.

18. Provide the County Human Resources Department with an electronic/scanned copy of all pre-employment physical examination paperwork and drug test information, including proof of ID, completed examination forms, laboratory reports, signed employee consent forms, and physical results classification (all paperwork associated with the visit).

- a. All medical records, including medical histories, results of examinations, etc., are to be maintained by the Contractor and treated as confidential for the duration of the contract. The Contractor must ensure the Occupational Compliance Division of Human Resources has 24/7 access to these records. Documentation and recordkeeping must be in accordance with the County policy, State, and Federal requirements. Upon termination of the contract, all physical examination, drug, and alcohol records will be electronically transferred to DeKalb County for archival.
 - b. The Contractor must provide all examinations/testing results as defined under this Statement of Work, including pending records, same day, no less than the next business day from the date of service via electronic information systems. Alcohol test results must be available the same day. Results of all drug tests must be available within one (1) business day. Final disposition of pending records due to lab results must be reported within 1-3 business days of the date of service.
 - c. Contractor's medical records system must have a method of immediate electronic notification to the County's Occupational Compliance Division staff when new records are available, or status updates occur.
 - d. Contractor must maintain a detailed description of its Internal Quality Assurance process to ensure correctable errors are identified before reporting exam or testing results. Contractor must accurately report its findings monthly.
 - e. The Contractor must immediately notify an Occupational Compliance Division (OCD) staff when an employee is removed from work or not cleared to return to work due to disqualified/failed/unfit physical examination and has been referred to their personal physician for evaluation and/or treatment. Additionally, immediate notification is required when the medical status has been upgraded to qualified/passed/fit, allowing the employee to return to work.
 - f. The Contractor must advise the County's designated OCD Staff on employees' physical/mental capacity to perform defined work, limitations in capacity, restrictions on environment or assignment, disability, etc., to determine matters of fitness and reasonable accommodations.
 - g. The Contractor must provide the employees, in writing, with any results/findings requiring further medical evaluation (PCP/ Referral letter). The employee
 - h. All records must remain in the contractor's EHR/EMR system readily available, with 24/7 access to the employee records for services rendered for the County's Human Resources Department, and authorized personnel to search and create reports as needed.
 - i. All records must be transmitted before payment of the final invoice.
 - j. Chain of custody must be strictly controlled and documented to assure defensible circumstances to any appeal or litigation arising from the specimen taken because of the drug screen results.
19. Maintain a detailed process for appointment scheduling workflow to support an efficient high-volume clinic, with clearly defined check-in/out procedures.
20. Must assign priority to sworn/public safety employees for post-accident and random drug screens.
21. Protect the confidentiality of medical information consistent with all federal and Georgia State Laws. Any reporting of drug or alcohol screen results, results from physical exams, functional capacity tests, or any other information of a sensitive nature should only be released to authorized DeKalb County Human

Resources Department personnel. All routine correspondence should be directed only to the pre-designated point of contact.

22. Must maintain compliance with the Americans with Disabilities Act for all physical examinations/evaluations.

23. Allow the County to conduct unannounced, on-site collection site assessments (Mock Collections) at various intervals through the contract term. Any findings from these assessments will require a written response and an action plan.

24. Provide an “electronic” itemized invoice for all services and related costs for medical exams and drug/alcohol screening prepared by the 5th of the following month and sent to [Vendor- CV360 Login](#); and a copy to DeKalb County Human Resources Department, located at 1300 Commerce Drive, Suite 100, Decatur, GA 30030. The itemized bill must include the applicant's name, date of birth, date of exam, position for which screened, bundled service price, and a list of each charge and the test/screening provided.

25. Must ensure that all systems used for storing and processing medical service data comply with applicable data privacy laws, including HIPAA and any other relevant regulations. Systems must include measures to protect against unauthorized access, data breaches, and cyberattacks, including:

- a. Encryption of data at rest and in transit.
- b. Multi-factor authentication for system access.
- c. Role-based access control to restrict access to sensitive data.
- d. All data collected or generated as part of the contract must remain the property of DeKalb County.
- e. The solution shall support secure authentication and authorization mechanisms. Minimum requirements:
 - Support for Single Sign-On (SSO) using industry-standard protocols:
 - SAML 2.0
 - OAuth 2.0
 - OpenID Connect
 - Integration with Microsoft Entra ID (Azure Active Directory)
 - Role-based access control (RBAC)
 - Configurable user roles and permissions
 - Multi-factor authentication capability
 - Session timeout configuration

26. The Contractor shall provide a fully cloud-based architecture. Minimum requirements:

- a. Solution shall be delivered as Software-as-a-Service (SaaS)

- b. Solution shall be accessible via standard web browsers
- c. Solution shall not require on-premises servers unless approved by the County
- d. Offeror shall describe the overall system architecture
- e. Offeror shall provide architecture diagrams (logical and physical)
- f. Offeror shall identify all third-party components and dependencies
- g. Offeror shall specify:
 - Hosting provider (e.g., Microsoft Azure, AWS, Google Cloud)
 - Deployment model (multi-tenant or single-tenant)
 - Data center locations

27. The offeror shall provide cloud hosting infrastructure that meets enterprise-grade reliability and security standards. Minimum requirements:

- a. Offeror shall provide:
 - Cloud provider name and certifications
 - Data center locations
 - Redundancy design
 - Infrastructure certifications

28. Provide the following positions authorization to request the specified services for the County. All results will be sent to the designated HR Staff.

- a. Director Human Resources
- b. Deputy Director of Human Resources
- c. Occupational Compliance Manager
- d. Occupational Compliance Team Members

29. The Contractor shall define, document, and execute validation protocols for:

- a. System configurations
- b. Quality Assurance (QA)
- c. User Acceptance Testing (UAT)

30. These validation activities must be successfully completed before any data migration or production deployment.

31. At a minimum, the vendor must:

- a. Validate all system configurations, including security controls (e.g., SSH key-based authentication, access restrictions, and logging)

- b. Execute QA testing with documented test cases, expected outcomes, and results
- c. Facilitate UAT with defined business scenarios and user acceptance criteria
- d. Establish and enforce Go/No-Go decision checkpoints before data migration
- e. Provide documented evidence of successful validation and formal sign-off

32. The client will:

- a. Review and verify validation results and supporting documentation
- b. Participate in UAT to confirm that the system meets business and operational requirements
- c. Provide feedback and approval on validation outcomes

33. Final approval to proceed with data migration will require:

- a. Vendor certification that all validation activities have been completed successfully
- b. Client review and formal acceptance of validation results
- c. A joint Go/No-Go decision documented and approved by both parties

34. No data migration or production deployment shall occur without the County's written approval.

35. The vendor's EMR/EHR system must have the capability to securely send and receive all data via automation or real-time, related to the contracted medical services to and from the County's case management/EMR system and Oracle HCM (e.g., via OAuth 2.0 Rest API, SFTP with SSH key-based authentication, or other approved methods).

36. The contractor shall provide a dedicated development environment, separate from the production environment, to support testing, configuration, and validation of all system functionality. This environment will be used for quality assurance, user acceptance testing, and troubleshooting before migrating to the live production environment.

37. The contractor must provide a secure online portal for the County to order, retrieve, monitor exam statuses/results, and run various client-generated reports.

38. The contractor must provide candidate and employee self-scheduling and technology with integration of the electronic onboarding process.

39. The contractor shall maintain, or demonstrate documented plans to implement, OAuth 2.0–secured REST API integration to support interaction with Oracle HCM releases and the contracted medical services case management/EMR system.

40. The contractor must provide access to pre-employment physicals for out-of-state candidates.

41. The contractor must provide complete access to all visit-related documentation (History, PCP Referrals, Affidavits, DOT long forms, medical certificates, etc.).

42. The contractor must provide real-time pass/fail/pending work status updates when employees bring in medical documents from their PCP and/or specialty providers.

43. The contractor must use an external trainer to certify their professional collectors and evidential breath testing as a quality assurance measure for the contractor's Urine/Saliva Collectors and their Breath Alcohol Technicians.
 44. The contractor must allow the Human Resource Department, Occupational Compliance Division, with 24/7 access to all medical records related to this contract and all documents related to services rendered for this contract.
 45. The contractor will use DeKalb County's vendor feedback data quarterly to improve customer service failures in the previous quarters.
 46. The contractor will provide the cost for drug-screen panels with and without THC if the County drug & alcohol policy changes in the upcoming years.
 47. The contractor is required to attend Mandatory Quarterly Project Meetings to discuss contract events as scheduled by DeKalb County.
 48. The contractor must provide both dashboard and analytics capabilities
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C. PHYSICAL EXAMINATIONS:

Provide Post Offer/Pre-Employment, Annual, Respirator, HAZMAT, and Fitness-for-Duty Physicals to employees and/or candidates for employment, and provide the results of the physical to the County, to determine a candidate's ability to safely perform the essential functions of the job. A medical release form must be obtained, for DeKalb County, from the candidate regarding the results of all exams. Physicals must encompass any of the following.

Examinations and tests are given to ensure DeKalb County employees are fit and able to perform the essential functions of their jobs safely. The extent of the examination and the procedures included depend on the job's requirements.

The components for each level of examination are listed on the following pages.

1. "Pre-Employment physical" is understood to include the following:
 - a. Medical history – including pulmonary function, cardiac, and musculoskeletal.
 - b. Physical findings - including weight, height, blood pressure, pulse, and other vital signs.
 - c. Vision tests - to include Titmus vision test, extended to include depth perception and color blindness as needed.
 - d. Hearing tests - Audiogram-whisper test as needed.
 - e. Clinical Evaluation: including the head, neck, thyroid, eyes, ears, nose, throat, chest, heart, lungs, breast, abdomen, inguinal hernia, genitalia, rectum, back, spine, bones, joints, extremities, skin, neurologic/emotional status, and other parts of the body as deemed necessary. Specifically, a chemical blood profile, a TB skin test, and tests for hepatitis A, B, and C.
 - f. EKG - if over age 35 and occupying a Firefighter/EMT, Fire medic position.

- g. HIV screening - if occupying a Firefighter/EMT or Fire medic position.
- h. Spirometry
- i. Chest X-ray - if positive TB Tine.
- j. Urinalysis - micro, or dip stick test.
- k. Lifting assessment - appropriate to simulate job responsibility, etc., lift to knees, waist, chest, or overhead.
- l. Blood lead test
- m. Rabies test
- n. Drug Testing - according to pre-determined protocol and/or service request form.

2. Special Requirements: Procedures based on physical requirements of jobs, or required based on risk factors:

- a. PA Chest X-ray (deemed necessary by 3 positive risk factors* identified during physical examination)
- b. EKG (deemed necessary by 3 risk factors* identified during physical examination)
- c. Comprehensive Back Evaluation (deemed necessary by risk factors identified during physical examination)
- d. SMAC (for diabetics, or deemed necessary by risk factors identified during physical examination or medical briefing)
- e. Miscellaneous (Lifting Assessment for labor-intensive positions)

3. Types of Medical Evaluations and Procedures Required per Position Title:

a. Pre-Employment (General Employees)

- i. Routine Examination
- ii. Medical History Examination
- iii. TB skin Test
- iv. 5 Panel Drug Test (DOT look-alike)
- v. Breath Alcohol Test
- vi. Urinalysis

b. Pre-Employment (Communication Officer / Detention Officers / E911)

- i. Routine Examination
- ii. Medical History Examination
- iii. Examination as indicated by the Georgia Peace Officer Standards & Training Council

- iv. 5 Panel Drug Test (DOT look-alike)
- v. Breath Alcohol Test
- vi. Urinalysis
- vii. Physician Affidavit must be signed by the physician only

c. Pre-Employment (Firefighters and Medics)

- i. Routine Examination
- ii. Medical History Evaluation
- iii. Pre-employment Physical Examination as indicated by the National Fire Protection Association (NFPA) 1580 Standard
- iv. Pulmonary Function Test
- v. OSHA Respirator Questionnaire
- vi. OSHA Clearance Letter
- vii. Electrocardiogram (EKG), Resting with Interpretation
- viii. 12 Panel Drug Test (THC, COC, MDMA, Opiates, Oxycodone/Oxymorphone, Hydrocodone/Hydromorphone, Fentanyl, Benzodiazepine, Barbiturates, PCP, Methadone) Lab
- ix. Breath Alcohol Test
- x. Audiogram
- xi. Chest X-ray (2 views)
- xii. Vision Titmus-Depth Perception
- xii. Hepatitis A Surface Antibody
- xiv. Hepatitis B Surface Antibody
- xv. Hepatitis C Antibody
- xvi. HIV
- xvii. MMR Antibody
- xviii. Polio Antibody
- xix. Varicella-Zoster Antibody
- xx. Comprehensive Metabolic Panel
- xxi. Complete Blood Count (CBC) with Differential
- xxii. Liver Function Test

- xxiii. Lipid Profile
- xxiv. Hemoglobin A1C
- xxv. Testosterone
- xxvi. TSH
- xxvii. QuantiFERON Gold Plus
- xxviii. Urinalysis (Lab)
- xxix. Cardiovascular Stress Test for members aged 40+
- xxx. TDAP
- xxxi. Risk Stratification if 40 years or older
- xxxii. ACC/AHA 10-year cardiovascular risk calculation
- xxxiii. Physician Affidavit signed by a physician or nurse practitioner

d. Annual (Firefighters and Medics)

- i. Routine Examination
- ii. Medical History Evaluation
- iii. Pre-employment Physical Examination as indicated by the National Fire Protection Association (NFPA) 1580 Standard
- iv. Pulmonary Function Test
- v. OSHA Respirator Questionnaire
- vi. OSHA Clearance Letter
- vii. Electrocardiogram (EKG), Resting with Interpretation
- viii. Audiogram
- ix. Chest X-ray (2 views)
- x. Vision Titmus-Depth Perception
- xi. Hepatitis A Surface Antibody
- xii. Hepatitis B Surface Antibody
- xiii. Hepatitis C Antibody
- xiv. HIV
- xv. MMR Antibody
- xvi. Polio Antibody
- xvii. Varicella-Zoster Antibody

- xviii. Comprehensive Metabolic Panel
- xix. Complete Blood Count (CBC) with Differential
- xx. Liver Function Test
- xxi. Lipid Profile
- xxii. Hemoglobin A1C
- xxiii. Testosterone
- xxiv. TSH
- xxv. QuantiFERON Gold Plus
- xxvi. Urinalysis (Lab)
- xxvii. Cardiovascular Stress Test for members aged 40+
- xxviii. TDAP
- xxix. Risk Stratification if 40 years or older
- xxx. ACC/AHA 10-year cardiovascular risk calculation
- xxxi. Physician Affidavit signed by a physician or nurse practitioner

e. Annual (Dive and TRT -Technical Rescue Team)

- i. Routine Examination
- ii. Medical History Evaluation
- iii. Pre-employment Physical Examination as indicated by the National Fire Protection Association (NFPA) 1580 Standard
- iv. Pulmonary Function Test
- v. OSHA Respirator Questionnaire
- vi. OSHA Clearance Letter
- vii. Electrocardiogram (EKG), Resting with Interpretation
- viii. Audiogram
- ix. Chest X-ray (2 views)
- x. Vision Titmus-Depth Perception
- xi. Hepatitis A Surface Antibody
- xii. Hepatitis B Surface Antibody
- xiii. Hepatitis C Antibody

- xiv. HIV
- xv. MMR Antibody
- xvi. Polio Antibody
- xvii. Varicella-Zoster Antibody
- xviii. Comprehensive Metabolic Panel
- xix. Complete Blood Count (CBC) with Differential
- xx. Liver Function Test
- xxi. Lipid Profile
- xxii. Heavy Metals Profile
- xxiii. Hemoglobin A1C
- xxiv. Testosterone
- xxv. TSH
- xxvi. QuantiFERON Gold Plus
- xxvii. Urinalysis (Lab)
- xxviii. Cardiovascular Stress Test for members aged 40+
- xxix. TDAP
- xxx. Risk Stratification if 40 years or older
- xxxi. ACC/AHA 10-year cardiovascular risk calculation
- xxxii. Physician Affidavit signed by a physician or nurse practitioner

f. Annual (HAZMAT/ SWAT Medics)

- i. Routine Examination
- ii. Medical History Evaluation
- iii. Pre-employment Physical Examination as indicated by the National Fire Protection Association (NFPA) 1580 Standard
- iv. Pulmonary Function Test
- v. OSHA Respirator Questionnaire
- vi. OSHA Clearance Letter
- vii. Electrocardiogram (EKG), Resting with Interpretation
- viii. Audiogram

- ix. Chest X-ray (2 views)
- x. Vision Titmus-Depth Perception
- xi. Hepatitis A Surface Antibody
- xii. Hepatitis B Surface Antibody
- xiii. Hepatitis C Antibody
- xiv. HIV
- xv. MMR Antibody
- xvi. Polio Antibody
- xvii. Varicella-Zoster Antibody
- xviii. Comprehensive Metabolic Panel
- xix. Complete Blood Count (CBC) with Differential
- xx. Cholinesterase
- xxi. Liver Function Test
- xxii. Lipid Profile
- xxiii. Heavy Metals Profile
- xxiv. Hemoglobin A1C
- xxv. Testosterone
- xxvi. TSH
- xxvii. QuantiFERON Gold Plus
- xxviii. Urinalysis (Lab)
- xxix. Cardiovascular Stress Test for members aged 40+
- xxx. TDAP
- xxxi. Risk Stratification if 40 years or older
- xxxii. ACC/AHA 10-year cardiovascular risk calculation
- xxxiii. Physician Affidavit signed by a physician or nurse practitioner

g. Pre-Employment Sworn (Police / Sheriff / SWAT / Marshal)

- i. Routine Examination
- ii. Medical History Evaluation
- iii. Pre-employment examination as indicated by the Georgia Peace Officer Standards & Training Council

- iv. 5 Panel Drug Test (DOT look-alike)
- v. Breath Alcohol
- vi. CBC
- vii. CMP
- viii. Lipid Panel
- ix. Hemoglobin A1C
- x. Hepatitis Panel (A, B, and C)
- xi. Urinalysis
- xii. TB Skin Test
- xiii. Audiogram
- xiv. PA Chest X-ray
- xv. Vision Titmus-Depth Perception
- xvi. Physician Affidavit must be signed by the physician only

h. Recertification Physical Sworn (Police / Sheriff / SWAT / Marshal)

- i. Routine Examination
- ii. Medical History Evaluation
- iii. Pre-employment examination as indicated by the Georgia Peace Officer Standards & Training Council
- iv. 5 Panel Drug Test (DOT look-alike)
- v. Breath Alcohol
- vi. CBC
- vii. CMP
- viii. Lipid Panel
- ix. Hemoglobin A1C
- x. Hepatitis Panel (A, B, and C)
- xi. Urinalysis
- xii. TB Skin Test
- xiii. Audiogram
- xiv. PA Chest X-Ray
- xv. Vision Titmus-Depth Perception

xvi. Physician Affidavit must be signed by the physician only

i. Silica Exams

- i. Routine Examination
- ii. Medical History Evaluation
- iii. Audiograms
- iv. 5 Panel Drug Test (DOT look-alike)
- v. Breath Alcohol
- vi. Hepatitis B Surface Antibody
- vii. OSHA Respirator Questionnaire
- viii. Pulmonary Function Test
- ix. Silica Exam Medical Opinion Letter
- x. TB Skin Test
- xi. X-ray Chest 1 view

j. Respirator Physical

- i. Routine Examination
- ii. Medical History Evaluation
- iii. EKG
- iv. Spirometry
- v. OSHA Respirator Physical
- vi. OSHA Medical Opinion Letter
- vii. Respirator Fit Test Quantitative

k. CDL Pre-Employment Physical

- i. Routine Examination
- ii. Medical evaluation and certification as mandated by the Department of Transportation (DOT), Federal Motor Carrier Safety Administration, and CFR-49. Part 391.
- iii. Urinalysis
- iv. DOT Regulated Drug Test
- v. DOT Evidential Breath Test

l. CDL Promotional Physical

- i. Routine Examination
- ii. Medical evaluation and certification as mandated by the Department of Transportation (DOT), Federal Motor Carrier Safety Administration, and CFR-49. Part 391.
- iii. Urinalysis

m. CDL Recertification Physical

- i. Routine Examination
- ii. Medical evaluation and certification as mandated by the Department of
- iii. Transportation (DOT), Federal Motor Carrier Safety Administration, and CFR-
- iv. 49. Part 391.
- v. Urinalysis
- vi. DOT Regulated Drug Test
- vii. DOT Evidential Breath Test

n. Fitness-for-Duty (FFD) Examination

- i. Medical- FFD examination may require medical evaluations to assess the physical readiness of an employee to perform the essential functions of their job. Job descriptions will be provided on all Fitness for Duty evaluations. The employee's status will be addressed as fit or unfit, with additional direction for further follow-up care/diagnostics at their own expense. The Occupational Compliance Division Staff will authorize all FFD examinations and may include any services listed within this Statement of Work.
- ii. Psychological- FFD examinations- Formal, specialized examination of the employee that results from (1) objective evidence that the employee may be unable to perform a defined job safely or effectively and (2) a reasonable basis for believing that the cause may be attributable to a psychological condition or impairment.

o. DOT (CDL) Drug and Evidential Breath Testing

- i. In accordance with the Federal Motor Carrier Safety Administration
- ii. DOT Reasons for Testing:
- iii. Pre-employment Physical
- iv. Random
- v. Reasonable Suspicion
- vi Post-Accident

vii. Return to Duty

viii. Follow-Up

p. Non-DOT Drug and Evidential Breath Testing

i. In accordance with DeKalb County Drug and Alcohol Policy

ii. Reasons for Testing:

iii. Follow-Up Screening

iv. Probationary

v. Random

vi. Reasonable Suspicion

vii. Return to Duty

q. Periodic Drug Screening

i. Narcotic Officers randomly screen every six (6) months

ii. Evidential Breath Test

r. Summer/Temporary Hires

i. 12 Panel Drug Test (Point of Contact)

ii. Evidential Breath Test

s. Vaccine & Labs

i. Heavy Metals Profile

ii. Hepatitis A Vaccine

iii. Hepatitis B Vaccine

iv. Hemoglobin A1C

v. Rabies Vaccine

vi. CBC w/ Diff

vii. Comprehensive Metabolic Panel

viii. Lead & ZPP

ix. QuantiFERON Gold Plus

x. TB Skin Test

xi. Urinalysis

xii. Polio Vaccine

- xiii. MMR Vaccine
- xiv. Varicella Vaccine

t. Ancillary Services

- i. Affidavit
- ii. Audiogram
- iii. Chest X-ray
- iv. Human Performance/ Functional Capacity Exam
- v. Electrocardiogram (EKG), Resting with Interpretation
- vi. Onsite Fee (4 hours)
- vii. Onsite Fee (8 hours)
- viii. Respirator Fit Test (Qualitative)
- ix. Respirator Fit Test (Quantitative)
- x. Titmus
- xi. Lead & ZPP
- xii. Tdap
- xiii. TB Skin test

4. Sample Job Classifications which are Subject to Random Drug & Alcohol Screening:

CDL	Safety Sensitive	May Require CDL
12105 - Superintendent, Fleet Maintenance	11020 - HVAC Technician, Senior	80430 - WM Compliance Inspections Supv 80440 - Compliance Inspector, WM 80511 - Treatment Plant Manager 80515 - Assistant Treatment Plant Mgr
12110 - Supervisor, Fleet Maintenance	11025 - HVAC Technician 11030 - Electrician, Senior 11035 - Electrician	
12115 - Fleet Maintenance Tech IV	11040 - Plumber, Senior 11050 – Carpenter	

12120 - Fleet Maintenance Tech III	12130 - Fleet Maintenance Technician I	80520 - Plant Operation Superintendent 80525 - Plant Shift Supervisor
12121 - Fleet Maintenance Tech III	12140 - Autobody Repair Technician	80530 - Plant Operator Lead 80540 - Plant Operator I 80545 - Plant Operator II 80550 - Plant Operator III 80615 - Plant Maint Asst Superintendent
12125 - Fleet Maintenance Tech II	21190 - Field Services Representative	80640 - Industrial Maintenance Tech I 80645 - Industrial Maintenance Technician Trainee
32036 - Deputy Sheriff, Master	32005 - Chief Deputy Sheriff 32010 - Deputy Sheriff, Major 32015 - Senior Consultant, Deputy Sheriff	80650 - Elect Instrumentation Tech III 80660 - Elect Instrumentation Tech II 80670 - Elect Instrumentation Tech I 80680 - Plant Maintenance Coordinator 80710 - Lab Supervisor, WM
57120 - Traffic Signal Technician, Sr	32020 - Deputy Sheriff, Captain 32025 - Deputy Sheriff, Lieutenant	80720 - Assistant Lab Supervisor 80730 - Lab Analyst
57125 - Traffic Signal Technician	32030 - Deputy Sheriff, Sergeant 32035 - Deputy Sheriff, Master 32040 - Deputy Sheriff, Senior 32045 - Deputy Sheriff	80740 - Lab Technician, Senior
57130 - Traffic Signal Installer Sr		
57130 - Traffic Signal Installer Sr		
57135 - Traffic Signal Installer		
57140 - Assistant Traffic Signal Insta		
57150 - Traffic Signs & Mkgs Installer		
57155 - Traffic Signs & Mrkgs Inst Sr		
57250 - Mason Senior		
61027 - Bus Operator		

D. PROJECTED DATA:

The following is a projection of service needs based on historical use from the prior year and County vacancies for the coming year. This information should be used only as an estimate, as the actual number and type of examinations and evaluations administered annually will vary based on demand and County priorities.

Type of Physical:

2027 Projections

Annual-Firefighter (Under 40)	200
Annual-Firefighter (Over 40)	200
Annual-Firefighter (Technical Rescue Team)	50
Annual-Firefighter (Dive Team)	50
Annual-Firefighter (HazMaT)	75
HAZWOPER /HAZMAT	50
Fitness for duty	125
Pre-employment-General Employee	1000
Firefighter/EMS Crossover Physical	50
Pre-employment-Police/ Marshall/ Sheriff/ Detention	500
Pre-employment-Firefighter	250
Pre-employment DOT	250
Pre-employment-Communication Officer	75
Recertification DOT	550
Respirator Exam	25
Silica Exam	25
Performance/ Functional Capacity Exams	

Drug & Alcohol Screens:

2027 Projections

Random	3500
Pre-employment	3500
Reasonable Suspicion	100
Return-to-duty.	100
Post-accident	200

Follow-up.	400
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Ancillary Services:

2027 Projections

Ancillary Service/ Drug & Alcohol Onsite	150
Medical Provider Onsite	10
Chest X-ray (1 view)	25
Hepatitis B-Titer	25
Hepatitis A Vaccine	25
Hepatitis A Titer	25
Hepatitis B Vaccine	25
Hepatitis C Titer	25
MMR Titer	25
MMR Vaccines	25
Rabies (preexposure)	100
Rabies (post-exposure)	50
TB skin	25
QuantiFERON Gold Plus	25
T dap	25
Fit Testing (Respirator)	50
Pulmonary Function Test (PFT)	50
Varicella Zoster IgG	25
Varicella Vaccine	25
OSHA Respirator Questionnaire	25
OSHA Physical Opinion Letter	25
Cardiovascular Stress Test for members aged 40+	25
TSH — thyroid-stimulating hormone	25
Testosterone — total	25
Hemoglobin A1C	25
Lipid Profile	25

Heavy metals profile — Pb, Hg, As, Cd	25
Cholinesterase	25
Urinalysis (Lab) Complete	25
Polio Vaccine	25

[END OF SCOPE OF WORK]

IV. PROPOSAL FORMAT

Responders are required to submit their proposals in the following format:

A. Cost Proposal

A. The cost proposal must be submitted electronically in a separate pdf via the County eProcurement Portal at <https://procurement.opengov.com/portal/dekalbcountyga> , for “2026-026-RFP Medical Services (Annual Contract with Four (4) Options to Renew)”.

B.

B. The pdf containing the cost proposal should be uploaded separately as an additional attachment and should not be included with the technical proposal documents.

C.

C. **DO NOT INCLUDE FEES OR COSTS IN ANY AREA OUTSIDE OF THE COST PROPOSAL.** Including fees in any area outside of the Cost Proposal in its separate attachment shall result in Responder’s proposal being deemed non-responsive.

D.

D. Responders are required to submit their costs on Attachment B, Cost Proposal Form. Responders shall not alter the Cost Proposal Form.

B. Technical Proposal

DO NOT INCLUDE ANY COSTS OF ANY KIND IN THE TECHNICAL PROPOSAL.

A. Technical Proposal

1. Technical Approach:

- a. Responders are required to describe the procedures and methods that will achieve the required outcome of the services as specified herein;
- b. Describe hardware and software requirements necessary to achieve services provided in scope of work;
- c. Describe compliance with all local, state and federal requirements for obtaining background information as described in scope of work;

- d. Provide complete and detailed outline of tasks required to provide services requested in scope of work, including start-up activities and on-going processes, specifying County responsibilities and Responder responsibilities;
- e. Provide sample reports and applicant consent form/ process as listed in Scope of Work.
- f. Provide explanation of process detailing functionality of self- and bulk-scheduling.
- g. [Provide a detailed Surge Capacity and Large-Scale onboarding plan that](#) demonstrates its ability to process employees through all required services within 90 minutes or less per visit. Final disposition of all examinations must be reported as passed, failed, or cancelled.

2. Personnel

- a. Describe size and experience of Responder's project team dedicated to perform drug and alcohol screening services for DeKalb county applicants described in scope of work;
- b. Describe training process for new personnel to ensure continuity of quality services; and
- c. Provide detailed resumes of team members and subcontractors who will be directly working on the project.
- d. Provide a staffing plan identifying key personnel and staffing levels necessary to ensure timely and consistent delivery of services.

3. Organizational Qualifications:

- a. Describe Responder's experience, capabilities, resources, and other qualifications to provide services requested in scope of work. (see Scope of Work for list of Essential Qualifications required of the Provider in order to submit a proposal).
- b. Include organization size, areas of specialization, client base, number of years operating under current name, financial and other data that evidences Responder's ability to perform services specified in scope of work for clients similar in size and complexity to DeKalb County Government; and
- c. Has Responder ever been debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded by any Federal department or agency from doing business with the Federal Government?

4. Financial Responsibility:

- a. Provide the Responder's year of incorporation along with financial information
- b. Provide financial statements for the last three (3) years that evidences the Responder's financial capabilities to perform the Scope of Work. (Audited statements are preferable but a minimum of balance sheet, income statement and cash flow statement may be accepted.)

5. References:

- a. Responder shall provide three (3) references for projects similar in size and scope to the project specified herein in the [VENDOR QUESTIONNAIRE](#) Section.
- b. Provide three (3) references for each subcontractor proposed as a part of the project team. The references shall be for the same or similar types of services to be performed by the subcontractor (including LSBE-DeKalb and LSBE-MSA firms) on projects similar in size and scope to the project outlined in this RFP. Make additional copies as needed.

C. DeKalb First Ordinance

1. It is the objective of the Chief Executive Officer and Board of Commissioners of DeKalb County to provide maximum practicable opportunity for all businesses to participate in the performance of government contracts. The current DeKalb County List of Certified Vendors may be found on the County website at <https://dekalbcountyga.gov/departments/purchasing-and-contracting/lbse-program#docaccess-acaf4ca13713fbe179ac8980ffb69c1759501e9fd7ec96de8f43ba2f78fa64b3>.
2. It is required that all responding Responders attend the mandatory LSBE meeting within two-weeks of the solicitation's advertisement, and comply, complete and submit all LSBE forms with the Responder's response to remain responsive. Attendance can be in person, via video conference and teleconference. Video conferencing is available through Zoom. Instructions for attendance via video conference can be found on the County's website at <https://www.dekalbcountyga.gov/purchasing-contracting/dekalb-first-lbse-pro><https://dekalbcountyga.gov/departments/purchasing-and-contracting/lbse-program>
3. For further details regarding the DeKalb First Local Small Business Enterprise Ordinance, contact the LSBE Program representative, at DeKalbFirstLSBE@dekalbcountyga.gov.
4. DeKalb County Government is committed to ensuring that small businesses are provided adequate opportunities to succeed. Please see [The DeKalb First – LSBE Ordinan](#)<https://dekalbcountyga.gov/departments/purchasing-and-contracting/lbse-program#docaccess-acaf4ca13713fbe179ac8980ffb69c1759501e9fd7ec96de8f43ba2f78fa64b3ce> for details.
5. **For this solicitation, the LSBE participation requirement has been reduced from the standard 20% to 10% with a certified LSBE-DeKalb or LSBE-MSA firm.***

D. Federal Work Authorization Program Contractor and Subcontractor Evidence of Compliance

All qualifying contractors and subcontractors performing work with DeKalb County, Georgia must register and participate in the federal work authorization program to verify the work eligibility information of new employees. Successful responder(s) shall be required to register and participate in the federal work authorization program which is a part of the *Sample County Contract* in the [ATTACHMENTS](#). In order for a Proposal to be considered, it is **mandatory** that the *Responder Affidavit*, in the [VENDOR QUESTIONNAIRE](#), be completed and submitted with responder's proposal.

V. CRITERIA FOR EVALUATION

The following evaluation criteria and the maximum points stated below will be used as the basis for the evaluation of proposals.

A. Phase 1

No.	Evaluation Criteria	Scoring Method	Weight (Points)
1.	Technical Approach	Points Based	30 <i>(33.3% of Total)</i>
2.	Personnel	Points Based	20 <i>(22.2% of Total)</i>
3.	Organizational Qualifications	Points Based	20 <i>(22.2% of Total)</i>
4.	Financial Responsibility	Points Based	5 <i>(5.6% of Total)</i>
5.	References	Points Based	5 <i>(5.6% of Total)</i>
6.	Local Small Business Enterprise Participation	Points Based	10 <i>(11.1% of Total)</i>

B. Phase 2

No.	Evaluation Criteria	Scoring Method	Weight (Points)
1.	Cost	Points Based	10 <i>(100% of Total)</i>

C. Phase 3

No.	Evaluation Criteria	Scoring Method	Weight (Points)
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1.	Optional Interview (If Applicable) The County reserves the right to conduct optional interviews with all responders or a short-listed group of responders. The Evaluation Committee may award a maximum of ten (10) points to each interviewed responder. If the County determines that it is in its best interest to develop a short list of responders for interview, it shall be based on the following calculation: Highest Responder Score – 10 points = Short-listed Score (Example: 91 – 10 = 81. Any responder with a score of 81 or greater would be interviewed.)	Points Based	10 <i>(100% of Total)</i>
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VI. CONTRACT ADMINISTRATION

A. Standard County Contract

The sample contract in the [ATTACHMENTS](#) is the County's standard contract document, which specifically outlines the contractual responsibilities. All responders should thoroughly review the document with an officer of the firm having the authority to execute the contract prior to submitting a proposal. **Any proposed revisions to the terms or language of this document must be submitted in writing prior to the Question Submission Deadline.** Proposer revisions submitted with proposals will not be accepted if not specified during the questions and answers period. No alterations can be made in the contract after award by the Board of Commissioners.

B. Submittal Instructions

Technical and Cost Proposals shall be uploaded seperately and electronically via the County's eProcurement Portal at <https://procurement.opengov.com/portal/dekalbcountyga> no later than 3:00 pm on Thursday, November 12, 2026.

It is the responsibility of each Responder to ensure that its submission is received by 3:00 pm on the bid due date. The time/date stamp clock located in the Department of Purchasing & Contracting shall serve as the official authority to determine lateness of any response. The RFP opening time shall be strictly observed. Bidders should plan enough time to ensure that they will be able to deliver their submission prior to our deadline. Late submissions, for whatever reason, will not be evaluated. Bidders should plan their submittals accordingly. **Telephone, fax and paper bids will not be accepted.**

C. Pre-Proposal Conference

A pre-proposal conference will be held at 3:00 pm on Tuesday, October 20, 2026 at <https://dekalbcountyga.zoom.us/j/81483942158>. Attendance is **Mandatory** for the pre-proposal conference. For

information regarding the pre-proposal conference, please contact Kyheem Bristol at (404) 371-7063 or kbristol@dekalbcountyga.gov.

D. Questions

All questions, exceptions, revisions concerning the Project and requests for interpretation of the Contract may be asked and answered at the pre-proposal conference; however, oral answers are not authoritative. Questions, exceptions and revisions must be submitted via the County's eProcurement Portal at <https://procurement.opengov.com/portal/dekalbcountyga/projects/265396>, no later than close of business on Friday, October 23, 2026. Questions and requests for interpretation received by the Department of Purchasing and Contracting after this date will not receive a response or be the subject of addenda.

E. Acknowledgment of Addenda

Addenda may be issued in response to changes in the RFP. It is the responsibility of the responder to ensure awareness of all addenda issued for this solicitation. Responders must acknowledge receipt of any addenda issued to the RFP in order to submit a response. Responder may call Kyheem Bristol at (404) 371-7063 or send an email at kbristol@dekalbcountyga.gov to verify the number of addenda prior to submission. Addenda issued for this project may be found at the following project link: <https://procurement.opengov.com/portal/dekalbcountyga/projects/265396>.

F. Proposal Duration

Proposals submitted in response to this RFP must be valid for a period of One Hundred Fifty (150) days from proposal submission deadline and must be so marked.

G. Project Director/Contract Manager

The County will designate a Project Director/Contract Manager to coordinate this project for the County. The successful responder will perform all work required pursuant to the contract under the direction of and subject to the approval of the designated Project Director/Contract Manager. All issues including, payment issues, shall be submitted to the Project Director/Contract Manager for resolution.

H. Expenses of Preparing Responses to this RFP

The County accepts no responsibility for any expenses incurred by the responders to this RFP. Such expenses are to be borne exclusively by the responders.

I. Georgia Open Records Act

Without regard to any designation made by the person or entity making a submission, DeKalb County considers all information submitted in response to this invitation or request to be a public record that will be disclosed upon request pursuant to the Georgia Open Records Act, O.C.G.A. §50-18-70 et seq., without consulting or contacting the person or entity making the submission, unless a court order is presented with the submission. You may wish to consult an attorney or obtain legal advice prior to making a submission.

J. First Source Jobs Ordinance

The First Source Ordinance is a public regulation which requires contractors and beneficiaries of eligible DeKalb County projects to make a good faith effort to hire fifty (50) percent of all jobs using the First Source Registry. Beneficiaries are immediate recipients of county grants or community development block funds

administered by the county of at least \$50,000. Contractors include an individual or entity entering into any type of agreement with the county, funded in whole or in part with county funds. WorkSource DeKalb (WSD) maintains the First Source Registry, comprised of qualified and trained DeKalb County residents. Business Solutions Unit (BSU) is available to assist the employer with selecting the most qualified candidate by using the First Source Registry to meet the company's hiring needs. WSD manages the First Source program through the Business Solutions Unit by assigning a specific BSU Specialist. The First Source process is conducted similarly to the BSU business service request process. The BSU Specialist works closely with employers using TALEO and BSU processes to ensure the hiring needs of the employers are met. For more information on the First Source Jobs Ordinance requirement, please contact WorkSource DeKalb at <https://www.dekalbcountyga.gov/workforce-center/welcome-workforce-development> or 404-687-3400.

Please see [The First Source Initiative](#) for details.

K. Business License

Responder shall submit a copy of its current, valid business license with its proposal or upon award. If the responder is a Georgia corporation, responder shall submit a valid county or city business license. If the responder is not a Georgia corporation, responder shall submit a certificate of authority to transact business in the state of Georgia and a copy of its valid business license issued by its home jurisdiction. If responder holds a professional certification which is licensed by the state of Georgia, then responder shall submit a copy of its valid professional license. Any license submitted in response to this requirement shall be maintained by the responder for the duration of the contract.

L. Ethics Rules

Bidders are subject to the Ethics provision within the DeKalb County Purchasing Policy; the Organizational Act, Section 22A, the Code of DeKalb County; and the rules of Executive Order 2014-4. Any violations will be addressed, pursuant to these policies and rules.

To the extent that the Organizational Act, Section 22A, the Code of DeKalb County, and the rules of Executive Order 2014-4 allow a gift, meal, travel expense, ticket, or anything else of value to be purchased for a CEO employee by a contractor doing business with the County, the contractor must provide written disclosure, quarterly, of the exact nature and value of the purchase to the Chief Integrity Officer, if created, or the Finance Director or his/her designee. Every contractor conducting business with the County will receive a copy of these ethical rules at the time of execution of the contract. For additional information, please visit <https://dekalbcountyethics.org/contractor-vendor-filings/>.

M. Right to Audit

The County shall have the right to audit all books and records, including electronic records, relating or pertaining to this contract or agreement, including but not limited to all financial and performance related records, property, and equipment purchased in whole or in part with County funds and any documents or materials which support those records, kept under the control of the Contractor, including but not limited to those kept by the Contractor's employees, agents, assigns, successors and subcontractors. The County also has the right to communicate with Contractor's employees related to the audited records.

The Contractor shall maintain such books and records, together with such supporting or underlying documents and materials, for the duration of this contract and for seven (7) years after termination or expiration, including any and all renewals thereof. The books and records, together with supporting documents and materials shall be

made available, upon request to the County or its designee, during normal business hours at the Contractor's office or place of business. In the event that no such location is available, then the books, records, and supporting documents shall be made available for audit at a time and location which is convenient for the County.

N. Insurance for Professional Services

Please see the sample contract in [ATTACHMENTS](#) for Insurance for Professional Services details.

O. Cooperative Agreement

The County through the Department of Purchasing and Contracting may permit piggybacks to this contract from other city, county, local authority, agency, or board of education if the vendor will extend the same prices, terms, and conditions to the city. Piggybacking shall only be available where competition was used to secure the contract and only for a period of 12-months following entry, renewal or extension of the contract. This provision shall not apply to any contract where otherwise prohibited or mandated by state law.

VII. AWARD OF CONTRACT

An evaluation committee will review and rate all proposals and shall determine if interviews are necessary.

If interviews are conducted, firms will be scheduled for an oral presentation and demonstration of technological capacity (see technological requirements in the scope of work), not to exceed the communicated duration which shall be the same for all firms invited to interview, to respond to questions from the evaluation committee relevant to the firm's proposal.

The evaluation committee will make its recommendation for award to the DeKalb County Board of Commissioners, who will make the final decision as to award of contract.

THE COUNTY RESERVES THE RIGHT TO REJECT ANY AND ALL PROPOSALS, TO WAIVE INFORMALITIES, AND TO RE-ADVERTISE.

VIII. COST PROPOSAL

*****COST PROPOSAL MUST BE SUBMITTED SEPARATELY OR BIDDER WILL BE DEEMED NON-RESPONSIVE AND WILL NOT BE CONSIDERED FOR AWARD*****

Item No.	Description	Annual Estimated Number of Units	Unit of Measure	Unit Price	Extended Price
PHYSICAL EXAMINATIONS TESTING					
1	PRE-EMPLOYMENT (GENERAL EMPLOYEES)	1,700	Each		
2	PRE- EMPLOYMENT (FIREFIGHTERS AND MEDICS)	300	Each		

Item No.	Description	Annual Estimated Number of Units	Unit of Measure	Unit Price	Extended Price
3	ANNUAL (FIREFIGHTER/ MEDICS 40 and under)	200	Each		
4	ANNUAL (FIREFIGHTER/ MEDICS 41 and over)	200	Each		
5	ANNUAL (FIREFIGHTER/ MEDICS- Technical Rescue Team)	50	Each		
6	ANNUAL (FIREFIGHTER/ MEDICS- Dive Team)	50	Each		
7	ANNUAL (FIREFIGHTER/ MEDICS- HazMat)	75	Each		
8	FITNESS-FOR-DUTY EVALUATION	125	Each		
9	PRE-EMPLOYMENT (POLICE-I / DETENTION OFFICERS-I / SHERIFF-I / MARSHAL)	500	Each		
10	PREEMPLOYMENT COMMUNICATION OFFICER	75	Each		
11	RESPIRATOR EXAM	25	Each		
12	SILICA EXAM	25	Each		
13	PERFORMANCE/ FUNCTIONAL CAPACITY EXAM	50	Each		
14	RECERTIFICATION PHYSICAL (POLICE/ SHERIFF /MARSHAL)	45	Each		
15	ANNUAL PHYSICALS (SWAT)	10	Each		
16	CDL PRE-EMPLOYMENT PHYSICAL	250	Each		
17	CDL PROMOTION PHYSICAL	100	Each		
18	CDL RECERTIFICATION PHYSICAL	550	Each		

Item No.	Description	Annual Estimated Number of Units	Unit of Measure	Unit Price	Extended Price
DRUG AND ALCOHOL TESTING					
19	NON-DOT RANDOM DRUG (INCLUSIVE OF MARIJUANA TEST)	3,500	Each		
20	NON-DOT RANDOM DRUG (NON- INCLUSIVE OF MARIJUANA TEST)	3,500	Each		
21	NON-DOT RANDOM ALCOHOL	400	Each		
22	DOT RANDOM DRUG (INCLUSIVE OF MARIJUANA)	350	Each		
23	DOT RANDOM ALCOHOL	58	Each		
24	NON-DOT POST ACCIDENT DRUG (INCLUSIVE OF MARIJUANA TEST)	200	Each		
25	NON-DOT POST ACCIDENT DRUG (NON-INCLUSIVE OF MARIJUANA TEST)	200	Each		
26	NON-DOT POST ACCIDENT ALCOHOL	200	Each		
27	DOT POST ACCIDENT DRUG (INCLUSIVE OF MARIJUANA TEST)	100	Each		
28	DOT POST ACCIDENT ALCOHOL	100	Each		
29	REASONABLE SUSPICION NON- DOT DRUG (INCLUSIVE OF MARIJUANA TEST)	25	Each		
30	REASONABLE SUSPICION NON- DOT DRUG (NON-INCLUSIVE OF MARIJUANA TEST)	25	Each		
31	REASONABLE SUSPICION NON- DOT ALCOHOL	25	Each		

Item No.	Description	Annual Estimated Number of Units	Unit of Measure	Unit Price	Extended Price
32	REASONABLE SUSPICION DOT DRUG (INCLUSIVE OF MARIJUANA TEST)	25	Each		
33	REASONABLE SUSPICION DOT ALCOHOL	25	Each		
34	FOLLOW-UP NON-DOT DRUG (INCLUSIVE OF MARIJUANA TEST)	100	Each		
35	FOLLOW-UP NON-DOT DRUG (NON-INCLUSIVE OF MARIJUANA TEST)	100	Each		
36	FOLLOW-UP NON- DOT ALCOHOL	25	Each		
37	FOLLOW-UP DOT DRUG (INCLUSIVE OF MARIJUANA TEST)	100	Each		
38	EXPRESS 5 PANEL (POINT OF CONTACT) TEST (INCLUSIVE OF MARIJUANA TEST)	750	Each		
39	EXPRESS 5 PANEL (POINT OF CONTACT) TEST (NON-INCLUSIVE OF MARIJUANA TEST)	750	Each		
40	SPLIT-SPECIMEN TESTING	50	Each		
41	PERIODIC DRUG SCREENING (INCLUSIVE OF MARIJUANA TEST)	50	Each		
42	PERIODIC DRUG SCREENING (NON-INCLUSIVE OF MARIJUANA TEST)	50	Each		
ANCILLARY SERVICES					
43	DRUG & ALCOHOL ONSITE (4 HOURS)	125	Each		

Item No.	Description	Annual Estimated Number of Units	Unit of Measure	Unit Price	Extended Price
44	PHYSICAL ONSITE (4 HOURS- PROVIDER & STAFF)	24	Each		
45	MEDICAL ASSISTANT ONSITE (4 HOURS)	60	Each		
46	CHEST X-RAY (1VIEW)	20	Each		
47	HEPATITIS A TITER	25	Each		
48	HEPATITIS A VACCINE	25	Each		
49	HEPATITIS B TITER	25	Each		
50	HEPATITIS B VACCINE	25	Each		
51	HEPATITIS C TITER	25	Each		
52	MMR TITER	25	Each		
53	MMR VACCINE	25	Each		
54	RABIES (PRE-EXPOSURE)	100	Each		
55	RABIES (POST-EXPOSURE)	50	Each		
56	TB SKIN	25	Each		
57	QUANTIFERON GOLD PLUS	25	Each		
58	T DAP	25	Each		
59	FIT TESTING (RESPIRATOR)	50	Each		
60	PULMONARY FUNCTION TEST (PFT)	50	Each		
61	VARICELLA ZOSTER IGG	25	Each		
62	VARICELLA VACCINE	25	Each		
63	OSHA RESPIRATOR QUESTIONNAIRE	25	Each		

Item No.	Description	Annual Estimated Number of Units	Unit of Measure	Unit Price	Extended Price
64	OSHA PHYSICAL OPINION LETTER	25	Each		
65	CARDIOVASCULAR STRESS TEST FOR MEMBERS AGED 40+	25	Each		
66	TSH — THYROID-STIMULATING HORMONE	25	Each		
67	TESTOSTERONE — TOTAL	25	Each		
68	HEMOGLOBIN A1C	25	Each		
69	LIPID PROFILE	25	Each		
70	HEAVY METALS PROFILE — PB, HG, AS, CD	25	Each		
71	CHOLINESTERASE	25	Each		
72	URINALYSIS (LAB) COMPLETE	25	Each		
73	POLIO VACCINE	25	Each		
TOTAL					

IX. VENDOR QUESTIONNAIRE

THE RESPONSIBILITY FOR SUBMITTING A RESPONSE TO THIS BID TO THE DEPARTMENT OF PURCHASING AND CONTRACTING OF DEKALB COUNTY GOVERNMENT ON OR BEFORE THE STATED DATE AND TIME WILL BE SOLELY AND STRICTLY THE RESPONSIBILITY OF THE BIDDER.

A. Authorized representative contact info*

Please include the name, title, phone and email of the authorized representative submitting this bid

*Response required

B. Federal Tax ID No.*

*Response required

C. Type of Organization*

☐ Corporation

☐ Joint Venture

- ☐ Sole Proprietorship
- ☐ Government
- ☐ LLC (Limited Liability Company)
- ☐ Other

*Response required

D. Was "Other" selected above?

- ☐ Yes
- ☐ No

When equals "Yes"

A. Type of "Other" Organization

Please enter the type of organization that applies.

E. Are you a DeKalb County Firm?*

- ☐ Yes
- ☐ No

*Response required

F. Technical Proposal Submittal (without Cost)*

Please upload your COMPLETE Technical Proposal, including any and all required corresponding attachments.

(Do not upload cost information here)

*Response required

G. SYSTEM CAPABILITIES

Please provide responses regarding the capabilities and functionality available within your proposed system

B. Employee Medical Record Access*

Can designated and authorized County Occupational Compliance personnel access employee occupational health records and documentation maintained within your EMR/EHR on a 24/7, on-demand basis, subject to applicable legal and confidentiality requirements?

- ☐ Yes
- ☐ No

*Response required

C. Applicant Self-Scheduling*

Does your system allow applicants/candidates to independently schedule authorized pre-employment medical appointments electronically?

- ☐ Yes
- ☐ No

*Response required

D. Return of PCP Referral*

Can your system automatically notify designated County personnel when requested referral documentation has been returned to the vendor?

- ☐ Yes
☐ No

*Response required

E. Clearance Notification*

Can your system automatically notify designated County personnel when an employee or applicant has been medically cleared or has successfully completed the required medical evaluation?

- ☐ Yes
☐ No

*Response required

F. Failure/Non-Clearance Notification*

Can your system automatically notify designated County personnel when an employee or applicant does not meet the applicable medical requirements, while limiting the information provided to the employer to legally appropriate work-status information?

- ☐ Yes
☐ No

*Response required

G. MEC Expiration Tracking*

Can your system capture and track the expiration date of a DOT Medical Examiner's Certificate (MEC) for each applicable employee?

- ☐ Yes
☐ No

*Response required

H. Automated MEC Expiration Notifications*

Can your system automatically notify designated County personnel and/or employees before an MEC expires?

- ☐ Yes
☐ No

*Response required

I. 24/7 DeKalb County Coverage*

Does your organization currently operate at least one location within DeKalb County, Georgia, that provides the required occupational medical services 24 hours per day, seven days per week?

- ☐ Yes
☐ No

*Response required

H. CONTRACTOR REFERENCE AND RELEASE

List below at least three (3) references, including company name, contact name, address, email address, telephone numbers and contract period who can verify your experience and ability to perform the type(s) of product(s)/ service(s) listed in the solicitation.

J. Reference 1: Company Name*

*Response required

K. Reference 1: Contact Person Name and Title*

*Response required

L. Reference 1: Complete Primary Address*

Include city, state and zip code

*Response required

M. Reference 1: Email Address*

*Response required

N. Reference 1: Telephone Number (include area code)*

*Response required

O. Reference 1: Project Name, Description and Contract Period*

*Response required

P. Reference 2: Company Name*

*Response required

Q. Reference 2: Contact Person Name and Title*

*Response required

R. Reference 2: Complete Primary Address*

Include city, state and zip code

*Response required

S. Reference 2: Email Address*

*Response required

T. Reference 2: Telephone Number (include area code)*

*Response required

U. Reference 2: Project Name, Description and Contract Period*

*Response required

V. Reference 3: Company Name*

*Response required

W. Reference 3: Contact Person Name and Title*

*Response required

X. Reference 3: Complete Primary Address*

Include city, state and zip code

*Response required

Y. Reference 3: Email Address*

*Response required

Z. Reference 3: Telephone Number (include area code)*

*Response required

AA. Reference 3: Project Name, Description and Contract Period*

*Response required

BB. Would you like to include more than 3 references?*

☐ Yes

☐ No

*Response required

When equals "Yes"

CC. Include any additional reference information here*

Please include the same information as requested above in detail

*Response required

DD. REFERENCE CHECK RELEASE CONFIRMATION*

By confirming, you are authorizing the County to contact the references provided above for purposes of this RFP.

☐ Please confirm

*Response required

I. SUBCONTRACTOR REFERENCE AND RELEASE FORM

List below at least three (3) references, including company name, contact name, address, email address, telephone numbers and contract period who can verify your experience and ability to perform the type(s) of product(s)/service(s) listed in the solicitation.

If not using subcontractors, leave the following questions blank.

EE. Reference 1

FF. Reference 2

GG. Reference 3

HH. Would you like to include more than 3 references?

This is not required, however is it recommended.

☐ Yes

☐ No

When equals "Yes"

II. Include any additional reference information here*

Please include the same information as requested above in detail

*Response required

JJ. REFERENCE CHECK RELEASE CONFIRMATION

By confirming, you are authorizing the County to contact the references provided above for purposes of this RFP.

☐ Please confirm

J. COOPERATIVE PROCUREMENT

The County through the Department of Purchasing & Contracting may permit piggybacks to this contract from other city, county, local authority, agency, or board of education if the vendor will extend the same prices, terms, and conditions to the city. Piggybacking shall only be available where competition was used to secure the contract and only for a period of 12-months following entry, renewal or extension of the contract. This provision shall not apply to any contract where otherwise prohibited or mandated by state law.

KK. If awarded, agree to extend to other public procurement entities?*

☐ Yes

☐ No

*Response required

When equals "Yes"

LL. If so, please propose a percentage discount to be offered to DeKalb County if a piggyback is utilized.*

i.e., 0%, 3%, 10%, etc.

*Response required

K. RESPONDER AFFIDAVIT

MM. RESPONDER AFFIDAVIT*

Please download the below documents, complete and have notarized. Failure to complete, notarize and submit with the proposal will deem the responder non-responsive. An online notarization option will be provided for you when responding.

- [RESPONDER_AFFIDAVIT.pdf](#)

*Response required

NN. SUBCONTRACTOR AFFIDAVIT*

Please download the below documents, complete and have notarized. These forms are applicable if a subcontractor will be utilized to fulfill the requirements of this contract. If these forms are applicable, it must be completed and submitted along with the proposal. Failure to submit these forms, if applicable, will result in the responder being deemed non-responsive. An online notarization option will be provided for you when responding.

- [SUBCONTRACTOR_AFFIDAVIT.pdf](#)

*Response required

L. LSBE INFORMATION

OO. Please Confirm*

By confirming, I agree that I've reviewed the LSBE Information document in the [ATTACHMENTS](#).

☐ Please confirm

*Response required

PP. LSBE Percentage Requirement*

The bidder understands that the LSBE participation requirement for this solicitation has been reduced from the standard 20% to 10% with a certified LSBE-DeKalb or LSBE-MSA firm.

☐ Please confirm

*Response required

QQ. My firm, as the prime bidder/proposer on this unit of work, is a certified:*

☐ LSBE - DeKalb

☐ LSBE - MSA

☐ N/A

*Response required

RR. If you are a Certified LSBE-DeKalb or MSA, please indicate below the percentage of that your firm will carry out directly.*

*Response required

SS. If the prime bidder/proposer is a joint venture, please describe below the nature of the joint venture and level of work and percentage of participation to be provided by the LSBE-DeKalb or MSA joint venture firm.*

*Response required

M. List the LSBE-DeKalb or MSA subcontractors and/or firms (including suppliers) to be utilized in of this contract, if awarded. No changes can be made in the subcontractors listed below without the prior written approval of the County. Please attach a signed letter of intent from all certified LSBEs describing the work, materials, equipment or services to be performed and/or provided and the agreed upon percentage of work to be performed. A Letter of Intent form is attached hereto as "Exhibit B".

TT. Name of LSBE Company*

*Response required

UU. Address of LSBE Company*

*Response required

VV. Phone Number of LSBE Company*

*Response required

WW. LSBE Company Contact Person*

*Response required

XX. Indicate certification status and attach proof of certification:*

☐ LSBE - DeKalb

☐ LSBE - MSA

*Response required

YY. Description of services to be performed*

*Response required

ZZ. Percentage of work to be performed*

*Response required

AAA. Would you like to include more than one (1) LSBE Company?*

☐ Yes

☐ No

*Response required

When equals "Yes"

BBB. Include any additional reference information here.*

Please include the same information as requested above in detail, including:

Name, address and phone number of LSBE Company, LSBE contact person, LSBE-DeKalb/MSA, Description of services to be performed, and Percentage of work to be performed.

*Response required

CCC. SUBCONTRACTOR AFFIDAVIT*

Please download the below documents, complete and have notarized. An online notarization option will be provided for you when responding.

- [SUBCONTRACTOR AFFIDAVIT.pdf](#)

*Response required

DDD. Did the Prime Contractor(s) attend a MANDATORY LSBE Meeting in person or via video conference within two-weeks of advertisement of the solicitation?*

☐ Yes

☐ No

*Response required

When equals "No"

EEE. Please explain your "no" answer in detail.*

*Response required

When equals "Yes"

FFF. Please provide date attended.*

Maximum response length: 10 characters

*Response required

N. GOOD FAITH EFFORTS

GGG. Did you attend the MANDATORY LSBE Meeting?*

Prime Contractors shall attend a MANDATORY LSBE Meeting in person or via video conference within two-weeks of advertisement of the solicitation. If you attended, select yes. If not, select no and explain.

☐ Yes

☐ No

*Response required

When equals "No"

HHH. Why were you unable to attend the Mandatory LSBE Meeting?*

*Response required

When equals "Yes"

III. Please provide date attended.

Maximum response length: 10 characters

JJJ. Will you be uploading a contact log?*

If yes, provide a contact log showing the company's name, contact person, address, email and contact number (phone or fax) used to contact the proposed certified subcontractors, nature of work requested for quote, date of contact, the name and title of the person making the effort, response date and the percentage of work. If no, explain why.

☐ Yes

☐ No

*Response required

When equals "Yes"

KKK. Please upload your Contact Log*

*Response required

When equals "No"

LLL. If no, please explain below*

*Response required

MMM. Did you notify interested LSBEs at least 5 business days prior to submission of the bid or proposal?*

☐ Yes

☐ No

*Response required

When equals "Yes"

NNN. Please upload proof of notification*

*Response required

When equals "No"

OOO. If no, please explain below*

*Response required

PPP. Did you make efforts to divide work for LSBE subcontracting?*

Efforts made to divide the work for LSBE subcontracting areas likely to be successful and to identify portions of work available to LSBEs consistent with their availability. Include a list of divisions of work not subcontracted and the corresponding reasons for not including them. The ability or desire of a bidder/proposer to perform the contract work with its own organization does not relieve it of the responsibility to make good faith efforts on all scopes of work subject to subcontracting.

☐ Yes

☐ No

*Response required

When equals "Yes"

QQQ. Please upload evidence of efforts*

*Response required

When equals "No"

RRR. If no, please explain below*

*Response required

SSS. Did you make efforts to assist potential LSBE subcontractors to meet bonding, insurance, or other governmental contracting requirements?*

Where feasible, facilitating the leasing of supplies or equipment when they are of such a specialized nature that the LSBE could not readily and economically obtain them in the marketplace.

☐ Yes

☐ No

*Response required

When equals "Yes"

TTT. Please upload evidence of efforts*

*Response required

When equals "No"

UUU. If no, please explain below*

*Response required

VVV. Did you communicate with DeKalb First Program Staff?*

Communication via email or phone with DeKalb First Program Staff seeking assistance in identifying available LSBEs.

☐ Yes

☐ No

*Response required

When equals "Yes"

WWW. If yes, provide DeKalb First Program Staff representative name and title, and date of contact.*

*Response required

When equals "No"

XXX. If no, please explain below*

*Response required

YYY. LETTER OF INTENT TO PERFORM AS A SUBCONTRACTOR*

Please download the below documents, complete, and upload.

- [SUBCONTRACTOR LOI.pdf](#)

*Response required

ZZZ. Did you upload the signed letters of intent from all certified LSBEs above?*

For all contracts, a signed letter of intent from all certified LSBEs describing the work, materials, equipment or services to be performed or provided by the LSBE(s) and the agreed upon LSBE participation percentage shall be due with the bid or proposal documents.

☐ Yes

☐ No

*Response required

When equals "No"

AAAA. If no, please explain below*

*Response required

BBBB. Did you perform any other actions, to include Mentor/Protégé commitment for solicitations \$5M and above?*

☐ Yes

☐ No

*Response required

When equals "Yes"

CCCC. If yes, please specify below*

*Response required

When equals "No"

DDDD. If no, please explain below*

*Response required

EEEE. BIDDER/PROPOSER STATEMENT OF COMPLIANCE*

Please download the below documents, complete and have notarized. Failure to complete, notarize and submit with the proposal will deem the responder non-responsive. An online notarization option will be provided for you when responding.

- [Statement of Compliance.pdf](#)

*Response required

FFFF. Please upload any additional information as necessary

GGGG. Confirmation of LSBE Ordinance?*

Bidder confirms the LSBE ordinance ([The DeKalb First – LSBE Ordinance](#)), as well as review, understating and uploading of all supporting documentation?

☐ Please confirm

*Response required

HHHH. LETTER OF INTENT TO PERFORM AS A SUBCONTRACTOR*

Please download the below documents, complete, and upload.

- [SUBCONTRACTOR LOI.pdf](#)

*Response required

O. FIRST SOURCE JOBS ORDINANCE

The DeKalb County First Source Jobs Ordinance requires contractors or beneficiaries entering into any type of agreement with the County, including purchase orders, regardless of what they may be called, for the procurement or disposal of supplies, services, construction projects, professional or consultant services, which is funded in whole or part with County funds or County administered funds in which the contractor is to receive \$50,000 or more in County expenditures or committed expenditures and recipient of urban redevelopment action grants or community development block funds administered in the amount of \$50,000 or more make a good faith effort to hire DeKalb County residents for at least 50% of jobs using the First Source Registry (candidate database). The work to be performed under this contract is subject to the provisions of the DeKalb County First Source Jobs Ordinance.

IIII. Please complete and upload: D. First Source Jobs Ordinance Acknowledgement, and E. New Employee Tracking Form*

You may upload multiple files here.

*Response required

JJJJ. Confirmation of First Source Jobs Ordinance?*

Bidder confirms they have read the full WorkSource DeKalb information and agrees to comply with the provisions of the DeKalb County First Source Jobs Ordinance.

☐ Please confirm

*Response required

P. RESPONDER ACKNOWLEDGEMENT

KKKK. RESPONDER ACKNOWLEDGEMENT*

Responder acknowledges that this Proposal is valid for 150 days from and including the RFP opening date.

Responder acknowledges that their Proposal exceeds the minimum requirements. Any deviation from minimum specifications must be explained, in detail, by the Responder as to how the Proposal does not meet the exact specifications.

I, the authorized representative, acknowledge that I have read the RFP Document in its entirety and agree to conform to its every requirement. I further acknowledge that failure to prepare, submit, or execute this Proposal in the exact manner requested will be just cause to reject my entire Proposal.

☐ Please confirm

*Response required