



**MEDICAL FITNESS EXAMINATION, TESTING, AND EVALUATION SERVICES  
FOR SAVANNAH FIRE & EMERGENCY SERVICES  
ANNUAL CONTRACT**

**EVENT # 4952**

**SECTION II  
SCOPE OF SERVICES**

- 2.0** The City of Savannah is soliciting proposals from qualified and licensed medical practices and/or facilities for medical fitness examinations, testing, and evaluation services for Savannah Fire and Emergency Services (SFES). The SFES Bureau has adopted a Wellness-Fitness program to standardize the department's approach to fitness and provide better fitness resources to its employees. Components of this program include the implementation of a physical examination and fitness evaluation program.

Electronic submissions will not be accepted for this proposal.

- 2.1** Proposers shall present a brief description of their background and experience in the area of preventive medicine and occupational safety and health.
- 2.2** The active physician must be a Georgia licensed medical doctor who is qualified to provide professional expertise in the areas of wellness/preventative medicine.

**2.3 Proposal Format**

Proposals shall be submitted in the following format and include the following information:

- a) Introduction and history of physician/medical practice
- b) Capabilities and experience
- c) Method of approach
- d) Fee proposal
- e) Proposed Schedule of Minority and Women-Owned Business Participation and Non-Discrimination Statement
- f) References with contact information of customers of similar size and scope
- g) Other submittals as stated

**2.4 Basis of Award**

Proposals will be evaluated according to the following criteria and weight:

- a) Proposer's qualifications and experience, including support capabilities (45 points)
- b) Project/service approach (25 points)
- c) Fee (20 points)
- d) References (5 points)
- e) Local vendor participation (5 points)

Proposals shall be evaluated by a selection committee. The selection committee reserves the right to conduct interviews of any or all proposers as it deems necessary. The City reserves the right to shorten the list of proposers selected for interviews or further evaluation.

The City also reserves the right to request a Best and Final Offer (BFO), and to re-score evaluations based on the best and final offer. Proposers may be required to provide clarification of their proposal as part of the BFO response.

- 2.5** The successful proposer will be responsible for guiding, directing and advising members of the SFES Department with regard to their health and medical status as it relates to them being a firefighter.

**2.6 The SFES Physician**

The SFES physician will be involved with the health, wellness, fitness, and safety of uniformed personnel by providing initial candidate evaluations, S.C.U.B.A. diver medical exams, annual health/fitness evaluations, referrals and counseling during work-related injury/illness, and retirement evaluations. This professional should be board certified in occupational medicine, internal medicine, or family medicine. The fire department would also benefit from physicians specializing in fields relevant to the fire service such as occupational toxicology, industrial hygiene, epidemiology, infectious disease, pulmonary, cardiology, critical care, orthopedics, physiatry, burn care, and/or emergency medicine. The ability to interact successfully with other professionals is essential since no single person can be a specialist in all fields. The fire department physician must have a thorough knowledge of job-related activities, physical demands of the occupation, and stresses associated with firefighting. The individual must be able to conduct job analyses, remain current on medical literature pertaining to fire service related issues, and conduct ongoing research related to firefighter's health, safety, and fitness. Additionally, the fire department physician must have knowledge of local, state, provincial, and federal laws as well as the roles of labor and management relating to occupational medicine, health and safety. Finally, the fire department physician must review current physical abilities that are considered essential functions of a firefighter and medically certify whether the firefighter is physically capable of performing those duties without posing a threat to themselves or others. Medically Certified is a determination by the fire department physician that the firefighter meets the medical requirements and essential functions of the position, or in the professional opinion of the physician does not present a significant risk to the safety of the person or others when functioning as a firefighter in training or emergency operational environments.

The health care provider (organization or individual) shall provide credentials of professional personnel. Individuals or organizations responding to this RFP shall provide a written plan detailing how it will coordinate its evaluation activities, including confidentiality of records, with the SFES Department.

## 2.7 Medical Records, Results, Reporting, and Confidentiality

Confidentiality of medical information is a critical aspect of medical and fitness evaluations. All individuals participating in a medical evaluation should be informed ahead of time about the purpose of the medical evaluation and content of the exam. The unauthorized release of personal details that may be recorded as part of a medical evaluation can and does cause legal, ethical, and personal problems either for the employee, the employer, or the examining physician. The results of any medical evaluation are considered to be confidential medical information subject to patient - physician confidentiality restrictions. The employer shall only be provided a statement regarding fitness for duty, necessary work restrictions, and appropriate accommodations. Under most circumstances, results and recommendations arising from the evaluation should be expressed in general terms without specific diagnostic information. In cases where more specific information is needed in order to make a decision on the status of a firefighter, a specific consent form releasing that information should be obtained from the fire fighter. Additionally, all medical and fitness information, data, and test results must be maintained in separate files from all other personnel information.

- 2.7.1 All medical information collected as part of a medical evaluation shall be considered confidential medical information and shall be released by the vendor only with the specific written consent of the fire fighter.
- 2.7.2 The vendor shall report the results of the medical evaluation to the fire fighter, including any medical conditions disclosed during the medical evaluation and the recommendations as to whether the fire fighter is medically certified to perform as a fire fighter.
- 2.7.3 The vendor shall inform the fire department only as to whether or not the fire fighter is medically certified to perform as a fire fighter. The specific written consent of the fire fighter shall be required to release confidential medical information to the fire department, in accordance with HIPPA laws and the American with Disabilities (ADA) restrictions and confidentiality requirements.
- 2.7.4 Health information shall be maintained as a confidential record for each individual fire fighter.
- 2.7.5 The vendor must have software to collect and track fire fighter health and fitness data.
- 2.7.6 Detailed analysis of composite results will be conducted as determined by the SFES Department.

The health care provider (organization or individual) shall provide written assurance that the above confidentiality requirements are met.

## 2.8 Follow-Up or Referral to Health Care Practitioner

The SFES Wellness-Fitness program recognizes the importance of consultation and/or referral to outside health care providers and/or specialists. Aspects of the follow-up and referral program include:

- a) Abnormal findings on the annual physical must be addressed by follow-up referral.
- b) Re-vaccination or intervention following exposure must be managed by follow-up

- or referral.
- c) Managed care or other provider referrals are appropriate for non-service connected problems.
- d) Return-to-work determinations require clearance by the SFES physician or other provider following a consultation with an outside physician or after extended leave.
- e) Follow-up on findings from annual examinations must be reviewed by the SFES physician.

The health care provider (organization or individual) shall provide written documentation regarding their follow-up/referral program or procedures. The follow-up/referral program should be in conjunction with the City of Savannah's medical plan/preferred provider relationship.

**2.9 The medical exam will include:** Physical examination as appropriate and according to the most recent versions of the Fire Service Wellness-Fitness program, the NFPA 1582 Standard on Medical Requirements for Fire Fighters and OSHA Regulation 29CFR1910.120 Paragraph F Hazardous Material Team Medical Surveillance. Copies of referenced regulations are available from SFES. S.C.U.B.A. exams shall be in accordance with NAUI Worldwide Dive Safety through Education Medical Evaluation and Physician Approval Form for personnel on the dive team.

### **2.9.1 Periodic Medical Evaluation**

The components of the annual medical evaluation specified shall be permitted to be performed by any licensed physician designated by the fire department or by qualified personnel as authorized by the fire department physician. When other qualified personnel are used, the fire department physician shall review the data gathered during the evaluation. When more than one licensed physician or medical group is authorized to fulfill the responsibilities of the department physician the results are not required to be reviewed by all designated physicians. A current firefighter shall not be certified as meeting the medical requirements of this standard if the fire department physician(s) determines that the fire fighter had any Category A medical condition specified in Chapter 3 of NFPA 1582 Standard, unless the department's physician(s) determines that the severity of the condition is such that the individual may perform the essential functions of a fire fighter without posing a significant risk to the safety and health of the individual or others.

A designated fire department physician shall not medically certify the current fire fighter for return to work if any Category A medical condition specified in Chapter 3 of the NFPA 1582 Standard is present to the extent that it would during essential firefighting functions pose a significant risk to the safety and health of the fire fighter or others.

SFES reserves the right to determine medical conditions not consistent with the standard.

### **2.9.2 Individualized Health Risk Appraisal**

Written feedback to uniformed personnel concerning health risks and health status is required following the annual examination. Reporting findings and risks and suggesting plans for modifying risks improves the physician-patient relationship and helps uniformed personnel claim ownership of their health status. Individualized health risk appraisals also must include questions that attempt to

accurately measure the uniformed personnel's perception of their health. Health perception can be a useful indicator of potential problems.

### **2.9.3 Medical History Questionnaire**

An initial pre-employment history questionnaire must be completed to provide baseline information with which to compare future medical concerns. A periodic medical history questionnaire must be completed to provide follow-up information. Periodic questionnaires focus on changes in health status.

### **2.9.4 Physical Examination**

Vital Signs

Head, Eyes, Ears, Nose, and Throat

Neck

Cardiovascular: Inspection, auscultation, percussion, and palpation.

Pulmonary: Inspection, auscultation, percussion, and palpation.

Gastrointestinal: Inspection, auscultation, percussion, and palpation.

Genitourinary: Hernia exam (Also, see cancer screening).

Rectal: (See cancer screening).

Lymph Nodes: The examination of organ systems must be supplemented with an evaluation of lymph nodes in the cervical, axillary, and inguinal regions.

Neurological: The neurologic exam for uniformed personnel must include a general mental status evaluation and general assessment of the major cranial/peripheral nerves (motor, sensory, reflexes).

Musculoskeletal: Includes an overall assessment of range of motion (ROM) of all joints.

Additionally, observation of the personnel performing certain standard office exercises or functions is helpful in assessing joint mobility and function.

### **2.9.5 Blood Analysis**

The following are components of the blood analysis. At a minimum, laboratory services must provide these components in their automated chemistry panel (aka SMAC 20) and complete blood count (CBC) protocols:

White Blood Cell Count

Differential

Red Blood Cell Count (Hematocrit)

Platelet Count

Liver Function Tests: Includes SGOT/AST, SGPT/ALT, LDH, Alkaline Phosphatase, and Billirubin

Triglycerides

Glucose

Blood Urea Nitrogen

Creatinine

Sodium

Potassium

Carbon Dioxide

Total Protein

Albumin  
Calcium  
Cholesterol: Includes Total Cholesterol, Low Density Lipoprotein (LDL-C) level, High Density Lipoprotein (HDL-C) level, and Total Cholesterol/HDL Ratio  
Nicotine Testing

#### **2.9.6 Urinalysis**

Dip Stick: Includes pH, Glucose, Ketones, Protein, Blood and Bilirubins. Microscopic - Includes WBC, RBC, WBC Casts, RBC Casts, Crystal and 9 Panel Drug Screenings.

#### **2.9.7 Vision Tests**

Assessment of vision must include evaluation of distance, near, peripheral, and color vision. Evaluate for common visual disorders including cataracts, macular degeneration, glaucoma, and diabetic retinopathy.

#### **2.9.8 Hearing (Audiogram)**

#### **2.9.9 Pulmonary (Spirogram)**

#### **2.9.10 Chest X-Ray, as appropriate**

Initial Baseline  
Repeat Chest X-Ray (Every three years - optional)  
Repeat Chest X-Ray (Every five years - mandatory)  
Repeat Chest X-Ray (every year) for HazMat Team Personnel unless the attending physician believes a longer interval (not greater than biannually) is appropriate

#### **2.9.11 EKG (Resting), as appropriate**

#### **2.9.12 Cancer Screening Elements**

Clinical Breast Examination - recommended, optional  
Mammogram - recommended, optional  
Annual beginning at age 40  
Pap Smear - recommended, optional  
Prostate Specific Antigen - recommended, optional  
Annual on all male uniformed personnel who have a positive family history of prostate cancer or are African-Americans beginning at age 40. All male uniformed personnel beginning at age 50.  
Digital Rectal Exam  
Fecal Occult Blood Testing  
Skin Exam  
Testicular Exam

#### **2.9.13 Immunizations and Infectious Disease Screening**

Tuberculosis Screen (Mandatory annual PPD)  
Hepatitis C Virus Screen (Baseline) - as requested

Hepatitis B Virus Vaccine (Mandatory)  
Tetanus/Diphtheria Vaccine (Booster every 10 years)  
Measles, Mumps, Rubella Vaccine (MMR)

#### Measles Vaccine

Vaccine is required for all uniformed personnel born in or after 1957 if there is no medical contraindication and no evidence of at least one dose of live vaccine on or after one's first birthday.

#### Mumps Vaccine

Vaccine is required for all uniformed personnel born in or after 1957 if there is no documentation of physician-diagnosed mumps, no adequate immunization with live mumps after their first birthday and no evidence of laboratory immunity.

#### Rubella Vaccine

Vaccine is required unless proof of immunity is available.

#### Polio Vaccine

Vaccine shall be given to uniformed personnel if vaccination or disease is not documented.

#### Hepatitis A Vaccine

Vaccine shall be offered to high risk (HazMat, USAR, and SCUBA) and other uniformed personnel with frequent or expected frequent contaminated water exposures.

#### Varicella Vaccine (Required to be offered)

#### Influenza Vaccine (Required to be offered)

#### HIV Screening (Required to be offered)

HIV testing should be offered on a confidential basis as part of post-exposure protocols and as requested by the physician and patient.

## **2.10 Annual Fitness Evaluation**

Under the Wellness-Fitness program, fitness protocols are used to determine firefighter baseline levels of fitness, and progress is evaluated from year to year. The vendor must provide fitness evaluation equipment and conduct fitness testing as follows:

#### Aerobic Capacity Evaluation

Equipment needed:

- Commercial treadmill capable of obtaining a 15% grade and 10 mph
- Stairmill
- Heart Rate Monitor
- Electrocardiogram

#### Muscular Strength Evaluation

Equipment needed:

- Hand grip dynamometer - Jamar Hydraulic Hand dynamometer
- Arm dynamometer - Jackson Strength Evaluation System
- Leg dynamometer - Jackson Strength Evaluation System

## Muscular Endurance

Equipment needed:

- Push-up muscle evaluation equipment - 5" prop, a metronome and stopwatch
- Curl-up muscle evaluation equipment - gym mat, metronome and stopwatch

## Flexibility Evaluation

Equipment needed:

- Sit and reach evaluation equipment - Novel Acuflex I

### 2.11 Heavy Metal and Special Exposure Screening

The City is requesting the proposer outline a plan to address requirements for heavy metal and special exposure screening for the HazMat Team. The City's HazMat Team currently consists of 90 members.

This program should include but not be limited to procedures for collection and storage of baseline samples, evaluations after exposure, and fees for each process.

Baseline testing for heavy metals may be assessed on the initial physical but is not required under the initiative since the utility of such testing has not been medically established. However, evaluations are required to be done under special circumstances, such as following a known exposure, for recurrent exposures, or where required under federal, state or provincial regulations (e.g. OSHA standards).

Heavy metal testing includes testing for the following:

- Arsenic
- Antimony
- Aluminum
- Nickel
- Mercury (urine)
- Bismuth
- Copper
- Zinc
- Lead (urine)
- Cadmium
- Organophosphates (RBC cholinesterase)
- Lead (blood)
- Chromium
- Polychlorinated Biphenyls (blood)

### 2.12 Potential Number of Examinees

Age:	<40	>39	Total
Male:	150	189	339
Female	4	8	12

2.13 The annual medical evaluation shall include a medical examination according to the following schedule:



- a) Ages 39 and under - every year
- b) Ages 40 and above - every year

New members of the Hazardous Material Team receive a physical upon entering and members exiting will receive one if they exit the Hazardous Material Team. A member of the Hazardous Materials Team is an employee that is exposed to hazardous materials for 30 days or more per year.

**2.14 Total Number of Annual Physicals**

90	HazMat
261	Physical Assessments
351	Total

**2.15 Fee:** Each proposer shall indicate fees for the specific items indicated. Also for consultations, referrals, etc. it is envisioned that a standard office visit will suffice and a fee shall be submitted. Any other miscellaneous fees not specifically outlined shall be shown along with a breakdown of these fees.

**2.16 Annual Contract**

This proposal will result in the award of an annual contract for a period of one (1) year (12 months). This contract may be renewed for four (4) additional one (1) year periods at the same terms and conditions upon mutual agreement of the contracting parties.

**2.17 Addenda**

Proposers are responsible for determining and acknowledging any addenda issued in connection with this request for proposal. All issued addenda must be acknowledged in order for proposals to be considered.

**2.18 Copies:** One (1) unbound, printed, and signed original, two (2) identical, printed copies, and one (1) electronic copy (on a flashdrive) of the proposal and supporting documents must be submitted in response to the RFP. All responses must relate to the specifications as outlined.

**2.19 Contacts**

Proposers must submit proposals in accordance with the instructions contained in this RFP. All requested information must be submitted with the proposal. Instructions for preparation and submission of proposals are contained in this package. All questions regarding this request for proposal should be submitted in writing and emailed to the person listed on the summary event page.

**SECTION III**

**FEE PROPOSAL**

I have read and understand the requirements of this request for proposal RFP Event # 4952 and agree to provide the required services in accordance with this proposal and all attachments, exhibits, etc. The proposed fee shall include all labor, material and equipment to provide the services as outlined including any travel or per diem expenses and any other miscellaneous expense involved. The fee for providing the required service is:

***ALL PROPOSERS MUST BE REGISTERED SUPPLIERS ON THE CITY'S WEBSITE TO BE AWARDED AN EVENT. PLEASE REGISTER AT [WWW.SAVANNAHGA.GOV](http://WWW.SAVANNAHGA.GOV) ELECTRONIC SUBMISSIONS WILL NOT BE ACCEPTED. PROPOSALS MUST BE SUBMITTED ON THIS FORM.***

ITEM NO	DESCRIPTION	ESTIMATED NUMBER OF EXAMINATIONS	UNIT PRICE	TOTAL
1	Female up to 40 years of age	8		
2	Male up to 40 years of age	183		
3	Male from age 40 and over	66		
4	Female 40 years of age and older	4		
5	HazMat Assessment	90		
6	Return to Duty Assessment (Including physician office visit and fitness evaluation)	30		
7	Annual Fitness Evaluation	351		
8	Electrocardiogram (EKG)	351		
9	Pulmonary Function Test (PFI)	351		
10	Blood Analysis : Complete Blood Count (CBC) Complete Metabolic Count (CMP)	351		
11	Urinalysis	351		
12	Cardiovascular Stress Test	10		
13	Hemocult	100		
14	Chest x-ray	80		

ITEM NO	DESCRIPTION	ESTIMATED NUMBER OF EXAMINATIONS	UNIT PRICE	TOTAL
15	Immunizations : PPD (test to screen for tuberculosis exposure)	310		
16	Hepatitis A	20		
17	Hepatitis B	30		
18	TDAP (tetanus, diphtheria, and pertussis)	50		
19	Shingles (recommended for adults over 50)	10		
20	Special Exposure Evaluation	5		
21	TB Spot Test	5		

TOTAL COST \$ \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_

PROPOSER: \_\_\_\_\_

SIGNED: \_\_\_\_\_

NAME (PRINT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

FAX: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

INDICATE MINORITY OWNERSHIP STATUS OF BIDDER (FOR STATISTICAL PURPOSES ONLY):

CHECK ONE:

- NON-MINORITY OWNED  
 AFRICAN AMERICAN  
 HISPANIC  
 WOMAN (non-minority)

- ASIAN AMERICAN  
 AMERICAN INDIAN  
 OTHER MINORITY  
 DESCRIBE \_\_\_\_\_

CONFIRM RECEIPT OF ANY ADDENDA ISSUED FOR THIS RFP:

ADDENDUM # \_\_\_\_\_

**DATE** \_\_\_\_\_

## NON-DISCRIMINATION STATEMENT

The prime contractor / bidder certifies that:

- (1) No person shall be excluded from participation in, denied the benefit of, or otherwise discriminated against on the basis of race, color, national origin, or gender in connection with any bid submitted to the City of Savannah or the performance of any contract resulting therefrom;
- (2) That it is and shall be the policy of this Company to provide equal opportunity to all business persons seeking to contract or otherwise interested in contracting with this Company, including those companies owned and controlled by racial minorities, cultural minorities, and women;
- (3) In connection herewith, we acknowledge and warrant that this Company has been made aware of, understands and agrees to take affirmative action to provide such companies with the maximum practicable opportunities to do business with this Company;
- (4) That this promise of non-discrimination as made and set forth herein shall be continuing in nature and shall remain in full force and effect without interruption;
- (5) That the promises of non-discrimination as made and set forth herein shall be and are hereby deemed to be made as part of and incorporated by reference into any contract or portion thereof which this Company may hereafter obtain and;
- (6) That the failure of this Company to satisfactorily discharge any of the promises of non-discrimination as made and set forth herein shall constitute a material breach of contract entitling the City of Savannah to declare the contract in default and to exercise any and all applicable rights and remedies including but not limited to cancellation of the contract, termination of the contract, suspension and debarment from future contracting opportunities, and withholding and or forfeiture of compensation due and owing on a contract.

---

Signature

---

Title

## PROPOSED SCHEDULE OF M/WBE PARTICIPATION

All M/WBEs listed **must be certified as a minority-owned or women-owned business** by the City of Savannah or a federally-recognized or state-level certifying agency (such as USDOT, State DOT, SBA 8(a) or GMSDC) that utilizes certification standards comparable to the City of Savannah **prior** to the due date of this bid. **Other business certifications that do not specify majority woman or minority ownership may not be substituted. Proof of M/WBE certification from the certifying agency is required to accompany the bid.** A firm that has submitted an application for M/WBE certification but has **not** been certified is **not** qualified as a certified M/WBE and will not be recognized as such during the City's evaluation process. To expedite verification, please provide accurate phone numbers for all M/WBEs listed and ensure firms understand contact will be made following bid submittal.

Name of Proposer: \_\_\_\_\_ Event No. 4952

Project Title: \_\_\_\_\_

**NOTE: Unless certified through the City of Savannah M/WBE Program, proof of M/WBE certification must be attached for all firms listed.**

Name of M/WBE Participant	Name of Majority Owner	Telephone	Address (City, State)	Type of Work Sub-Contracted	Estimated Sub-contract Value	MBE or WBE	Certified? (Y or N)	Certifying Agency? (City of Sav. or Other)
					%			
					%			

MBE Participation Value: \_\_\_\_\_ %      WBE Participation Value: \_\_\_\_\_ %      M/WBE Participation Value: \_\_\_\_\_ %

**The undersigned will enter into a formal agreement with the M/WBE Subcontractors/Proposers identified herein for work listed in this schedule, conditioned upon executing a contract with the Mayor and Aldermen of the City of Savannah.** The Prime's subcontractor that subcontracts work must enter into a formal agreement with the tier subcontractor identified herein for work listed in this schedule. The Prime may count toward the goal any tier of M/WBE subcontractors and/or suppliers that will be utilized in the contract work. However, when an M/WBE subcontracts part of the work, the value of the subcontracted work may **only** be counted toward the goal **if the tier subcontractor is an M/WBE**. Any work an M/WBE firm subcontracts to a non-M/WBE firm **will not count toward the M/WBE goal**. It is the responsibility of the Prime contractor to advise all M/WBEs of this requirement and to ensure compliance by subcontractors.

### Joint Venture Disclosure

If the prime bidder is a joint venture, please describe the nature of the joint venture, the level of work and the financial participation to be provided by the Minority/Female joint venture firm in the space provided below.

Joint Venture Firms	Level of Work	Financial Participation

Printed name (company officer or representative): \_\_\_\_\_

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

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

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

*The Minority/Women Owned Business Office is available to assist with identifying certified M/WBEs. Please contact the M/WBE Office at (912) 652-3582. The City of Savannah's certified M/WBE registry is posted on its website at [www.savannahga.gov](http://www.savannahga.gov).*

## Developing a Strong M/WBE Participation Plan

### *Key facts every bidder/proposer needs to know prior to developing their M/WBE Participation Plan:*

1. All bidders/proposers must submit a “Proposed Schedule of M/WBE Participation” which identifies the minority and/or woman-owned companies that have agreed to participate in the project if awarded. All companies listed on the form must be certified as either minority-owned and controlled or woman-owned and controlled. The City does not accept a company’s “self-identification” as minority or woman-owned.
2. **Proof** of M/WBE certification from the certifying agency is required to accompany the bid; and certification must have been completed by the City of Savannah, a federally-recognized or a state-level certifying agency (USDOT, State DOT, SBA 8(a) or GMSDC) utilizing certification standards comparable to the City of Savannah.
3. The certification must have been approved prior to the due date of this bid. A firm that has submitted an application for certification but has not been certified will not be counted toward the M/WBE goal.
4. The M/WBE Office **will be contacting all M/WBE firms** included in the bidder’s M/WBE Plan to confirm each: a) was contacted by the bidder/proposer; b) performs the type of work listed; and c) agreed to participate.
5. To expedite the verification process, bidders/proposers need to: provide accurate phone numbers for all M/WBEs listed; ensure M/WBEs know to expect to be contacted by phone and email; request M/WBEs be accessible during the critical period before bid-opening; and advise M/WBEs that City staff **must** receive the M/WBE’s confirmation that the firm agreed to participate in the bid/proposal in order for the prime contractor to receive credit toward their proposed M/WBE participation goals.
6. If a proposed M/WBE cannot be confirmed as certified, performing the type of work described or agreeing to participate, the bidder/proposer will be notified and given a pre-determined period to submit a correction. If an M/WBE still cannot be confirmed or replaced, the proposed percentage of participation associated with the unverified M/WBE firm will **not be counted** and **will be deducted** from the overall proposed M/WBE goal.
7. Any tier of M/WBE subcontractors or suppliers that will be utilized in the contract work may count toward the MBE and WBE goal **as long as the tier subcontractors/suppliers are certified M/WBEs**. Work that an M/WBE subcontracts to a non-M/WBE firm does not count toward the M/WBE goal.
8. M/WBEs must perform a “**commercially useful function**” which is the provision of **real and actual work or products**, or performing a distinct element of work for which the business has the skills, qualifications and expertise, and the responsibility for the actual management and supervision of the work contracted.
9. Per the *Proposed Schedule of M/WBE Participation* “the undersigned (bidder/proposer) will enter into a formal agreement with the M/WBE Subcontractors/Proposers identified herein for work listed in this schedule, conditioned upon executing a contract with the Mayor and Aldermen of the City of Savannah.” **This signed commitment is taken seriously by the City**, so do not list M/WBEs you do not plan to utilize. Any proposed changes must be pre-approved by the M/WBE Office, be based on legitimate business-related reasons, and still meet the M/WBE participation goals per the City’s contract.
10. A bidder who is a certified M/WBE may count toward the goal the portion of work or services on a City contract that is actually performed by the M/WBE, including: the cost of supplies/materials purchased or equipment leased for contract work, fees for bona fide services such as professional or technical services, or for providing bonds or insurance specifically required for the performance of a City contract.
11. If awarded the contract, the MWBE Office **will be reviewing your company’s subcontracts, invoices and payment records** to substantiate the completion of work and payment of M/WBEs. If the prime contractor is an M/WBE that is being included in its M/WBE goal, the prime contractor must maintain records **that will be inspected** to prove the portion of work performed, cost of work, and payments to the prime company.