



COUNTY OF EL PASO
500 East San Antonio, Suite PU500
El Paso, Texas 79901
(915) 546-2048 (915) 546-8180 Fax

Notice to Interested Parties

Sealed Request for Qualifications will be received at the County Purchasing Department, 500 E. San Antonio, Suite PU500, El Paso, Texas 79901 before 2:00 p.m., Tuesday, April 3, 2007. Responses will be opened at the County Purchasing Office the same date for (Re-bid) On-Site Medical Clinic for the County of El Paso.

Qualifications must be in a sealed envelope and marked:
"Qualifications to be opened April 3, 2007
(Re-bid) On-Site Medical Clinic for the County of El Paso
RFQ Number 07-029"

Any questions or additional information required by interested vendors must be submitted in writing to the attention of the County Purchasing Agent before Tuesday, March 27, 2007, at 12:00 p.m. Questions can be faxed to (915)-546-8180.

Said contract shall be let to the best qualified, and the **COMMISSIONER'S COURT RESERVES THE RIGHT TO REJECT ANY AND ALL RESPONSES AND WAIVE TECHNICALITIES.** Only responses that conform to specifications will be considered. Faxed responses will not be accepted.

In order to remain active on the El Paso County Vendor list, each vendor receiving this request for qualifications must respond in some form. Vendors submitting qualifications must meet or exceed all requirements herein. Vendors not responding to the request must submit their reason in writing to the El Paso County Purchasing Department.

PITI VASQUEZ
County Purchasing Agent

SIGNATURE PAGE

Description – RFQ #07-029

(Re-bid) On-Site Medical Clinic for the County of El Paso

Vendor must meet or exceed specifications

Please submit one (1) original copy and two (2) duplicate copies of your statements of qualifications.

Company

Address

Federal Tax Identification No.

City, State, Zip Code

CIQ Document Number

CIQ Sent Date

Representative Name & Title

Telephone & Fax Number

Signature

Date

**** THIS MUST BE THE FIRST PAGE ON RFQ RESPONSE ****

COUNTY OF EL PASO, TEXAS

Solicitation Check List

(Re-bid) On-Site Medical Clinic for the County of El Paso RFQ #07-029

THIS CHECKLIST IS PROVIDED FOR YOUR CONVENIENCE

- _____ Responses should be delivered to the County Purchasing Department by 2:00 p.m., Tuesday, April 3, 2007. Did you visit our website (www.epcounty.com) for any addendums?
- _____ Did you sign the Signature Page?
- _____ Did you sign the "Certifications Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters; Drug-Free Workplace Requirements; Federal Debt Status, and Nondiscrimination Status And Implementing Regulations" document?
- _____ Did you sign the "Consideration of Insurance Benefits" form?
- _____ Did you file a copy of the completed Conflict of Interest Questionnaire (Form CIQ) with the El Paso County Clerk (in person or by mail to 500 E. San Antonio, Suite 105, El Paso, TX 79901 or by fax to 915-546-2012 attention Joann) and write the confirmation number given as proof of filing on your bidding schedule? Please include the completed and signed form with your response whether a relationship exists or not?
- _____ Did you provide one original and two (2) copies of your response?
-

Scope of Services Requested

The County of El Paso is interested in receiving priced qualifications for the management and operation of a medical clinic whose services will be made available to County of El Paso employees, retirees, and their eligible dependents. The County of El Paso has approximately 2,300 active employees and approximately 400 retirees who would be deemed eligible to use the clinic. Approximately 1,100 employees work within a 1 mile radius of the County Courthouse. The expense of the operation of the clinic would be borne by the self funded health plan that the county maintains to provide medical benefit reimbursement to its eligible participants.

Clinic services are intended to cover full access to primary care including episodic care, disease management, and wellness programs focused on health promotion and disease prevention. Primary staffing can be provided by a full time Physician, Nurse Practitioner (FNP preferred) or Physician Assistant, or any combination of staff preferably with prescriptive privileges. Staff should be properly sponsored and supervised as required by the State of Texas. Neither the County of El Paso nor its health benefits fund will assume any liability for the practice of medicine.

The County will entertain offers from providers or management firms that will oversee the operation of the clinic. The provider will be responsible for all expenses incurred such as but not limited to: staffing, supplies (both medical and office), facilities, record maintenance, telephone, and any special needs regarding waste removal or security. It is expected that all services, data management and record keeping will be HIPAA compliant.

It is likely that the clinic will be operated on a part time basis for the first year of operation (20 hours per week) until data can be provided to determine if the clinic's operational hours should be extended to a full time basis. The location of the clinic will be determined after evaluation of responses to this request, if a determination is made to move forward with this project.

The evaluation criteria that will be used to assess your response will be as follows:

Personnel Qualifications and Credentials	10%
Cost	30%
Scope of Services and Capabilities Offered	50%
Return on Investment Guarantees	10%

Please respond to the following questionnaire:

GENERAL INFORMATION

1. Name of your organization and date established.
2. Please provide a brief history of your organization.

QUALIFICATIONS

3. Provide the contact information of the individual authorized to answer any questions related to the proposal.

Name:

Title:

Address:

Phone Number:

Fax Number:

Email Address:

4. Do you employ a State of Texas licensed physician as your Medical Director?
YES___NO___

Is this individual in agreement to sponsor privileges for either a Nurse Practitioner or Physician Assistant? YES___NO___

5. Provide documentation for all medical practitioners who will oversee and staff the clinic:

- Medical and Professional Degrees
- Copies of State Licenses
- Proof of liability and malpractice insurance coverage

6. Describe the qualifications, services or other information unique to your company for the delivery of services as specified on **PAGE 4 Paragraph #2.**

ON SITE MEDICAL CLINIC QUESTIONNAIRE

7. From what location will patient service be coordinated? How many other clinics are currently being serviced by your organization, company, or practice?

8. Describe your company's performance standards with respect to:

- employee inquiries (both written and telephonic);
- wait time;
- monthly invoice accuracy (statistical, payment, financial, technical);
- patient satisfaction surveys

9. Describe your company's quality assurance and/or internal audit procedures and programs. To whom does your in-house audit/quality assurance person/s report?

10. Describe in detail your hardware and software systems, and in particular, your scheduling and invoicing editing capabilities (if applicable to your proposed services). Specifically, address how procedural discrepancies are handled. Describe methods/procedures/services used to prevent unexpected computer downtime (i.e. disaster recovery procedures, physical security of computer facilities, internal controls relative to computer system access.)

11. Please describe the nature of the contract you would propose, indicating:

- length of time of the contract;
- length of time your fees are guaranteed;
- description of your fee structure
- proposed service renewal guarantees or terms; and
- termination notices required.

12. If your company, organization or firm is awarded funding under this RFQ, describe in detail the timeline which would be used to accomplish the implementation of the employee clinic.

13. Describe your clinic staffing including qualifications and credentials for all health care services to be performed under this RFQ by your company, organization or firm. Please include ancillary health care service support which may apply i.e., pharmacy, laboratory, etc.

14. Please describe your account management team. Who will be responsible for the account and who will be their day-to-day contact? Where are these individuals located? Please provide a brief description of their experience and years with your organization

15. Please submit a sample of your monthly invoicing. Would you be willing to customize the information contained in these forms? Would there be an additional cost?

16. Please state what records would belong to the County upon contract termination.

17. Please attach samples of standard reports or any special cost containment reports available. If there is a charge, please provide details.

18. Describe your process and the timing of complaints sent for medical review.

19. Please provide three (3) references consisting of both current and terminated clients.

Name	Company	Telephone #	# of EE Lives
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Name	Company	Telephone #	# of EE Lives
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Name	Company	Telephone #	# of EE Lives
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PHARMACY BENEFIT QUESTIONNAIRE

Will you be able to dispense prescription drugs on site for this clinic? If so, please describe your capabilities and explain how the County would be billed for prescription drug expenses.
Only answer the questions that pertain to your operation in the remainder of the Pharmacy Section.

20. Describe how your organization would structure and administer any pharmacy benefit offered through the clinic.
21. Describe in detail how the cost of all drugs dispensed is calculated.
22. Do you currently operate a pharmacy in any of your health care facilities? If yes, please specify your pharmacy designation.
23. Please provide licensing credentials for pharmacy personnel as an attachment.
24. What hours would the pharmacy be in operation and how would it be staffed?
25. What other payments do you receive from drug manufacturers besides those from manufacturer rebates?
26. If you use a preferred drug list or formulary, can it be customized to allow select drugs such as insulin, blood pressure medications, cholesterol lowering drugs, etc. to be moved into a lower tier to encourage use for "at risk" conditions?
27. Provide a listing of Disease Management vendors, Third Party Administrators, or carriers with whom you currently exchange claim information electronically.
28. Will you send periodic, customized, educational mailings to members at the County's request? State any additional costs involved with this process.

WELLNESS AND PREVENTION QUESTIONNAIRE

29. Provide an executive summary of the wellness services you provide.
30. Is wellness and prevention medical services your main line of business? If not, please explain in detail where and how wellness fits into your business plan.
31. Please list the number of clients, and the total covered lives, for whom you currently provide on-site medical services, Health Risk Assessments (HRA), etc.

32. Please give a list of the different Partners/Vendors you already have an interface built with to exchange data. (i.e. PBM's, TPA's, MH/EAP providers.)
33. Please provide two employer client references with a similar size and composition for whom you have provided on site medical services and HRAs consecutively for at least 1 year.

BIOMETRIC HEALTH RISK ASSESSMENT (HRA) SERVICES

Please answer this section if you will provide these services

34. Describe the biometric health risk assessment tool your organization offers. Please attach a sample.
35. In what languages are your HRA, website, and employee materials available?
36. What is the average participation rate for your clients?
37. Explain your experience designing incentive systems to drive participation, including your most successfully designed incentive program.
38. What is the turn around time for receipt of the member report? What about the aggregate report to the employer? Please provide samples of both.
39. Please complete the grid below with a checkmark or specific answer if your HRA includes the feature described.

HRA Product Feature	Included?
Web-based HRA	
Paper-based HRA	
Biometric clinic based	
Provides information on confidentiality	
Provides information on how data will be used	
Data Collected	
Health status	
Chronic conditions	
Family health history	
Medications	
Lifestyle risks	
Safety	
Preventive exams	
Immunizations	
Biometrics	
Readiness to change	
Individual Results	
High-risk clinical situations are identified and appropriate steps can be taken for immediate intervention.	

Score communicated	
Focus/priority of individual's health/lifestyle areas are communicated	
Health improvement recommendations are made	
Action steps provided	
Can go to specific topics within web site	
Summary report is available online	
Summary report can be printed	
Links to additional health information are available	
Provides information or links to risk reduction programs	
Employer can customize messages on their URL to include references and links to internal programs or other vendors	
Employer Reports	
Web-based/electronic reports available	
Reports can be printed	
Lifestyle risks are reported	
Health status are reported	
Chronic conditions are reported	

IMPLEMENTATION & COMMUNICATION STRATEGY

40. Describe how you would communicate the programs to the County's employees who spread out over multiple locations? What media are used? How do you continue to promote the program after the initial rollout? Do you send direct mailings and at what cost?
41. How would you suggest reaching spouses and dependents?
42. What is your typical time frame for implementation? Please provide an implementation time line with activities and responsible parties.
43. Do you provide drafts of all necessary communications? Can these be customized by the County or by location?

WELLNESS EDUCATIONAL CONTENT, TOOLS & RESOURCES

44. Please list each educational service available to wellness participants. Are self-care books available and at what cost?
45. Please provide a URL and password for a web site demo, if available.
46. Will you assist in on-site employee education?

47. Explain your ability/willingness to customize letters or other forms of communication.
48. Do you have or will you assist the County in creating a web site for participants? For health information, education, scheduling?

CONFIDENTIALITY/PRIVACY

49. Describe your policy relative to sharing, selling, or otherwise utilizing member usage and other member data.
50. How is patient and record keeping confidentiality assured? How is it communicated to participants?
51. What practices do you have in place to protect the confidentiality of individual information when electronically transferring or storing information?

RETURN ON INVESTMENT

52. How do you measure return on investment? Please describe your methodology.
53. Are you willing to guarantee a return on investment? If so, describe the fees you will put at risk and the criteria you would proposed to measure your attainment of those objectives.

COUNTY OF EL PASO, TEXAS

CERTIFICATIONS REGARDING LOBBYING, DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; DRUG-FREE WORKPLACE REQUIREMENTS; FEDERAL DEBT STATUS, AND NONDISCRIMINATION STATUS AND IMPLEMENTING REGULATIONS*

Instructions for the certifications:

General Requirements

The County of El Paso, Texas is required to obtain from all applicants of federal funds or pass-through certifications regarding federal debt status, debarment and suspension, and a drug free workplace. Institutional applicants are required to certify that they will comply with the nondiscrimination statutes and implementing regulations.

Applicants should refer to the regulations cited below to determine the certifications to which they are required to attest. Signature of the form provides for compliance with certification requirements under 21 CFR part 1405, "New Restrictions on Lobbying," 21 CFR part 1414, Government wide Debarment and Suspension (Non procurement), Certification Regarding Federal Debt Status (OMB Circular A-129), and Certification Regarding the Nondiscrimination Statutes and Implementing Regulations. The certifications shall be treated as a material representation of fact upon which reliance will be placed when the County of El Paso determines to award the covered cooperative agreement

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented in 21 CFR part 1405, for persons entering into a cooperative agreement over \$100,000, as defined at 21 CFR Part 1405, the applicant certifies that;

(a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement,

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal Grant or cooperative agreement, the undersigned shall complete and submit Standard Form -LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award document for all sub-awards at all tiers (including sub-grants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

1. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

As required by Executive Order 12549, Debarment and Suspension and implemented at 21 CFR Part 1404, for prospective participants in primary covered transactions

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or and a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (Federal, State, or local) transaction or contract under a public transaction violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to the application.

2. DRUG-FREE WORKPLACE

As required by the Drug Free Workplace Act of 1988, and implemented at 21 CFR Part 1404 Subpart F.

A. The applicant certifies that it will or will continue to provide a drug free workplace by:

(a). Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violations of such prohibition;

(b) Establishing an on-going drug free awareness program to inform employees about:

(1) The dangers of drug abuse in the workplace;

(2) The applicant's policy of maintaining a drug free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violation occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a)

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee must

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such convictions. Employers of convicted employees must provide notice including position title, to: The County of El Paso, Texas, 500 East San Antonio Street, Suite 406, El Paso, Texas 79901. Notice shall include the identification number of each affected grant

(f) Taking one of the following actions within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal State, or local health, law enforcement, or other appropriate agency

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. CERTIFICATION REGARDING FEDERAL DEBT STATUS (OMB Circular A-129)

The Applicant certifies to the best of its knowledge and belief, that it is not delinquent in the repayment of any federal debt.

4. CERTIFICATION REGARDING THE NONDISCRIMINATION STATUTES AND IMPLEMENTING REGULATIONS

The applicant certifies that it will comply with the following nondiscrimination statutes and their implementing regulations: (a) title VI of the Civil right Act of 1964 (42 U.S.C. 2000D et seq.) which provides that no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of or be otherwise subjected to discrimination under any program or activity for which the applicant received federal financial assistance; (b) Section 504 of the rehabilitation Act of 1973, as amended (29

U.S.C. 794), which prohibits discrimination on the basis of handicap in programs and activities receiving federal financial assistance; (c) title IX of the Education Amendments of 1972m as amended (20 U.S.C. 1981 et seq.) which prohibits discrimination on the basis of sex in education programs and activities receiving federal financial assistance; and (d) the Age Discrimination Act of 1975, and amended (42 U.S.C. 6101 ec seq.) which prohibits discrimination on the basis of age in programs and activities receiving federal financial assistance, except that actions which reasonably take age into account as a factor necessary for the normal operation or achievement of any statutory objective of the project or activity shall not violate this statute.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

Business Name

Date

Name of Authorized Representative

Signature of Authorized Representative

COUNTY OF EL PASO PURCHASING DEPARTMENT

COUNTY COURTHOUSE, 500 EAST SAN ANTONIO,
ROOM PU500, EL PASO, TEXAS 79901
(915) 546-2048, FAX: (915) 546-8180

PITI VASQUEZ, PURCHASING AGENT
JOSE LOPEZ, JR. ASST. PURCHASING AGENT
LINDA GONZALEZ, BID CLERK/BUYER

BIDDING CONDITIONS

This is the only approved instruction for use on your invitation to bid. Items below apply to and become a part of the terms and conditions of the bid.

1. BY SUBMITTING A BID, EACH BIDDER AGREES TO WAIVE ANY AND ALL CLAIMS IT HAS OR MAY HAVE AGAINST THE COUNTY OF EL PASO, AND ITS OFFICERS, AGENTS AND EMPLOYEES, ARISING OUT OF OR IN CONNECTION WITH: THE DOCUMENTS, PROCEDURES, ADMINISTRATION, EVALUATION, OR RECOMMENDATION OF ANY BID; THE WAIVER BY EL PASO COUNTY OF ANY REQUIREMENTS UNDER THE BID DOCUMENTS OR THE CONTRACT DOCUMENTS; THE ACCEPTANCE OR REJECTION OF ANY BIDS; AND THE AWARD OF THE CONTRACT.
2. Bids must be in the Purchasing Department **BEFORE** the hour and date specified. Faxed bids will not be accepted.
3. Late bids properly identified will be returned to bidder unopened. Late bids will not be considered under any circumstances.
4. All bids are for new equipment or merchandise unless otherwise specified.
5. Quotes F.O.B. destination. If otherwise, show exact cost to deliver.
6. Bid unit price on quantity specified-extend and show total. In case of error in extension, unit prices shall govern. Bids subject to unlimited price increases will not be considered.
7. Bids must give full firm name and address of bidder. Failure to manually sign bid will disqualify it. Person signing should show title or authority to bind his firm in a contract.
8. No substitutions or cancellations permitted without written approval of County Purchasing Agent.
9. The County reserves the right to accept or reject all or any part of any bid, waive minor technicalities and award the bid to the lowest responsible bidder. The County of El Paso reserves the right to award by item or by total bid. Prices should be itemized.
10. Bids \$100,000.00 and over, the bidder shall furnish a certified cashiers check made payable to the County of El Paso or a good and sufficient bid bond in the amount of 5% of the total contract prices and execute with a surety company authorized to do business in the State of Texas. The bid bond must be included with the bid at the time of the opening.
11. This is a quotation inquiry only and implies no obligation of the part of the County of El Paso.
12. The County of El Paso reserves the right to reject any proposal due to failure of performance on deliveries. The County Purchasing Agent will justify this.

13. Brand names are for descriptive purposes only, not restrictive.
14. The County of El Paso is an Equal Opportunity Employer.
15. Any proposal sent via express mail or overnight delivery service must have the proposal number and title clearly marked on the outside of the express mail or overnight delivery service envelope or package. Failure to clearly identify your proposal may be cause for disqualification.
16. PURSUANT TO TEXAS GOVERNMENT CODE SECTION 2253.021, A PRIME CONTRACTOR WHO IS AWARDED A PUBLIC WORKS CONSTRUCTION CONTRACT SHALL, PRIOR TO BEGINNING THE WORK, EXECUTE TO THE COUNTY:
 - 1) A PERFORMANCE BOND, IN THE FULL AMOUNT OF THE CONTRACT, IF THE CONTRACT IS IN EXCESS OF \$100,000; AND
 - 2) A PAYMENT BOND, IN THE FULL AMOUNT OF THE CONTRACT, IF THE CONTRACT IS IN EXCESS OF \$25,000.
17. PURSUANT TO TEXAS LOCAL GOVERNMENT CODE SECTION 262.032(b), ANY SUCCESSFUL BIDDER WHO IS AWARDED ANY CONTRACT IN EXCESS OF \$50,000 MAY BE REQUIRED TO EXECUTE A PERFORMANCE BOND TO THE COUNTY. SAID BOND SHALL BE IN THE FULL AMOUNT OF THE CONTRACT AND MUST BE FURNISHED WITHIN 30 DAYS AFTER THE DATE A PURCHASE ORDER IS ISSUED OR THE CONTRACT IS SIGNED AND PRIOR TO COMMENCEMENT OF THE ACTUAL WORK. ANY PERFORMANCE BOND REQUIRED PURSUANT TO THIS SECTION SHALL BE NOTED IN THE ATTACHED DETAILED BID SPECIFICATIONS OR SCOPE OF WORK. THIS SECTION DOES NOT APPLY TO A PERFORMANCE BOND REQUIRED BY CHAPTER 2253, TEXAS GOVERNMENT CODE.
18. "Beginning January 1, 2006, in order to implement HB 914 (adding new Local Government Code Chapter 176), ALL VENDORS MUST SUBMIT A CONFLICT OF INTEREST QUESTIONNAIRE (Form CIQ) disclosing its affiliations and business relationships with the County's Officers (County Judge and Commissioners Court) as well as the County employees and contractors who make recommendations for the expenditure of County funds. The names of the County Officers and of the County employees and contractors making recommendations to the County Officers on this contract are listed in the Specifications.

THE CONFLICT OF INTEREST QUESTIONNAIRE MUST BE FILED WITH THE COUNTY CLERK AND A COPY OR PROOF OF FILING MUST BE ATTACHED TO THE BIDDER'S RESPONSE SUBMITTED TO THE PURCHASING DEPARTMENT.

Bidders should be aware that this bidding condition is not intended to cover or to advise you about all situations in which Local Government Code Chapter 176 would require you to file a Form CIQ. You should consult your private attorney with regard to the application of this law and your compliance requirements. Failure to comply is punishable as a Class C misdemeanor.

NOTICE:

ALL COMMUNICATIONS BY A VENDOR TO THE COUNTY, ITS OFFICIALS, AND DEPARTMENT HEADS REGARDING THIS PROCUREMENT SHALL BE DONE THROUGH THE EL PASO COUNTY PURCHASING DEPARTMENT. **THE EL PASO COUNTY CODE OF ETHICS PROHIBITS ALL PRIVATE COMMUNICATION BETWEEN VENDORS AND CERTAIN COUNTY OFFICIALS AND EMPLOYEES AS DESCRIBED BELOW:**

No vendor, its representative, agent, or employee shall engage in private communication with a member of the El Paso County Commissioners Court or county department heads regarding any procurement of goods or services by the County from the date that the bid, RFP, or RFQ is released. No private communication regarding the purchase shall be permitted until the procurement process is complete and a purchase order is granted or a contract is entered into. Members of the commissioners court are required to make a reasonable effort to inform themselves regarding potential procurements and have a duty to inquire of vendors, their representatives or employees, the nature of any private communication being sought prior to engaging in any communication. "Private Communication" means communication with any vendor outside of a posted meeting of the governing body, a regular meeting of a standing or appointed committee, or a negotiation with a vendor which has been specifically authorized by the governing body.

Health Insurance Benefits Provided By Bidder

Consideration of Health Insurance Benefits*

1. Do you or your subcontractor(s) currently offer health insurance benefits to your employees?

If so, please describe those health insurance benefits that you or your subcontractor(s) currently provide/offer to your employees.

2. What percentage, if any, of your of your subcontractor's employees are currently enrolled in the health insurance benefits program?

El Paso County may consider provision of health insurance benefits as part of the overall "best value" determination. Failure to provide health insurance benefits will not disqualify you from participating in this bid selection process.

Business Name

Date

Name of Authorized Representative

*

Signature of Authorized Representative

* This page must be included in all responses.



COUNTY OF EL PASO
County Purchasing Department
500 East San Antonio, Suite PU500
El Paso, Texas 79901
(915) 546-2048
(915) 546-8180 Fax

RE: RFQ #07-029, (Re-bid) On-Site Medical Clinic for the County of El Paso

Dear Vendor:

As of January 1, 2006, the Texas Local Government Code Chapter 176 requires all vendors and potential vendors who contract or seek to contract for the sale or purchase of property, goods, or services with any local government entity to complete and submit a Conflicts of Interest Questionnaire. A copy of the requirements regarding vendors is attached. Also attached is a copy of the Questionnaire which needs to be filed and was prepared and approved for statewide use by the Texas Ethics Commission.

In filing out the Questionnaire, the following are the County Officers that will award the bid and the employees which will make a recommendation to the Commissioners Court:

County Officers:	County Judge Anthony Cobos Commissioner Luis C. Sariñana Commissioner Veronica Escobar Commissioner Miguel Teran Commissioner Dan Haggerty
County Employees:	Piti Vasquez, Purchasing Agent Jose Lopez, Jr., Assistant Purchasing Agent Linda Gonzalez, Bid Clerk/Buyer
Risk Pool Board:	Soleda Basoco Larry Romero Leticia Paez Richard Diaz Randy McGraw, Consultant to the Risk Pool

Please note that the state law requires that the Questionnaire be filed with the **COUNTY CLERK** no later than **the 7th business day after submitting an application, response to an RFP, RFQ or bid** or any other writing related to a potential agreement with the County. Failure to file the questionnaire within the time provided by the statute is a Class C misdemeanor

Tex. Local Gov't Code § 176.006 (2005)

§ 176.006. Disclosure Requirements for Vendors and Other Persons; Questionnaire

(a) A person described by Section 176.002(a) shall file a completed conflict of interest questionnaire with the appropriate records administrator not later than the seventh business day after the date that the person:

(1) begins contract discussions or negotiations with the local governmental entity; or

(2) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential agreement with the local governmental entity.

(b) The commission shall adopt a conflict of interest questionnaire for use under this section that requires disclosure of a person's affiliations or business relationships that might cause a conflict of interest with a local governmental entity.

(c) The questionnaire adopted under Subsection (b) must require, for the local governmental entity with respect to which the questionnaire is filed, that the person filing the questionnaire:

(1) describe each affiliation or business relationship the person has with each local government officer of the local governmental entity;

(2) identify each affiliation or business relationship described by Subdivision (1) with respect to which the local government officer receives, or is likely to receive, taxable income from the person filing the questionnaire;

(3) identify each affiliation or business relationship described by Subdivision (1) with respect to which the person filing the questionnaire receives, or is likely to receive, taxable income that:

(A) is received from, or at the direction of, a local government officer of the local governmental entity; and

(B) is not received from the local governmental entity;

(4) describe each affiliation or business relationship with a corporation or other business entity with respect to which a local government officer of the local governmental entity:

(A) serves as an officer or director; or

(B) holds an ownership interest of 10 percent or more;

(5) describe each affiliation or business relationship with an employee or contractor of the local governmental entity who makes recommendations to a local government officer of the local governmental entity with respect to the expenditure of money;

(6) describe each affiliation or business relationship with a person who:

(A) is a local government officer; and

(B) appoints or employs a local government officer of the local governmental entity that is the subject of the questionnaire; and

(7) describe any other affiliation or business relationship that might cause a conflict of interest.

(d) A person described by Subsection (a) shall file an updated completed questionnaire with the appropriate records administrator not later than:

(1) September 1 of each year in which an activity described by Subsection (a) is pending; and

(2) the seventh business day after the date of an event that would make a statement in the questionnaire incomplete or inaccurate.

(e) A person is not required to file an updated completed questionnaire under Subsection (d)(1) in a year if the person has filed a questionnaire under Subsection (c) or (d)(2) on or after June 1, but before September 1, of that year.

(f) A person commits an offense if the person violates this section. An offense under this subsection is a Class C misdemeanor.

(g) It is a defense to prosecution under Subsection (f) that the person filed the required questionnaire not later than the seventh business day after the date the person received notice of the violation.

Tex. Local Gov't Code § 176.001 (2005)

§ 176.001. Definitions

In this chapter:

(1) "Commission" means the Texas Ethics Commission.

(2) "Family member" means a person related to another person within the first degree by consanguinity or affinity, as described by Subchapter B, Chapter 573, Government Code.

(3) "Local governmental entity" means a county, municipality, school district, junior college district, or other political subdivision of this state or a local government corporation, board, commission, district, or authority to which a member is appointed by the commissioners court of a county, the mayor of a municipality, or the governing body of a municipality. The term does not include an association, corporation, or organization of governmental entities organized to provide to its members education, assistance, products, or services or to represent its members before the legislative, administrative, or judicial branches of the state or federal government.

(4) "Local government officer" means:

(A) a member of the governing body of a local governmental entity; or

(B) a director, superintendent, administrator, president, or other person designated as the executive officer of the local governmental entity.

(5) "Records administrator" means the director, county clerk, municipal secretary, superintendent, or other person responsible for maintaining the records of the local governmental entity.

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

OFFICE USE ONLY

Date Received

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

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

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

1 Name of person doing business with local governmental entity.

2

☐

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

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

3

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

4

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

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor or other person doing business with local governmental entity

FORM CIQ

Page 2

5

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

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

A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire?

☐

Yes

☐

No

B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity?

☐

Yes

☐

No

C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

☐

Yes

☐

No

D. Describe each affiliation or business relationship.

6

Signature of person doing business with the governmental entity

Date