

A CONTRACT for Furnishing Associate Drug and Alcohol Testing for the Various County Departments of Jackson County.

A Contract between Jackson County Missouri ("County") and the undersigned ("Contractor"), collectively referred to as the "parties". The term "offer" as used herein refers to Contractor's offer made in response to this Bid Number. The parties agree as follows in consideration of the mutual covenants contained herein.

This Contract shall be binding when it is signed by the County's Purchasing Officer and/or Accounting Officer as required by SEC. 50.660 RSMo., and shall run from such date until all parties are satisfied unless it is sooner terminated as provided elsewhere herein.

This Contract consists of: (1) Contractor's offer, including those papers which Contractor submitted with or expressly incorporated in its offer as a part thereof, to the extent the terms of such papers were expressly or impliedly accepted by the County, or were modified in writing with the express or implied consent of the parties; (2) written modification to this Contract signed by the County's Purchasing Officer and consented to expressly or impliedly by Contractor. This Contract represents the entire agreement between the parties in regard to this Bid Number. All modifications to this Contract must be in writing signed by the County's Purchasing Officer.

The laws of the State of Missouri and Jackson County, Missouri govern this Contract. This Contract shall be binding upon and to the benefit of the successor and assignees of the parties. The Contractor shall not assign this Contract or any monies payable hereunder without the prior written consent of the County. Contractor is an independent contractor of the County and shall indemnify the County for loss, damage, or liability which the County incurs to the extent that such results proximately from the negligence or violation of Contractor or its employees, agents, or subcontractors.

In regard to any goods which are included in the sale hereunder, Contractor makes to the County the warranties provided in Article Two of the Uniform Commercial Code of the State of Missouri to the extent that they apply by the terms thereof.

The County gives each of its employees an employee identification card having thereon a photograph of the employee. The County will not pay for any goods and/or services delivered by Contractor to any persons who did not present to Contractor at the time of delivery their County Identification Cards and who were not in fact authorized to receive delivery.

The County will pay to Contractor the applicable pricing quoted by Contractor in its offer for any goods and/or services whose purchase was ordered by the County's Purchasing Officer in consequence of the County's acceptance of Contractor's offer. The County will make good faith effort to make payment within thirty (30) days after the latest of: (1) the date of proper delivery to the County; (2) the date of acceptance by the County; (3) the date when the receiving department has received from the Contractor a correct and complete invoice showing the pertinent County Purchase Order Number(s). Payment may be withheld by the County to protect itself from actual or potential loss which has resulted or may result from the Contractor's non-performance of any of its duties required hereunder.

Contractor warrants that no officer or employee of the County, whether elected or appointed, shall in any manner whatsoever be interested in or receive any benefit from the profits or emoluments of this contract.

If the County awarded this Contract, would the Contractor sell under the prices and terms of this Contract to any Municipal, County, Public Utility, Hospital, or Educational Institution having membership in the Mid-America Council of Public Purchasing and located within the greater Kansas City Metropolitan Trade Area? (All deliveries are to be F.O.B. Destination and there shall be no obligation on the part of any member of such Council to utilize this Contract).

(Check one) Yes ☒ No ☐ Initials ML Minimum order, if applicable\$ _____.

ALL PAGES OF THIS INVITATION TO BID ARE EXPRESSLY MADE A PART OF THIS CONTRACT. The format of this Contract has been approved by the County Counselor's Office. Signature of vendor as indicated below MUST BE COMPLETED before contract can be awarded:

CONTRACTOR'S NAME: Test Smartly Labs


PHONE NO: 816-800-9699

ADDRESS: 3675 S Noland Road Suite 200 Independence, MO 64055

FAX NO: 816-656-5936

NAME OF AUTHORIZED AGENT (print or type): Matthew Lyons

DATE: 5/18/2022

SIGNATURE OF AUTHORIZED AGENT: 

TITLE: Business Manager

EMAIL ADDRESS OF AUTHORIZED AGENT: Matthew@TestSmartlyLabs.com

FEDERAL ID NO: 27-4196939 and/or SOCIAL SECURITY NO:

CHECK IF APPLICABLE: DISADVANTAGED BUSINESS ENTERPRISE (DBE): _____ MINORITY BUSINESS ENTERPRISE (MBE): _____
WOMAN OWNED (WBE): _____

JACKSON COUNTY MISSOURI BY BOB CRUTSINGER, DIRECTOR OF FINANCE AND PURCHASING

SIGNATURE OF BOB CRUTSINGER: _____ DATE: _____

SERVICE AGREEMENT

PARTIES:

“NextCare”

Emergent Care Plus, LLC
DBA NextCare Urgent Care
2550 N. Thunderbird Circle Ste 303
Mesa, AZ 85215

“Client”

Jackson County, Missouri
415 E. 12th Street, G-1
Kansas City, MO 64106
Attn: Purchasing Department

EFFECTIVE DATE:

In consideration of the premises and the obligations hereinafter set forth and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

1. Services. Services shall be provided to the TPA or Client executing this Agreement. The party executing this Agreement shall hereinafter be referred to as “Customer”. NextCare agrees to provide the services (“Services”) described on the attached Statement of Work (“SOW”) #1 or such additional services as may be described in subsequent statements of work which shall be attached to this Agreement and numbered sequentially. Each SOW, when signed by Customer and NextCare is hereby incorporated into this Agreement. NextCare shall provide the services described in any SOW consistent with professional medical practice. The Services shall be provided by NextCare subsidiaries or entities NextCare manages which are licensed and appropriately qualified to provide the medical services in the location in which they are performed. NextCare Inc. will not be performing the services.

2. HIPAA Compliance. Customer may be incidentally exposed to protected health information as defined in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). Customer agrees to maintain the confidentiality of such information and not to disclose any such information to any person at any time except pursuant to HIPAA.

3. Payment. Customer shall pay NextCare according to the terms identified in each SOW. Where a payment due to NextCare is more than fifteen (15) days past its due date, Customer shall pay the amount due plus a late fee of fifteen percent (15%) of all unpaid amounts as well as twenty percent (20%) interest on all unpaid balances until paid in full.

4. Cancellation. Either party may cancel this Agreement by sending written notice pursuant to Paragraph 8 to the other party thirty (30) days prior to the service delivery date set forth in the SOW or such shorter time period as is specifically set forth in the SOW. In the event of termination, Customer shall pay NextCare for services performed through the date of termination. SOW’s cannot be cancelled by either party less than thirty (30) days prior to the SOW delivery date except due to a force majeure event.

5. Force Majeure. Where an extraordinary event or circumstance beyond the control of the party, such as war, strike, riot, crime, act of God, or unavailability of necessary supplies such as vaccinations or lab tests prevents a party from fulfilling their obligations under this contract, this contract shall terminate and neither party shall have any further obligation or liability to the other.

6.. Survival. All provisions that logically ought to survive termination of this Agreement shall survive.

7.. Notices. Any notice shall be in writing and shall be delivered as follows with notice deemed given as indicated: (a) by personal delivery, when delivered personally; (b) by overnight courier, upon written verification of receipt; (c) by certified or registered mail, return receipt requested, upon verification of receipt or (d) by email to the email address indicated on the signature page to this Agreement where delivery is also made in one of the manners indicated in (a), (b) or (c) above in which case notice shall be deemed given on the date written notice is delivered to the other party. Notice shall be sent to the persons and addresses set forth in this Agreement.

8.. Governing Law and Forum; Legal Fees. The laws of the United States of America and the State of Missouri shall govern this Agreement. Each of the Parties irrevocably consents to the exclusive personal jurisdiction of the federal and state courts located in Arizona for any matter arising out of or relating to this Agreement, except that in actions seeking to enforce any order or judgment, such personal jurisdiction shall be nonexclusive.

9. Severability. If any provision of this Agreement is held by a court of competent jurisdiction to be illegal, invalid, or unenforceable, that provision shall be deemed amended to achieve as nearly as possible the same economic effect as the original provision, and the legality, validity, and enforceability of the remaining provisions of this Agreement shall not be affected or impaired thereby.

10. Waiver. No term or provision hereof will be considered waived and no breach excused unless the waiver or consent is in writing signed by the aggrieved Party. The waiver or consent to a breach shall not operate or be construed as a waiver of, consent to, or excuse of any other or subsequent breach. By accepting late or otherwise inadequate performance of any of Customer's obligations, NextCare shall not waive its rights to require timely performance or performance that strictly complies with this Agreement in the future.

11. Limit of Liability. IN NO EVENT SHALL ANY PARTY BE LIABLE IN CONTRACT, TORT OR OTHERWISE FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND, INCLUDING, WITHOUT LIMITATION, ECONOMIC DAMAGE OR LOST PROFITS, REGARDLESS OF WHETHER EITHER PARTY SHALL BE ADVISED, SHALL HAVE OTHER REASON TO KNOW, OR IN FACT SHALL KNOW OF THE POSSIBILITY.

12. Successors and Assigns. This Agreement is intended to bind any and all of the parties' successors, heirs, and assigns.

13. Entire Agreement. This Service Agreement, together with the Client's bid

specifications, and NextCare’s proposal submitted in response thereto, constitute the entire agreement of the parties. In the event of a conflict among the terms of any of these documents, the term of the document listed first in the following order shall prevail: 1.) This Service Agreement; 2.) Next Care’s Proposal; and 3.) Client’s Bid Specifications.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the date first written above.

Client: _____

**Emergent Care Plus, LLC
DBA NextCare Urgent Care**

By: _____

By: _____

Name: _____

Name: Robert Derek Newell

Title: _____

Title: President and CEO

Statement of Work
Jackson County
No. 22-22 Associate Drug and Alcohol Testing

Service Item	Unit Price
Saliva Drug Screen (5 Panel)	\$ 50.00
Saliva Drug Screen (12 Panel)	\$ 52.00
Hair Drug Screen (5 Panel)	\$ 80.00
Hair Drug Screen (12 Panel)	\$ 110.00
Urine Drug Screen (5 Panel) DOT	\$ 42.00
Urine Drug Screen (5 Panel) Non-DOT	\$ 42.00
Urine Drug Screen (12 Panel) DOT	\$ 45.00
Urine Drug Screen (12 Panel) Non-DOT	\$ 45.00
Breath Alcohol Screen DOT	\$ 40.00
Breath Alcohol Screen Non-DOT	\$ 40.00
Breath Alcohol Screen Confirmation	\$ 15.00
Urine Alcohol Screen (ETS) 12-24 Hour	\$ 52.00
Urine Alcohol Screen (ETG) 80 Hour	\$ 52.00
Observed Collection Fee	\$ 25.00
MRO Services	<i>MRO charges are included in drug screen unit price</i>
Weekend Collection Fee	<i>No additional charges apply</i>

Jackson County Missouri

**Emergent Care Plus, LLC DBA
NextCare Urgent Care**

By: _____

By: _____

Name: _____

Name: Robert Derek Newell

Title: _____

Title: President and CEO

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Emergent Care Plus, LLC		
2 Business name/disregarded entity name, if different from above NextCare Urgent Care		
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► C Note: Check the appropriate box in the line above for the tax classification of the single member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. PO BOX 207950 6 City, state, and ZIP code Dallas, TX 75320-7950 7 List account number(s) here (optional)	Requester's name and address (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

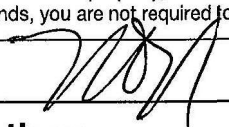
Social security number										
				-				-		
or										
Employer identification number										
7	7			-	0	6	8	5	5	8 0

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► 	Date ► 01/01/2022
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Tax ID: 77-0685580

Emergent Care Plus, LLC
NextCare Urgent Care
2550 N. Thunderbird Circle, Suite 303
Mesa, AZ 85215

Physical Location List:

Ambassador

10015 N. Ambassador Dr. Ste. 100
Kansas City, MO 64153
PH: (816) 595-4000
FX: (816) 595-4001
Hours: Mon-Fri 8am-8pm
Sat & Sun: 9am-4pm

Lee's Summit

2741 NE McBaine Dr. Lee's
Summit, MO 64064
PH: (816) 554-2600
FX: (816) 554-2603
Hours: 8am-8pm 7 Days a week

Liberty

1860 N. Church Rd.
Liberty, MO 64068
PH: (816) 415-2828
FX: (816) 883-2993
Hours: Mon-Fri 8am-8pm
Sat & Sun: 9am-4pm

Remit To Address:

PO Box 207950
Dallas, TX 75320-7950
Phone: (888) 705-8558
Fax: (480) 496-2060

Occupational Health Contact:

Phone: (480) 933-2171
Fax: (480) 889-3575
Email: clientservicesKSMO@nextcare.com

Billing Contact:

Phone: (480) 807-4457
Fax: (480) 353-2238
Email: contractservices@nextcare.com

Location Name	Distance from Jackson County Facilities				
	HR Dept 12th Street	HR Dept Lexington	Sheriff's Office	Parks + Rec Dept	Public Works Dept
Lee's Summit	22 min	18 min	6 min	8 min	20 min
Liberty	18 min	24 min	30 min	31 min	36 min
Ambassador	18 min	31 min	35 min	36 min	41 min



22-22 - Associate Drug and Alcohol Testing

Project Overview

Project Details	
Reference ID	22-22
Project Name	Associate Drug and Alcohol Testing
Project Owner	Katelyn Edgar
Project Type	RFP
Department	Purchasing
Budget	\$0.00 - \$0.00
Project Description	Jackson County, Missouri is seeking proposals from qualified Respondents for Employee Drug and Alcohol Testing for Various County Departments.
Open Date	Mar 16, 2022 5:00 PM CDT
Close Date	Apr 19, 2022 2:00 PM CDT



Requested Information	Unsealed on	Unsealed by
Affidavit	Apr 19, 2022 3:53 PM CDT	Katelyn Edgar
Cover Letter, Item 4.1.1	Apr 19, 2022 3:53 PM CDT	Katelyn Edgar
Certificate of Compliance	Apr 19, 2022 3:53 PM CDT	Katelyn Edgar
Acknowledgement of Receipt of Addenda	Apr 19, 2022 3:53 PM CDT	Katelyn Edgar
Exhibit F, Bidder's Exceptions	Apr 19, 2022 3:53 PM CDT	Katelyn Edgar
Written Narrative to satisfy the requirements of the Scope of Services, Item 4.1.3	Apr 19, 2022 3:53 PM CDT	Katelyn Edgar
Executive Summary of Company, Item 4.1.4	Apr 19, 2022 3:53 PM CDT	Katelyn Edgar
References, Item 4.1.5	Apr 19, 2022 3:53 PM CDT	Katelyn Edgar
Collection Sites and Hours of Operation, Item 4.1.6	Apr 19, 2022 3:53 PM CDT	Katelyn Edgar
Policies on weekend, holidays and after hour collections, Item 4.1.7	Apr 19, 2022 3:53 PM CDT	Katelyn Edgar
SAMHSA/DHHS Letter of Certification, Item 4.1.8	Apr 19, 2022 3:53 PM CDT	Katelyn Edgar
Compliance with HIPAA Regulations and Policies, Item 4.1.9	Apr 19, 2022 3:53 PM CDT	Katelyn Edgar
Greater Kansas City Metropolitan Area Memo, Item 4.1.11	Apr 19, 2022 3:53 PM CDT	Katelyn Edgar
Pricing Sheet (BT-16MJ)	Apr 19, 2022 3:53 PM CDT	Katelyn Edgar



Questions and Answers

DSI Medical Services Inc

Missing Requested Information

Katelyn Edgar, Apr 20, 2022 9:34 AM CDT

Good Morning, In review of your submitted bid for RFP No. 22-22, there is some information that needs to be cleared up before consideration. Item 4.1.3; Written narrative in which Respondent proposed to satisfy the requirements of the Scope of Services. Item 4.1.9, Compliance with HIPAA Regulations and Policies. If this information is in your submitted proposal, please indicate where the information may be found. If not, please have this information submitted to me by 5:00pm CDT on Friday, April 22, 2022. if you have any questions, please feel free to reach out to me. Thank you!

Roger Hornby, Apr 20, 2022 10:10 AM CDT

4.1.3 - response found on page 2 of Written Narrative section (in bold): DSI Medical will maintain full acceptance of proposed services, with acknowledgement of all addendum, throughout the duration of said purchase order or contract resulting from this RFP / Technical Proposal. In addition, DSI Medical will comply with the Standard Contract Clauses required by the JACKSON COUNTY MO. Executed on the dates set forth below by the undersigned authorized representatives of both Parties. 4.1.9 - 3. CONFIDENTIALITY. The parties agree that records related to test orders and/or test reports shall be regarded as confidential and both parties shall comply with all applicable federal and state laws and regulations regarding the use and disposition of such data. Both parties agree to consider the terms of this Agreement confidential and not disclose any information contained in this Agreement to any outside party unless required by applicable law.

Roger Hornby, Apr 20, 2022 10:11 AM CDT

If my response does not address your concern, please let me know and I will be glad to revise. Thank you Katelyn for the heads up.

Katelyn Edgar, Apr 20, 2022 11:08 AM CDT

Your information has been received/accepted. Thank you



NextCare Urgent Care

3.9 Billing, 3.9.1 Respondent shall submit invoices within the first five (5) working days of the month for the previous month.

Audae Williams, Apr 12, 2022 3:52 PM CDT

Would the County accept invoices / statements within the first fifteen (15) days of the month?

Katelyn Edgar, Apr 14, 2022 11:10 AM CDT

Respondent shall submit invoices within the first five (5) working days or before the fifteenth (15) day of the month.

Exhibit A, Insurance

Audae Williams, Apr 12, 2022 3:54 PM CDT

All Liability policies required are to be written on an "occurrence" basis unless an agreement, in writing, is made with Jackson County. Is a claims-made PL policy acceptable? 1.

Commercial General Liability: Policy shall include \$100,000 limit each occurrence for Damage to Rented Premises, \$1,000,000 limit each occurrence for Personal & Advertising injury liability, \$5,000 Medical Expense (any one person), and Employee Benefits Liability coverage with a \$1,000,000 limit. Is a claims-made PL policy acceptable? 6.

QUALIFICATIONS INSURANCE CARRIERS All insurance coverage must be written by companies that have an A. M. Best's rating of "B+ V" or better or Lloyd's of London and are licensed and approved by the State of Missouri to do business in Missouri. How are non-admitted carriers reported to and approved by the County?

Katelyn Edgar, Apr 14, 2022 9:53 AM CDT

Claims-made PL Policy is acceptable. You must be licensed to do business in the state of Missouri or go through a state licensed broker.



Missing Requested Information

Katelyn Edgar, Apr 20, 2022 9:38 AM CDT

Good Morning, In review of your submitted proposal for RFP No. 22-22, there are some information that needs to be cleared up before consideration. Item 4.1.2.2; Certificate of Compliance. The Assessment Office sent an email on 4/18/22 requesting more information. Once the information has been clarified, you need to resubmit your application. If you have not resubmitted your application for Compliance by 5:00pm CDT on Friday, April 22, 2022 your proposal will not be considered any further. If you have any further questions, please feel free to reach out to me. Thank you!

Audae Williams, Apr 20, 2022 10:43 AM CDT

Good Morning Katelyn, Thank you for the information. I will reach out today.

Audae Williams, Apr 21, 2022 1:10 PM CDT

Good morning, We reached out and spoke with Shannon Ohms, Acting Business Personal Property Supervisor. All outstanding items were resolved. She stated that she would forward you over the compliance certification. Could you please advise if you have received? Thank you!

Katelyn Edgar, Apr 21, 2022 2:29 PM CDT

Hi Audae, Yes, I have a valid Certificate of Compliance now. Your information has been received/accepted. Thank you

Audae Williams, Apr 21, 2022 2:38 PM CDT

Wonderful news! Thank you for confirming! We are very excited about this opportunity. Have a wonderful day!



Pre-employ.com

Volume

Lesley Kay, Mar 16, 2022 5:07 PM CDT

Do you have an estimated yearly number of drug tests to be requested, or a projected spend for this project?

Katelyn Edgar, Mar 17, 2022 9:49 AM CDT

The estimated number of drug tests for the year can be found on the first page of the uploaded file. Our projected spend for this contract is not available at this time since this is a Request for Proposal and the responses will be evaluated on more than just price alone.

Test Smartly Labs

Missing Requested Information

Katelyn Edgar, Apr 20, 2022 9:46 AM CDT

Good Morning, In review of your submitted proposal for RFP No. 22-22, there is some information that needs to be cleared up before consideration. Item 4.1.1.7; missing Contact Person's email address. If this information is in your submitted proposal, please indicate where the information may be found. If not, please have this information submitted to me by 5:00pm CDT on Friday, April 22, 2022. If you have any questions, please feel free to reach out to me. Thank you!

Test Smartly Labs

Bid on Urine Alcohol Screen

Matthew Lyons, Mar 28, 2022 2:19 PM CDT

Regarding the Urine Alcohol Screen within the bid. Does this reference urine alcohol (ETS) 12-24 hour detection window. -OR- Urine Alcohol (ETG) up to 80 hour detection window?

Katelyn Edgar, Mar 29, 2022 1:56 PM CDT

We would like both the Urine Alcohol (ETS) 12-24 hour and the Urine Alcohol (ETG) 80 hour pricing to be included in your submitted bid. The Bid Table has been updated to reflect these requests.



DOT Drug Tests

Matthew Lyons, Mar 28, 2022 3:22 PM CDT

Regarding the Bid table, there is no section to bid for DOT Urine drug tests. How do we bid for this?

Katelyn Edgar, Mar 28, 2022 3:44 PM CDT

The Bid Table has been updated to reflect DOT and Non-DOT pricing.

Missing Requested Information

Katelyn Edgar, Apr 20, 2022 9:46 AM CDT

Good Morning, In review of your submitted proposal for RFP No. 22-22, there is some information that needs to be cleared up before consideration. Item 4.1.1.7; missing Contact Person's email address. If this information is in your submitted proposal, please indicate where the information may be found. If not, please have this information submitted to me by 5:00pm CDT on Friday, April 22, 2022. If you have any questions, please feel free to reach out to me. Thank you!

Matthew Lyons, Apr 20, 2022 10:16 AM CDT

Primary Contacts: Owner: Marilyn Rebori - marilyn@testsmartlylabs.com Project Manager: Matthew Lyons - matthew@testsmartlylabs.com

Katelyn Edgar, Apr 20, 2022 11:10 AM CDT

Matthew, I apologize for being technical, but the Cover Letter should include the Contact Person's email address. Please include the missing information and reattached the updated Cover Letter here. Thank you

Matthew Lyons, Apr 20, 2022 11:35 AM CDT

Cover letter with an email address is attached. Thanks!

Katelyn Edgar, Apr 20, 2022 12:00 PM CDT

Your information has been received/accepted. Thank you



Public Notices

Bid Table has Changed

Katelyn Edgar, Mar 28, 2022 3:45 PM CDT

The Bid Table has been updated to reflect DOT and Non-DOT pricing.



Internal Discussions

Question for RFP No. 22-22

Katelyn Edgar, Mar 28, 2022 3:11 PM CDT

Hello, I received the below question in response to our RFP for Associate Drug and Alcohol Testing. Can you please review and provide answers to me at your earliest convenience? Regarding the Urine Alcohol Screen within the bid. Does this reference urine alcohol (ETS) 12-24 hour detection window. -OR- Urine Alcohol (ETG) up to 80 hour detection window? Thank you!

Michelle Chrisman, Mar 29, 2022 12:43 PM CDT

Katelyn, We would like the urine alcohol (ETS) 12-24 hour and Urine alcohol (ETG) 80 hour both included in the bid with pricing for both. Michelle

Katelyn Edgar, Apr 12, 2022 4:15 PM CDT

Hello, I received the below question; can you please review and provide answers to me at your earliest convenience? 3.9 Billing, 3.9.1 Respondent shall submit invoices within the first five (5) working days of the month for the previous month. Would the County accept invoices / statements within the first fifteen (15) days of the month? Thank you!

Michelle Chrisman, Apr 14, 2022 10:31 AM CDT

We would prefer to have the invoices submitted within the first 5 (5) working dayse of the month or received on or before the 15th of the month.



Submissions

Supplier	Date Submitted	Name	Email	Confirmation Code
Test Smartly Labs	Mar 29, 2022 3:24 PM CDT	Matthew Lyons	matthew@testsmartlylabs.com	MjAwMjQ0
DSI Medical Services Inc	Apr 13, 2022 2:32 PM CDT	Roger Hornby	roger.hornby@dsimed.com	MjA0ODY1
Emergent Care Plus, LLC dba NextCare Urgent Care	Apr 19, 2022 1:53 PM CDT	Audae Williams	audaewilliams@nextcare.com	MjA2MzM1



Project Criteria

Criteria	Points	Description
A - Purchasing Review	0 pts	
A-1 - Cover Letter	Pass/Fail	Respondent Name, Address, Telephone Number, Contact Person's Name, Title, Telephone Number, Email Address.
A-2 - Required Forms	Pass/Fail	Affidavit Certificate of Compliance Acknowledgment of Receipt of Addenda Exhibit F, Bidder's Exceptions
A-3 - Scope of Services	Pass/Fail	Written narrative that demonstrates the method or manner in which Respondent proposes to satisfy the requirements of the Scope of Services.
A-4 - Executive Summary	Pass/Fail	Number of years your company has been in business, number of years' experience your company has with drug and alcohol testing, number of employees, number of employees assigned to this contract, brief resume of the Project Manager.
A-5 - References	Pass/Fail	Three (3) current references; Company Name, Contact Name and Telephone Number.
A-6 - Collection Sites and Hours of Operation	Pass/Fail	



A-7 - Policies on weekend, holidays, and after business hour collections	Pass/Fail	
A-8 - SAMHSA/DHHS Letter of Certification	Pass/Fail	
A-9 - Compliance with HIPAA Regulations and Policies	Pass/Fail	
A-10 - Greater Kansas City Area Memo	Pass/Fail	
B - Evaluation Criteria	100 pts	
B-1 - Responsiveness to Request for Proposal	10 pts	
B-2 - Response to Scope of Services	20 pts	
B-3 - Experience and Qualifications	20 pts	
B-4 - Location of Collection Sites	20 pts	
B-5 - Pricing	30 pts	
Total	100 pts	



Scoring Summary

Active Submissions

	Total	A - Purchasing Review	A-1 - Cover Letter	A-2 - Required Forms	A-3 - Scope of Services
Supplier	/ 100 pts	/ 0 pts	Pass/Fail	Pass/Fail	Pass/Fail
Test Smartly Labs	83.67 pts	0 pts	Pass	Pass	Pass
Emergent Care Plus, LLC dba NextCare Urgent Care	74 pts	0 pts	Pass	Pass	Pass
DSI Medical Services Inc	61 pts	0 pts	Pass	Pass	Pass



	A-4 - Executive Summary	A-5 - References	A-6 - Collection Sites and Hours of Operation	A-7 - Policies on weekend, holidays, and after business hour collections	A-8 - SAMHSA/DHHS Letter of Certification
Supplier	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail
Test Smartly Labs	Pass	Pass	Pass	Pass	Pass
Emergent Care Plus, LLC dba NextCare Urgent Care	Pass	Pass	Pass	Pass	Pass
DSI Medical Services Inc	Pass	Pass	Pass	Pass	Pass



	A-9 - Compliance with HIPAA Regulations and Policies	A-10 - Greater Kansas City Area Memo	B - Evaluation Criteria	B-1 - Responsiveness to Request for Proposal	B-2 - Response to Scope of Services
Supplier	Pass/Fail	Pass/Fail	/ 100 pts	/ 10 pts	/ 20 pts
Test Smartly Labs	Pass	Pass	83.67 pts	10 pts	18.83 pts
Emergent Care Plus, LLC dba NextCare Urgent Care	Pass	Pass	74 pts	9 pts	14.67 pts
DSI Medical Services Inc	Pass	Pass	61 pts	10 pts	11.17 pts



	B-3 - Experience and Qualifications	B-4 - Location of Collection Sites	B-5 - Pricing
Supplier	/ 20 pts	/ 20 pts	/ 30 pts
Test Smartly Labs	18 pts	15 pts	21.83 pts
Emergent Care Plus, LLC dba NextCare Urgent Care	16.17 pts	15 pts	19.17 pts
DSI Medical Services Inc	16.5 pts	8 pts	15.33 pts



Proposal Scores

Test Smartly Labs - Scoring Summary

Evaluation Group 1 - Purchasing Evaluation

	Total	A - Purchasing Review	A-1 - Cover Letter	A-2 - Required Forms	A-3 - Scope of Services
Reviewer	/ 10 pts	/ 0 pts	Pass/Fail	Pass/Fail	Pass/Fail
Katelyn Edgar	10 pts	0 pts	Pass	Pass	Pass
		Average:	Pass	Pass	Pass
			↓	↓	↓
Calculated:	10 pts	0 pts	Pass	Pass	Pass



	A-4 - Executive Summary	A-5 - References	A-6 - Collection Sites and Hours of Operation	A-7 - Policies on weekend, holidays, and after business hour collections	A-8 - SAMHSA/DHHS Letter of Certification
Reviewer	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail
Katelyn Edgar	Pass	Pass	Pass	Pass	Pass
	Pass	Pass	Pass	Pass	Pass
	↓	↓	↓	↓	↓
Calculated:	Pass	Pass	Pass	Pass	Pass



	A-9 - Compliance with HIPAA Regulations and Policies	A-10 - Greater Kansas City Area Memo	B - Evaluation Criteria	B-1 - Responsiveness to Request for Proposal
Reviewer	Pass/Fail	Pass/Fail	/ 10 pts	/ 10 pts
Katelyn Edgar	Pass	Pass	10 pts	10 pts
	Pass	Pass	Average:	10 pts
	↓	↓		↓
Calculated:	Pass	Pass	10 pts	10 pts



Evaluation Group 2 - Department Evaluation

	Total	B - Evaluation Criteria	B-2 - Response to Scope of Services	B-3 - Experience and Qualifications	B-4 - Location of Collection Sites
Reviewer	/ 90 pts	/ 90 pts	/ 20 pts	/ 20 pts	/ 20 pts
Evaluator 1	85 pts	85 pts	20 pts	20 pts	20 pts
Evaluator 2	75 pts	75 pts	20 pts	20 pts	15 pts
Evaluator 3	84 pts	84 pts	18 pts	18 pts	20 pts
Evaluator 4	55 pts	55 pts	15 pts	15 pts	5 pts
Evaluator 5	80 pts	80 pts	20 pts	20 pts	20 pts
Evaluator 6	63 pts	63 pts	20 pts	15 pts	10 pts
		Average:	18.83 pts	18 pts	15 pts
			↓	↓	↓
Calculated:	73.67 pts	73.67 pts	18.83 pts	18 pts	15 pts



	B-5 - Pricing
Reviewer	/ 30 pts
Evaluator 1	25 pts
Evaluator 2	20 pts
Evaluator 3	28 pts
Evaluator 4	20 pts
Evaluator 5	20 pts
Evaluator 6	18 pts
	21.83 pts
	↓
Calculated:	21.83 pts



Evaluation Group 3 - Pricing Evaluation

Reviewer
Evaluator 1
Evaluator 2
Evaluator 3
Evaluator 4
Evaluator 5
Evaluator 6
Calculated:



DSI Medical Services Inc - Scoring Summary

Evaluation Group 1 - Purchasing Evaluation

	Total	A - Purchasing Review	A-1 - Cover Letter	A-2 - Required Forms	A-3 - Scope of Services
Reviewer	/ 10 pts	/ 0 pts	Pass/Fail	Pass/Fail	Pass/Fail
Katelyn Edgar	10 pts	0 pts	Pass	Pass	Pass
		Average:	Pass	Pass	Pass
			↓	↓	↓
Calculated:	10 pts	0 pts	Pass	Pass	Pass



	A-4 - Executive Summary	A-5 - References	A-6 - Collection Sites and Hours of Operation	A-7 - Policies on weekend, holidays, and after business hour collections	A-8 - SAMHSA/DHHS Letter of Certification
Reviewer	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail
Katelyn Edgar	Pass	Pass	Pass	Pass	Pass
	Pass	Pass	Pass	Pass	Pass
	↓	↓	↓	↓	↓
Calculated:	Pass	Pass	Pass	Pass	Pass



	A-9 - Compliance with HIPAA Regulations and Policies	A-10 - Greater Kansas City Area Memo	B - Evaluation Criteria	B-1 - Responsiveness to Request for Proposal
Reviewer	Pass/Fail	Pass/Fail	/ 10 pts	/ 10 pts
Katelyn Edgar	Pass	Pass	10 pts	10 pts
	Pass	Pass	Average:	10 pts
	↓	↓		↓
Calculated:	Pass	Pass	10 pts	10 pts



Evaluation Group 2 - Department Evaluation

	Total	B - Evaluation Criteria	B-2 - Response to Scope of Services	B-3 - Experience and Qualifications	B-4 - Location of Collection Sites
Reviewer	/ 90 pts	/ 90 pts	/ 20 pts	/ 20 pts	/ 20 pts
Evaluator 1	47 pts	47 pts	5 pts	17 pts	5 pts
Evaluator 2	45 pts	45 pts	5 pts	20 pts	5 pts
Evaluator 3	51 pts	51 pts	12 pts	17 pts	10 pts
Evaluator 4	50 pts	50 pts	15 pts	15 pts	5 pts
Evaluator 5	80 pts	80 pts	20 pts	20 pts	20 pts
Evaluator 6	33 pts	33 pts	10 pts	10 pts	3 pts
		Average:	11.17 pts	16.5 pts	8 pts
			↓	↓	↓
Calculated:	51 pts	51 pts	11.17 pts	16.5 pts	8 pts



	B-5 - Pricing
Reviewer	/ 30 pts
Evaluator 1	20 pts
Evaluator 2	15 pts
Evaluator 3	12 pts
Evaluator 4	15 pts
Evaluator 5	20 pts
Evaluator 6	10 pts
	15.33 pts
	↓
Calculated:	15.33 pts



Evaluation Group 3 - Pricing Evaluation

Reviewer
Evaluator 1
Evaluator 2
Evaluator 3
Evaluator 4
Evaluator 5
Evaluator 6
Calculated:



Emergent Care Plus, LLC dba NextCare Urgent Care - Scoring Summary

Evaluation Group 1 - Purchasing Evaluation

	Total	A - Purchasing Review	A-1 - Cover Letter	A-2 - Required Forms	A-3 - Scope of Services
Reviewer	/ 10 pts	/ 0 pts	Pass/Fail	Pass/Fail	Pass/Fail
Katelyn Edgar	9 pts	0 pts	Pass	Pass	Pass
		Average:	Pass	Pass	Pass
			↓	↓	↓
Calculated:	9 pts	0 pts	Pass	Pass	Pass



	A-4 - Executive Summary	A-5 - References	A-6 - Collection Sites and Hours of Operation	A-7 - Policies on weekend, holidays, and after business hour collections	A-8 - SAMHSA/DHHS Letter of Certification
Reviewer	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail
Katelyn Edgar	Pass	Pass	Pass	Pass	Pass
	Pass	Pass	Pass	Pass	Pass
	↓	↓	↓	↓	↓
Calculated:	Pass	Pass	Pass	Pass	Pass



	A-9 - Compliance with HIPAA Regulations and Policies	A-10 - Greater Kansas City Area Memo	B - Evaluation Criteria	B-1 - Responsiveness to Request for Proposal
Reviewer	Pass/Fail	Pass/Fail	/ 10 pts	/ 10 pts
Katelyn Edgar	Pass	Pass	9 pts	9 pts
	Pass	Pass	Average:	9 pts
	↓	↓		↓
Calculated:	Pass	Pass	9 pts	9 pts



Evaluation Group 2 - Department Evaluation

	Total	B - Evaluation Criteria	B-2 - Response to Scope of Services	B-3 - Experience and Qualifications	B-4 - Location of Collection Sites
Reviewer	/ 90 pts	/ 90 pts	/ 20 pts	/ 20 pts	/ 20 pts
Evaluator 1	52 pts	52 pts	10 pts	17 pts	10 pts
Evaluator 2	60 pts	60 pts	15 pts	20 pts	10 pts
Evaluator 3	50 pts	50 pts	10 pts	10 pts	10 pts
Evaluator 4	75 pts	75 pts	15 pts	15 pts	20 pts
Evaluator 5	80 pts	80 pts	20 pts	20 pts	20 pts
Evaluator 6	73 pts	73 pts	18 pts	15 pts	20 pts
		Average:	14.67 pts	16.17 pts	15 pts
			↓	↓	↓
Calculated:	65 pts	65 pts	14.67 pts	16.17 pts	15 pts



	B-5 - Pricing
Reviewer	/ 30 pts
Evaluator 1	15 pts
Evaluator 2	15 pts
Evaluator 3	20 pts
Evaluator 4	25 pts
Evaluator 5	20 pts
Evaluator 6	20 pts
	19.17 pts
	↓
Calculated:	19.17 pts



Evaluation Group 3 - Pricing Evaluation

Reviewer
Evaluator 1
Evaluator 2
Evaluator 3
Evaluator 4
Evaluator 5
Evaluator 6
Calculated:



Proposal Score Comments

Test Smartly Labs - Scoring Comments

A-1 - Cover Letter - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass

A-2 - Required Forms - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass

A-3 - Scope of Services - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass



A-4 - Executive Summary - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass

A-5 - References - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass

A-6 - Collection Sites and Hours of Operation - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass



A-7 - Policies on weekend, holidays, and after business hour collections - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass

A-8 - SAMHSA/DHHS Letter of Certification - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass

A-9 - Compliance with HIPAA Regulations and Policies - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass



A-10 - Greater Kansas City Area Memo - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Other	Not Applicable

B-1 - Responsiveness to Request for Proposal - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	10 pts	Meets or exceeds my expectations	Meets requirements



B-2 - Response to Scope of Services - Reviewer Scores

Reviewer	Score	Reason	Comments
Evaluator 1	20 pts	Meets or exceeds my expectations	Completed objective of the Scope of Services.
Evaluator 2	20 pts	Meets or exceeds my expectations	Met my expectations
Evaluator 3	18 pts	Strongly fits desired attribute(s)	very thorough
Evaluator 4	15 pts	Meets or exceeds my expectations	meets expectations
Evaluator 5	20 pts	Meets or exceeds my expectations	No issues were made aware to me.
Evaluator 6	20 pts	Meets or exceeds my expectations	No exceptions



B-3 - Experience and Qualifications - Reviewer Scores

Reviewer	Score	Reason	Comments
Evaluator 1	20 pts	Meets or exceeds my expectations	Meets the experience and qualification needed.
Evaluator 2	20 pts	Meets or exceeds my expectations	Met my expectations
Evaluator 3	18 pts	Strongly fits desired attribute(s)	been in business since 2011 ad serves several govt entities
Evaluator 4	15 pts	Meets or exceeds my expectations	Meets expectations
Evaluator 5	20 pts	Meets or exceeds my expectations	No issues were made aware to me.
Evaluator 6	15 pts	Meets or exceeds my expectations	Firm seems quite qualified, but Manager has very limited experience in the industry.



B-4 - Location of Collection Sites - Reviewer Scores

Reviewer	Score	Reason	Comments
Evaluator 1	20 pts	Meets or exceeds my expectations	Has multiple locations where JACO associates could access.
Evaluator 2	15 pts	Meets or exceeds my expectations	Met my expectations
Evaluator 3	20 pts	Strongly fits desired attribute(s)	locations serve centrally located EE's as well as eastern JACO
Evaluator 4	5 pts	Doesn't meet my expectations	They do not open until 9 am
Evaluator 5	20 pts	Meets or exceeds my expectations	No issues were made aware to me.
Evaluator 6	10 pts	Partially fits desired attributes	Only two locations, and KCMO site is not convenient for Parks + Rec



B-5 - Pricing - Reviewer Scores

Reviewer	Score	Reason	Comments
Evaluator 1	25 pts	Meets or exceeds my expectations	Overall pricing for items we utilize meets my expectations
Evaluator 2	20 pts	Meets or exceeds my expectations	Met my expectations
Evaluator 3	28 pts	Other	test smartly includes tests in our scope and moderately priced
Evaluator 4	20 pts	Meets or exceeds my expectations	Seems to be reasonable and meets are needs
Evaluator 5	20 pts	Meets or exceeds my expectations	No issues were made aware to me.
Evaluator 6	18 pts	Other	good pricing



DSI Medical Services Inc - Scoring Comments

A-1 - Cover Letter - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass

A-2 - Required Forms - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass

A-3 - Scope of Services - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass



A-4 - Executive Summary - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass

A-5 - References - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass

A-6 - Collection Sites and Hours of Operation - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass



A-7 - Policies on weekend, holidays, and after business hour collections - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass

A-8 - SAMHSA/DHHS Letter of Certification - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass

A-9 - Compliance with HIPAA Regulations and Policies - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass



A-10 - Greater Kansas City Area Memo - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Other	Not Applicable

B-1 - Responsiveness to Request for Proposal - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	10 pts	Meets or exceeds my expectations	Meets requirements



B-2 - Response to Scope of Services - Reviewer Scores

Reviewer	Score	Reason	Comments
Evaluator 1	5 pts	Poor level of detail in response	Did not have complete explanation of processes and details.
Evaluator 2	5 pts	Poor level of detail in response	Did not meet my expectations
Evaluator 3	12 pts	Partially meets my expectations	doesn't speak to 5 or 12 panel nor. if oral, hair, blood etc can be performed
Evaluator 4	15 pts	Meets or exceeds my expectations	Seems to fit the bill
Evaluator 5	20 pts	Meets or exceeds my expectations	No issues were made aware to me.
Evaluator 6	10 pts	Partially fits desired attributes	Poorly prepared proposal; many, many exceptions



B-3 - Experience and Qualifications - Reviewer Scores

Reviewer	Score	Reason	Comments
Evaluator 1	17 pts	Meets or exceeds my expectations	Has experience and qualifications.
Evaluator 2	20 pts	Meets or exceeds my expectations	Met my expectations
Evaluator 3	17 pts	Well-supported claim(s)	over 30 years exp
Evaluator 4	15 pts	Meets or exceeds my expectations	Seems to fit the bill
Evaluator 5	20 pts	Meets or exceeds my expectations	No issues were made aware to me.
Evaluator 6	10 pts	Medium level of detail in response	Proposal poorly prepared; difficult to ascertain real quals and exp



B-4 - Location of Collection Sites - Reviewer Scores

Reviewer	Score	Reason	Comments
Evaluator 1	5 pts	Doesn't meet my expectations	Does not meet expectation only one KC location and no location in Eastern Jackson County
Evaluator 2	5 pts	Other	Locations don't meet our needs overall
Evaluator 3	10 pts	Partially meets my expectations	there's not a eastern JACO location. Only after hours located in Independence
Evaluator 4	5 pts	Doesn't meet my expectations	I don't feel they have a location close enough to fit the needs of my division
Evaluator 5	20 pts	Meets or exceeds my expectations	No issues were made aware to me.
Evaluator 6	3 pts	Doesn't meet my expectations	Poor locations for Parks + Rec associates; very inconvenient to access from our work sites; much time would be wasted in travel to/from



B-5 - Pricing - Reviewer Scores

Reviewer	Score	Reason	Comments
Evaluator 1	20 pts	Other	Does not provide pricing for some items we utilize.
Evaluator 2	15 pts	Partially meets my expectations	Partially met my expectations
Evaluator 3	12 pts	Other	dsi doesn't offer saliva screening 5 panel
Evaluator 4	15 pts	Other	Seem like they are prices are more expensive
Evaluator 5	20 pts	Meets or exceeds my expectations	No issues were made aware to me.
Evaluator 6	10 pts	Other	high pricing



Emergent Care Plus, LLC dba NextCare Urgent Care - Scoring Comments

A-1 - Cover Letter - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass

A-2 - Required Forms - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass

A-3 - Scope of Services - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass



A-4 - Executive Summary - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass

A-5 - References - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass

A-6 - Collection Sites and Hours of Operation - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass



A-7 - Policies on weekend, holidays, and after business hour collections - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass

A-8 - SAMHSA/DHHS Letter of Certification - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass

A-9 - Compliance with HIPAA Regulations and Policies - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Meets the requirement(s)	Pass



A-10 - Greater Kansas City Area Memo - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	Pass	Other	Not Applicable

B-1 - Responsiveness to Request for Proposal - Reviewer Scores

Reviewer	Score	Reason	Comments
Katelyn Edgar	9 pts	Meets or exceeds my expectations	Meets requirements



B-2 - Response to Scope of Services - Reviewer Scores

Reviewer	Score	Reason	Comments
Evaluator 1	10 pts	Partially fits desired attributes	Did not meet all expectations.
Evaluator 2	15 pts	Meets or exceeds my expectations	Met my expectations
Evaluator 3	10 pts	Other	limited response to scope. does not offer post accident test nor collection after hours
Evaluator 4	15 pts	Meets or exceeds my expectations	Meet expectations
Evaluator 5	20 pts	Meets or exceeds my expectations	No issues were made aware to me.
Evaluator 6	18 pts	Meets or exceeds my expectations	Well organized proposal; Hours of Operation, 8-8 are perfect for our needs



B-3 - Experience and Qualifications - Reviewer Scores

Reviewer	Score	Reason	Comments
Evaluator 1	17 pts	Meets or exceeds my expectations	Has appropriate experience and qualifications.
Evaluator 2	20 pts	Strongly fits desired attribute(s)	Met my expectations
Evaluator 3	10 pts	Other	little over 10 yrs exp
Evaluator 4	15 pts	Meets or exceeds my expectations	have worked with them in the past and was satisfied
Evaluator 5	20 pts	Meets or exceeds my expectations	No issues were made aware to me.
Evaluator 6	15 pts	Meets or exceeds my expectations	Satisfied they are experienced and qualified based on the level of details provided



B-4 - Location of Collection Sites - Reviewer Scores

Reviewer	Score	Reason	Comments
Evaluator 1	10 pts	Partially fits desired attributes	Locations do not meet needs of all Jackson County.
Evaluator 2	10 pts	Partially meets my expectations	Partially met my expectations
Evaluator 3	10 pts	Partially fits desired attributes	only one JACO location. Far drive for those in KC -midtown. limited hours. no post accident testing
Evaluator 4	20 pts	Strongly fits desired attribute(s)	This is close to the shop and they open at 8 am
Evaluator 5	20 pts	Meets or exceeds my expectations	No issues were made aware to me.
Evaluator 6	20 pts	Meets or exceeds my expectations	Lee's Summit Good Location for Parks and Sheriff



B-5 - Pricing - Reviewer Scores

Reviewer	Score	Reason	Comments
Evaluator 1	15 pts	Partially meets my expectations	Does not provide pricing for items we utilize
Evaluator 2	15 pts	Partially meets my expectations	Partially meets my expectations
Evaluator 3	20 pts	Other	next care doesn't offer saliva drug screen. costs are mid-range compared to others
Evaluator 4	25 pts	Meets or exceeds my expectations	Works best for my division
Evaluator 5	20 pts	Meets or exceeds my expectations	No issues were made aware to me.
Evaluator 6	20 pts	Other	best pricing