

Request for Legislative Action

Res. #20984
Sponsor: Crystal Williams
Date: June 13, 2022

Completed by County Counselor's Office

| | | | |
|-------------------|---------------------|---------------------------|-----------|
| Action Requested: | Resolution | Res.Ord No.: | 20984 |
| Sponsor(s): | Crystal J. Williams | Legislature Meeting Date: | 6/13/2022 |

Introduction

Action Items: ['Award']

Project/Title:

Awarding a Twelve (12) Month Term and Supply Contract with One (1) Twelve (12) Month Option to Extend for the furnishing of Associate Drug and Alcohol Testing for use by Various County Departments to Test Smartly Labs of Overland Park, KS and Emergent Care Plus, LLC dba NextCare Urgent Care of Meza, AZ under the terms and conditions of Request for Proposal No. 22-22.

Request Summary

The Human Resources, Parks + Rec, Public Works and Sheriff's Office require a Term and Supply Contract for the furnishing of Associate Drug and Alcohol Testing. Purchasing issued Request for Proposal No. 22-22 in response to those requirements. A total of 109 notifications were distributed with 3 responses received.

Pursuant to Section 1054.6 of the Jackson County Code, the Purchasing Department recommends the award of a Twelve (12) Month Term and Supply Contract with One (1) Twelve Month Option to Extend for the furnishing of Associate Drug and Alcohol Testing for use by Various County Departments to Test Smartly Labs of Overland Park, KS and Emergent Care Plus, LLC dba NextCare Urgent Care of Meza, AZ as the lowest and best proposals received under the terms and conditions of Request for Proposal No. 22-22.

Annual Estimated Usage: \$26,018
Human Resources: \$5,518
Parks + Rec: \$12,500
Public Works: \$5,000
Sheriff's Office: \$3,000

This award is made on a "As Needed" basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchase(s) is subject to annual appropriations.

Contact Information

| | | | |
|--------------------|------------------|------------------------|-----------------------|
| Department: | Finance | Submitted Date: | 6/1/2022 |
| Name: | Katelyn W. Edgar | Email: | KEdgar@jacksongov.org |
| Title: | Buyer | Phone: | 816-881-3292 |

Request for Legislative Action

| Budget Information | | | |
|---|-------------|--------------------|-----------------------------------|
| Amount authorized by this legislation this fiscal year: | | | \$ 0 |
| Amount previously authorized this fiscal year: | | | \$ 0 |
| Total amount authorized after this legislative action: | | | \$ |
| Is it transferring fund? | | | No |
| Single Source Funding: | | | |
| Fund: | Department: | Line Item Account: | Amount: |
| | | | !Unexpected End of Formula |

| Prior Legislation | |
|-------------------|------------------|
| Prior Ordinances | |
| Ordinance: | Ordinance date: |
| | |
| Prior Resolution | |
| Resolution: | Resolution date: |
| 20137 | April 8, 2019 |

| Purchasing | |
|--|------------|
| Does this RLA include the purchase or lease of supplies, materials, equipment or services? | Yes |
| Chapter 10 Justification: | Formal Bid |
| Core 4 Tax Clearance Completed: | Yes |
| Certificate of Foreign Corporation Received: | Yes |
| Have all required attachments been included in this RLA? | Yes |

| Compliance | |
|--|------|
| Certificate of Compliance | |
| In Compliance | |
| Minority, Women and Veteran Owned Business Program | |
| Goals Not Applicable for following reason: Less than \$50000 | |
| MBE: | .00% |
| WBE: | .00% |
| VBE: | .00% |
| Prevailing Wage | |
| Not Applicable | |

Request for Legislative Action

Fiscal Information

- This award is made on a need basis and does not obligate Jackson County to pay any specific amount. The availability of funds for specific purchases will, of necessity, be determined as each using agency places its order.

History

Submitted by Finance requestor: Katelyn W. Edgar on 6/1/2022. Comments:

Approved by Department Approver Bob Crutsinger on 6/1/2022 10:00:07 AM. Comments:

Approved by Purchasing Office Approver Barbara J. Casamento on 6/1/2022 10:57:39 AM. Comments:

Approved by Compliance Office Approver Katie M. Bartle on 6/2/2022 9:39:00 AM. Comments:

Approved by Budget Office Approver Mark Lang on 6/2/2022 10:18:02 AM. Comments: No fiscal note required for T&S contacts.

Approved by Executive Office Approver Sylva Stevenson on 6/2/2022 11:52:18 AM. Comments:

Approved by Counselor's Office Approver Katherine Henry on 6/8/2022 10:21:42 AM. Comments:



JACKSON COUNTY
Parks + Rec

22807 Woods Chapel Road
Blue Springs, Missouri 64015
MakeYourDayHere.com

Michele Newman, Director
(816) 503-4800
Fax: (816) 795-1234

MEMORANDUM

TO: Katelyn Edgar, Purchasing
FROM: Brian Nowotny, Parks + Rec
DATE: May 13, 2022

SUBJECT: Recommendation – Associate Drug and Alcohol Testing Services

Parks + Rec was invited to participate in the Proposal Evaluation Process for RFP 22-22, Associate Drug and Alcohol Testing Services. Our review and evaluation was based on respondents responsiveness to the proposed Scope of Services, respondents experience and qualifications, convenience to respondents testing site for Parks + Rec associates, and finally, respondent's proposed pricing.

After full review, the highest scores were awarded to Emergent Care Plus, LLC dba NextCare Urgent Care, based primarily on their testing centers close proximity to our Parks + Rec work centers. However, we understand the importance of having testing locations convenient for all Jackson County Associates. As the locations offered by Test Smartly Labs will more than meet our needs, we recommend award of a contract to either NextCare or Test Smartly.

Estimated average annual usage for Parks + Rec is 250 for Drug Screenings, and 30 for Alcohol Screenings, for an estimated annual expenditure of \$12,500. Thank you for your assistance with this project, and please do not hesitate to contact me if you should have any questions regarding this recommendation.

cc: Gina Campbell, Human Resources



Frank White Jr., County Executive



HUMAN RESOURCES DEPARTMENT

JACKSON COUNTY COURTHOUSE
415 E. 12TH STREET, 1st FLOOR
KANSAS CITY, MO 64106

(816) 881-3135
FAX (816) 881-3474

Date: May 16, 2022

To : Purchasing

Subject: Recommendation Memo for RFP 22-22 Associate Drug and Alcohol testing

Human Resources submitted an RFP 22-22 for Associate Drug and Alcohol Testing to be used by Human Resources, Parks + Rec, Public Works, and the Sheriff's Office. We reviewed and evaluated proposals from Test Smartly Labs, DSI Medical and Next Care, based on Response to Scope of Services, Experience and Qualifications, Location of Collections Sites and Pricing.

After evaluating and scoring each respondent, the highest score was awarded to Test Smartly Labs, based on their multiple locations that could be easily accessible by all associates and affordable pricing.

The Human Resources department recommends awarding the contract to **Test Smartly**.

Human Resources' annual dollar usage, based on a three-year usage average is anticipated to be: \$5,518.

Sent on behalf of Human Resources



Jackson County Public Works Department

ROAD MAINTENANCE

34900 E. Old US 40 Hwy, P.O. Box 160
Grain Valley, Missouri 64029
(816) 847-7050 *phone*
(816) 847-7051 *fax*

MEMORANDUM

TO: Katelyn Edgar, Finance and Purchasing Department

FROM: James Evans, Road and Bridge Administrator

DATE: May 17, 2022

SUBJECT: Recommendation for Vendor: Emergency Care Plus, LLC dba NextCare Urgent Care

The Public Works Department needs a term and supply vendor for the services of Associate Drug and Alcohol Testing.

The Purchasing Department bid such services and 3 vendors submitted a bid for bid No. 22-22 Associate Drug and Alcohol Testing. Please consider bid No. 22-22 Associate Drug and Alcohol Testing be awarded to Emergency Care Plus, LLC dba NextCare Urgent Care.

Emergency Care Plus, LLC dba NextCare Urgent Care can provide Jackson County with better hours of service and closer facilities for Associate Drug and Alcohol Testing than the other proposed bids.

For the reasons above, it has been requested that Emergency Care Plus, LLC dba NextCare Urgent Care be awarded the term and supply contract for bid No. 22-22 Associate Drug and Alcohol Testing.

It is estimated that the County could expend approximately \$5,000.00 over the course of the year with Emergency Care Plus, LLC dba NextCare Urgent Care.

Thank you for your consideration,

James Evans, Road, and Bridge Administrator



Office of the JACKSON COUNTY SHERIFF

Sheriff Darryl Forté

INTER-OFFICE MEMO

TO: Katelyn Edgar, Purchasing
FROM: Beth Money, Office Administrator
CC: Sgt. Eli Postlethwait
RE: Recommendation Memo 22-22 – Drug and Alcohol Testing
Date: May 4, 2022

The Sheriff's Office has an ongoing need for vendors to provide drug and alcohol testing. Sgt. Eli Postlethwait has reviewed the bids submitted by DSI Medical Services, Inc., Emergent Care Plus, LLC, and Test Smartly Labs. Sgt. Postlethwait determined there is not one submission that is clearly stronger than the other, therefore, the Sheriff's Office defers to our county partners in making an award recommendation.

The Sheriff's Office will spend approximately \$3,000 annually using this contract.

| | | DSI Medical Services Inc | | Emergent Care Plus, LLC dba NextCare Urgent | | Test Smartly Labs | |
|---------|---|--------------------------|------------|--|------------|-------------------|------------|
| | | Horsham, PA | | Mesa, AZ | | Overland Park, KS | |
| | | \$865.90 | | \$675.00 | | \$1,869.50 | |
| | | 0 | | 16 | | 18 | |
| | | \$ 0 | | \$675.00 | | \$1,869.50 | |
| | | Unit Price | Total Cost | Unit Price | Total Cost | Unit Price | Total Cost |
| # Items | | | | | | | |
| #0-1 | Blood Drug Screen (5-Panel) | No Bid | No Bid | No Bid | No Bid | \$299.99 | \$299.99 |
| #0-2 | Blood Drug Screen (12-Panel) | No Bid | No Bid | No Bid | No Bid | No Bid | No Bid |
| #0-3 | Saliva Drug Screen (5-Panel) | No Bid | No Bid | \$50.00 | \$50.00 | \$59.00 | \$59.00 |
| #0-4 | Saliva Drug Screen (12-Panel) | No Bid | No Bid | \$52.00 | \$52.00 | No Bid | No Bid |
| #0-5 | Skin Tissue Drug Screen (5-Panel) | No Bid | No Bid | No Bid | No Bid | No Bid | No Bid |
| #0-6 | Skin Tissue Drug Screen (12-Panel) | No Bid | No Bid | No Bid | No Bid | No Bid | No Bid |
| #0-7 | Hair Drug Screen (5-Panel) | \$79.95 | \$79.95 | \$80.00 | \$80.00 | \$109.00 | \$109.00 |
| #0-8 | Hair Drug Screen (12-Panel) | \$84.95 | \$84.95 | \$110.00 | \$110.00 | \$319.00 | \$319.00 |
| #0-9 | Urine Drug Screen (5-Panel) DOT | \$40.00 | \$40.00 | \$42.00 | \$42.00 | \$49.00 | \$49.00 |
| #0-10 | Urine Drug Screen (5-Panel) Non-DOT | \$40.00 | \$40.00 | \$42.00 | \$42.00 | \$35.00 | \$35.00 |
| #0-11 | Urine Drug Screen (12-Panel) DOT | \$40.00 | \$40.00 | \$45.00 | \$45.00 | No Bid | No Bid |
| #0-12 | Urine Drug Screen (12-Panel) Non-DOT | \$40.00 | \$40.00 | \$45.00 | \$45.00 | \$44.00 | \$44.00 |
| #0-13 | Breath Alcohol Screen DOT | \$42.00 | \$42.00 | \$40.00 | \$40.00 | \$29.00 | \$29.00 |
| #0-14 | Breath Alcohol Scree Non-DOT | \$42.00 | \$42.00 | \$40.00 | \$40.00 | \$29.00 | \$29.00 |
| #0-15 | Saliva Alcohol Screen | \$42.00 | \$42.00 | No Bid | No Bid | No Bid | No Bid |
| #0-16 | Blood Alcohol Screen | No Bid | No Bid | No Bid | No Bid | No Bid | No Bid |
| #0-17 | Urine Alcohol Screen (ETS) 12-24 Hour | \$45.00 | \$45.00 | \$52.00 | \$52.00 | \$24.00 | \$24.00 |
| #0-18 | Urine Alcohol Screen (ETG) 80 Hour | \$60.00 | \$60.00 | \$52.00 | \$52.00 | \$55.00 | \$55.00 |
| #0-19 | Administration Services Fee (Section 3.7, Item 3.7.2) | \$0.00 | \$0.00 | No Bid | No Bid | \$99.00 | \$99.00 |
| #0-20 | MRO Services Fee | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$4.50 | \$4.50 |
| #0-21 | On-Site Collection Fee (Monday - Friday) | \$75.00 | \$75.00 | No Bid | No Bid | \$100.00 | \$100.00 |
| #0-22 | Weekend Collection Fee | \$75.00 | \$75.00 | \$0.00 | \$0.00 | \$200.00 | \$200.00 |
| #0-23 | Holiday Collection Fee | \$75.00 | \$75.00 | \$0.00 | \$0.00 | \$250.00 | \$250.00 |
| #0-24 | After-Hours Collection Fee | \$75.00 | \$75.00 | No Bid | No Bid | \$150.00 | \$150.00 |
| #0-25 | Observed Collection Fee | \$10.00 | \$10.00 | \$25.00 | \$25.00 | \$15.00 | \$15.00 |

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**

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

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

| | | |
|--|--|--|
| 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) | |

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.

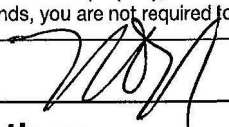
| | | | | | | | | | | |
|--------------------------------|---|--|--|---|---|---|---|---|---|-----|
| Social security number | | | | | | | | | | |
| | | | | - | | | | - | | |
| or | | | | | | | | | | |
| Employer identification number | | | | | | | | | | |
| 7 | 7 | | | - | 0 | 6 | 8 | 5 | 5 | 8 0 |

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 |
|-----------|--|-------------------|

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 |