RFP No: 2019-020
RFP Name: Fire Rescue Medical Director
Due Date/Time May 1, 2019 @11:45 AM

Response to RFP by

Richard J Paley MD LLC

6198 NW 23rd Road

Boca Raton, Florida 33434

954-415-4993

Index

Tab #1

Statement of Qualifications

I am a licensed medical doctor by the State of Florida in good standing per chapter 458 and chapter 401 of the Florida Statues. I meet all the qualification requirements of Florida rule 64E for Medical Director of an ALS EMS agency and Aeromedical Transport Service. Specifically, I am residency trained and board certified in Emergency Medicine and a Fellow of the American College of Emergency Physicians. I have been actively practicing Emergency Medicine in South Florida for 27 years, all that time at either a level one or level two trauma center. I have more than fourteen years of experience as an EMS Medical Director. I have been an instructor in ACLS, PALS and ATLS and I am registered with the DEA to provide controlled substances to an EMS provider. I have long been an active participant in local physician groups involved in prehospital care, such as the Broward County EMS advisory committee, the EMS subcommittee of the Broward County Fire Chiefs Association and the Greater Broward EMS Medical Directors Association. I have been the Medical Director of the nationally attended annual "First There, First Care" EMS conference and have participated as an expert panel member. I also serve on the Palm Beach County EMS Advisory Board.

As an EMS Medical Director, I have long history of advising and consulting with local Fire and EMS chiefs and I believe I have developed an impeccable reputation with the local EMS community. I have provided training and counseling to innumerable South Florida Paramedics and EMT's. I have extensive experience with the drafting and implementation of standing protocols and have been active in editing several versions of the South Florida Regional EMS Protocols and the GBEMDA protocols, extensively used in Broward County. In my capacity as Medical Director, I have developed and implemented a rigorous quality assurance system which has included auditing of written reports, active field observation, and skills testing. I also have extensive knowledge of up to date EMS literature and have experience advising on the selection equipment for prehospital usage.

My passion for EMS education has been demonstrated by many years of providing EMT and Paramedic student education. I was a founding partner and Medical Director of EMS Academy of Plantation. When the school was bought by a local college, I continued as a Medical Director training future Paramedics. I have also widely published in the areas of EMS core curriculum and EMS continuing education. I have also published in national journals topics in emergency medicine and currently I am a co-investigator, along with faculty from Florida Atlantic University, on out-comes of elderly patients taking blood thinners with head trauma.

Tab #2

Statement of Capabilities

Of the EMS Medical Directors active in Broward County I have a unique set of qualifications, experiences and effective out comes with local Fire Rescue services. I am trained and boarded in all aspects of Emergency Medicine, actively practicing Emergency Medicine at a level one adult and pediatric trauma center and comprehensive stroke center. I have more than 17 years of EMS medical direction experience as well as having extensive experience delivering medical and prehospital education.

I completed a residency and Chief residency at Carolina's Medical Center in Emergency Medicine, which is considered one of the premier Emergency Medicine Residencies in the United States. Our training specifically included training in prehospital medicine and EMS operations. I have been board certified in Emergency Medicine since 1993. I practiced Emergency Medicine at Broward Health-North Trauma Center for 20 years, of which 17 years has been as the Assistant Chief of Emergency Medicine. For the past 6 years I have served as the medical director and department chairman of Adult Emergency Services at St. Mary's Medical Center in West Palm Beach. In addition I have extensive experience as an EMS Medical Director, educator, and advisor to multiple county commissions.

In 2000 I became Medical Director for the City of Deerfield Beach. We built an exceptional department, well regarded for its professionalism and public service. I continued in the capacity of Medical Director for Deerfield Beach until 2011, when the city contracted with the county to provide Fire Rescue services. I also have the pleasure of being Medical Director for the City of Lighthouse Point since 2001. The small size of this department has allowed me to lecture and train directly with each the department members on a regular basis. I am very proud of the reputation of our Paramedics for providing excellent patient centered care with exceptional levels of resident satisfaction. Since the fall of 2014 I have had the great pleasure of serving as Medical Director for the City of Lauderhill Fire Rescue. It would be my honor to continue to serve in this role with Dr. Adam Leisy as my Assistant Medical Director. Working with other area Medical Directors and Chiefs, we are in the process of up-dating our EMS protocols and expect to start training by this summer.

I have extensive experience as an educator in Emergency Medicine and prehospital care. I presently hold the title of Affiliate Clinical Faculty at Florida Atlantic University and University of Vermont. I have experience as a founding partner, Medical Director and educator of a local EMS vocational school. As a co-author with Chief Chad Brocato of "Vital Sign" and "Paramedic Interactive", a Jones and Bartlett internet publication, I have written on numerous topics of pre-hospital continuing education and core curriculum.

As current City Medical Director, I have extensive knowledge of the current operations of Lauderhill Fire Rescue and have an excellent, experienced Assistant Medical Director in Dr. Adam Leisy. With our un-matched experience, we have the capability and capacity to continue to provide the excellent medical oversight and advise that the residents of the City of Lauderhill deserve.

Tab #3

Management Team

Richard Paley, MD is primarily responsible for Medical Direction; Dr. Adam Leisy will serve as Assistant Medical Director. The services provided include:

1. Drafting and implementation of medical protocols including a process for updates.
2. Evaluating and ensuring the qualifications of all prehospital personnel providing prehospital care.
3. The development and oversight of a quality assurance process. Set and or approve standards for practice with the ability to restrict patient care abilities for significant deviations.
4. Monthly quality improvement through onsite training, lecturing and review of current EMS literature.
5. Consult with the Administrative Staff on new EMS technologies or procedures for possible inclusion into the system.
6. Attending local and state EMS and trauma meetings representing the interests of the City of Lauderhill and providing feedback to the Administrative team.
7. Advocate for the interests of patients and promulgate public education in regards to emergency conditions and the prevention of illness and injury.
8. Provide the City of Lauderhill with 24/7 consultation coverage, if not available, Dr. Adam Leisy, Assistant Medical Director will cover.
9. Maintain all standards for Medical Director as required by 64J-1.

Tab #4

Specific Related Experience

Medical Director 2012-present
City of Lauderhill Fire Rescue
1980 NW 56 Avenue
Lauderhill, FL 33313
954-730-2950
EMS Division Chief Jason Clarke
954-548-8458

Medical Director 2001-present
City of Lighthouse Point Fire Rescue
3740 N.E. 22 Avenue
Lighthouse Point, Florida 33064
954-941-2624
Fire Chief Shawn Gilmartin
954-784-3400

Assistant Medical Director
City of Pompano Beach Fire Rescue
120 SW 3rd Street
Pompano Beach, Florida 33060
954-786-4510
EMS Division Chief Frank Galgano
754-224-8457

Medical Director 2000-2011
City of Deerfield Beach Fire Rescue
1411 SW 11th Way Deerfield Beach 33441
954-480-4350
Fire Chief Chad Brocato
754-235-8781

Tab #5

Current Work Load

City of Lighthouse Point Fire Rescue
Medical Director
$18,000 per annum
Renewable annually with both parties approval
Provides Medical Direction for Fire Rescue in accordance to with Florida Statues and Rules which includes:

- Creation and implementation of protocols
- Oversight of the quality assurance process
- Evaluation of new hires to ensure that they meet minimal standards
- Training of providers on new equipment and procedures
- Provide regular education to maintain providers competencies
- Consultation with the Administrative staff on the purchase of new equipment
- Attend local EMS related committees and conferences representing the interests of the Fire Rescue service
- Acting as liaison between the City and Trauma Center
- Advocating for the advancement of patient care and the wellbeing of the residents of the community

City of Lauderhill Fire Rescue
Medical Director
$30,000 per annum
Provides Medical Direction for Fire Rescue in accordance to with Florida Statues and Rules which includes:

- Creation and implementation of protocols
- Oversight of the quality assurance process
- Evaluation of new hires to ensure that they meet minimal standards
- Training of providers on new equipment and procedures
- Provide regular education to maintain providers competencies
- Consultation with the Administrative staff on the purchase of new equipment
- Attend local EMS related committees and conferences representing the interests of the Fire Rescue service
- Acting as liaison between the City and Trauma Center
- Advocating for the advancement of patient care and the wellbeing of the residents of the community

Tab #6

Cost Schedule

The proposed cost of Medical Direction service shall be $30,000 per annum which is inclusive of all labor, materials, and equipment. This shall be invoiced monthly in equal parts of $2,500.

Tab #7

Attachments

- Attachment A, Proposer's qualifications statement
- Attachment B, Non-collusive affidavit
- Attachment C, Drug Free Workplace
- Attachment D, Signature page
- Attachment E, Certificate of insurances and licenses
- Attachment F, Certification
- Attachment G, Certified Resolution
- Attachment H, Entity Crimes
- Attachment I, Acknowledgement of Addendums
- Attachment J, Price Proposal Form

ATTACHMENT "A"
PROPOSER'S QUALIFICATIONS STATEMENT

PROPOSER shall furnish the following information. Failure to comply with this requirement will render Proposal non-responsive and shall cause its rejection. Additional sheets shall be attached as required.

PROPOSER'S Name and Principal Address:
Richard J. Paley, MD

6198 NW 23rd Road

Boca Raton, Florida 33434

Contact Person's Name and Title: Richard J. Paley, MD (owner)

PROPOSER'S Telephone and Fax Number: 954-415-4993, fax-888-291-2532

PROPOSERS' License Number: ME0062000
(Please attach certificate of competency and/or state registration.)

PROPOSERS' Federal Identification Number: 46-1309815

Number of years your organization has been in business, in this type of work: 17

Names and titles of all officers, partners or individuals doing business under trade name:
Richard J. Paley, MD Owner

The business is a: Sole Proprietorship ☒ Partnership ☐ Corporation ☐

Name, address, and telephone number of Surety Company and agent who will provide the required bonds on this contract:
N.A.

Have you ever failed to complete work awarded to you. If so, when, where and why?

No

?

Will you subcontract any part of this work? If so, give details including a list of each sub-contractor(s) that will perform work in excess of ten percent (10%) of the contract amount and the work that will be performed by each subcontractor(s).

Yes. Dr. Adam Leisy will provide assistant medical director services. He will attend staff meetings, quality assurance meetings, provide educational lectures, participate in training and ride alongs. It is anticipated that he will provide about 20% of services of the contract.

The foregoing list of subcontractor(s) may not be amended after award of the contract without the prior written approval of the Contract Administrator, whose approval shall not be reasonably withheld.

List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the Proposer, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.

none

List and describe all successful Bond claims made to your surety (is) during the last five (5) years. The list and descriptions should include claims against the bond of the Proposer and its predecessor organization(s).

none

List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Proposer or its predecessor organizations(s) during the last (5) years. The list shall include all case names; case, arbitration or hearing identification

numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute.

none

List and describe all criminal proceedings or hearings concerning business related offenses in which the Proposer, its principals or officers or predecessor organization(s) were defendants.

none

Has the Proposer, its principals, officers or predecessor organization(s) been convicted of a Public Entity Crime, debarred or suspended from bidding by any government during the last five (5) years? If so, provide details.

none

The PROPOSER acknowledges and understands that the information contained in response to this Qualification Statement shall be relied upon by CITY in awarding the contract and such information is warranted by PROPOSER to be true. The discovery of any omission or misstatement that materially affects the PROPOSER'S qualifications to perform under the contract shall cause the CITY to reject the Bid, and if after the award, to cancel and terminate the award and/or contract.

Richard Perley

By _____
(Signature)

ATTACHMENT "B"
NON-COLLUSIVE AFFIDAVIT

STATE OF Florida

COUNTY OF PALM BEACH

Richard Paley being first duly sworn deposes and says that:

PROPOSER is the Owner,
(Owner, Partner, Officer, Representative or Agent)

PROPOSER is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid.

Such Bid is genuine and is not a collusive or sham Bid

Neither the said PROPOSER nor any of its officers, partners, owners, agents, representative, employees or parties in interest, including this affidavit, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other PROPOSER, firm or person to submit a collusive or sham Bid in connection with the Contract for which the attached Bid has been submitted; or to refrain from bidding in connection with such Contract; or have in any manner, directly or indirectly, sought by agreement or collusion, or communications, or conference with any PROPOSER, firm, or person to fix the price or prices in the attached Bid or any other PROPOSER, or to fix any overhead, profit, or cost element of the Bid Price or the Bid Price of any other PROPOSER, or to secure through any collusion conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Contract;

The price of items quoted in the attached Bid are fair and proper and are not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the PROPOSER or any other of its agents, representatives, owners, employees or parties in interest, including this affidavit.

By _____

Subscribed and sworn to before me this 11TH day of APRIL, 20 19.

Rolande M. Renaud
Notary Public (Signature)

My Commission Expires: 10-05-2022

NOTARY PUBLIC STATE OF FLORIDA
ROLANDE M. RENAUD
MY COMMISSION # GG247382
EXPIRES: October 05, 2022

ATTACHMENT "C"
CONFIRMATION OF DRUG-FREE WORKPLACE

In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibitions.

2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.

3. Give each employee engaged in providing the commodities or Contractual services that are under Bid a copy of the statement specified in subsection (1).

4. In the statement specified in subsection (1), notify the employee that, as a condition of working on the commodities or Contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contenders to, any violation of Chapter 893 or of any controlled substance law of the United States or any State, for a violation occurring in the workplace no later than five (5) days after the conviction.

5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by, any employee who is so convicted.

6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

A signed copy of your Drug-Free Workplace Policy must be attached to this signed copy and submitted with the Bid Documents.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Proposer's Signature

Submitted on this 11 day of April, 2019.

(If an individual, partnership, or non-incorporated organization)

Witness

Printed

Title

Richard J Paley MD LLC
Company

By

Richard Paley owner.
Printed Name, Title

(If a corporation, affix seal)

Richard J Paley MD LLC
Company

By

Richard J Paley owner.
Printed Name, Title

Attested by Secretary

Incorporated under the laws of the State of Florida.

CERTIFICATE

(For Partnership)

I HEREBY CERTIFY that a meeting of the partners of _____, a Partnership under the laws of the State of _____ held on _____, 20____, the following resolution was duly passed and adopted:

"RESOLVED, that _____ as _____ of the Partnership is hereby authorized to execute the Bid Form dated _____, 20_____, between the City of Lauderhill, Florida, and this Partnership, and that the execution thereof, attested by the _____ of the Partnership is the official act and deed of this Partnership."

ATTACHMENT "D"
SIGNATURE PAGE

The undersigned attests to his (her, their) authority to submit this Submittal and to bind the firm(s) herein named to perform as per agreement. Further, by signature, the undersigned attests to the following:

1. The Proposer is financially solvent and sufficiently experienced and competent to perform all of the work required of the Proposer in the Contract;

2. The facts stated in the Proposer's response pursuant to Request for Submittals, instructions to Proposer and Specifications are true and correct in all respects;

3. The Proposer has read and complied with, and submits their proposal agreeing to all of the requirements, terms and conditions as set forth in the Request for Proposals.

4. The Proposer warrants all materials supplied by it are delivered to the CITY of Lauderhill, Florida, free from any security interest, and other lien, and that the Proposer is a lawful owner having the right to supply the same and will defend the conveyance to the CITY of Lauderdale Lakes, Florida, against all persons claiming the whole or any part thereof.

5. **Proposer understands that if a team is short-listed and selected to make oral presentations to the selection committee and/or CITY, only the team members evaluated in the written submissions may present at the oral presentations. Any changes to the team at the oral presentations will result in that team's disqualification.**

6. The undersigned certifies that if the firm is selected by the City the firm will negotiate in good faith to establish an agreement.

7. Proposer understands that all information listed above may be checked by the City of Lauderhill and Proposer authorizes all entities or persons listed above to answer any and all questions. Proposer hereby indemnifies the City of Lauderhill and the persons and entitles listed above and holds them harmless from any claim arising from such authorization or the exercise thereof, including the dissemination of information pursuant thereto.

I further certify that said resolution is now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand this 11 day of April, 2019.

(Signature)

owner.
(Title)

STATE OF FLORIDA

COUNTY OF PALM BEACH

Sworn to and subscribed before me on this 11TH day of April, 2019 by who ☐ is personally known to me or who ☐ has presented the following type of identification: FDL# P400-750-63-175-0

Signature of Notary Public, State of Florida

ROLANDE M RENAUD
Notary seal (stamped in black ink)
OR
Printed, typed or stamped name of Notary and Commission Number

NOTARY PUBLIC STATE OF FLORIDA
ROLANDE M. RENAUD
MY COMMISSION # GG247382
EXPIRES: October 05, 2022

CERTIFICATE
(For Corporation)

I HEREBY CERTIFY that a meeting of the Board of Directors of _____, a corporation under the laws of the State of _____ held on _____, 20 ___, the following resolution was duly passed and adopted:

"RESOLVED, that _____, as _____ of the Corporation, is hereby authorized to execute the Bid Form dated _____, 20___, between the City of Lauderhill, Florida, and this Corporation, and that the execution thereof, attested by the Secretary of the Corporation and with corporate seal affixed, shall be the official act and deed of this Corporation".

I further certify that said resolution is now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand this ___ day of _____, 20___.

_____
Secretary

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me on this _____ day of _____, 20____ by _____ who ☐ is personally known to me or who ☐ has presented the following type of identification: _____ _____.

_____
Signature of Notary Public, State of Florida

_____
Notary seal (stamped in black ink)
OR
Printed, typed or stamped name of Notary and Commission Number

Tab E

AC# 8596630

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
10/30/2018	ME 62000	630304

The **MEDICAL DOCTOR**
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **JANUARY 31, 2021**

RICHARD JAY PALEY, M.D.
ST. MARY S MEDICAL CENTER
901 45TH STREET
WEST PALM BEACH, FL 33407

Rick Scott
GOVERNOR

Celeste M. Philip, M.D., M.P.H.
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

MONITOR
LIABILITY MANAGERS
W. R. Berkley Company

Emergency Medical Services Medical Directors Professional Liability and General Liability Insurance Policy

Binder

Date:	March 8, 2018
Underwriting Company:	**Nautilus Insurance Company**
To:	NPF
Address:	6200 Coors Blvd NW, Suite K3 Albuquerque, NM 87120
Broker:	Tom James - NFP
Applicant:	**Richard J. Paley, MD**
Address:	**6198 NW 23rd Road**
City:	**Boca Raton**
State	**FL**
Zip Code	**33434**
New/Renewal	Renewal
Effective Date:	5/21/2018
Expiration Date:	5/21/2019
Retro Active Date (PL):	5/21/2010
Retro Active Date (GL): C	5/21/2017
Terms Valid Until:	6/20/2018
Policy Number:	EMD_1000133_P-7
Renewal of:	EMD_1000133_P-6

From:	Alecia Mathis
Address:	525 W. Van Buren St. Suite 1325 Chicago, IL 60606
Phone #:	719-219-2641
Email:	alecia_mathis@rpsins.com

Nautilus Insurance Company Information
1. A.M. Best Rating: A+ XV (Superior)
2. Non-Admitted, Surplus Lines Insurer

A request to bind coverage is subject to receipt, review, and approval of the following:
none

Additional terms and conditions:
Minimum earned premium of 25%.
Agent is responsible for the collection and payment of Surplus Lines Taxes.

Coverages:

A.	EMS Medical Directors Professional Liabiliry Coverage -Claims Made	$1,000,000	per "Claim"
B.	EMS Medical Directors General Liability Coverage	$1,000,000	per "Occurrence"
C.	Policy Aggregate Limit	$3,000,000	

Premium:	$3,600.00
SL Taxes & Fees:	$183.60
Total:	$3,783.60

Forms

EMD 7001-0617-N	EMS Medical Directors Errors & Omissions Insurance Policy - Declarations Page
EMD 7000-0915-N	EMS Medical Directors Professional Liability and General Liability Insurance Policy
EMD SS000-0915	Service of Suit Endorsement
EMD 000901-0915	Important Notice To Policyholders
EMD 000902-0915	Minimum Earned Premium Endorsement
EMD 000903-0915	Reporting a Claim
265-0115 TRIA	Policyholder Disclosure Notice of Terrorism Insurance Coverage
266-0115 TRIA	Cap on Losses From Certified Acts of Terrorism

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP3511549	03-31-2021	$731.00

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	PRACTITIONER	03-07-2018

PALEY, RICHARD J MD
CITY LAUDERHILL FIRE RESCUE
1980 N.W. 56 AVE
LAUDERHILL, FL 33313

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FP3511549	03-31-2021	$731.00

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3 3N,4,5	PRACTITIONER	03-07-2018

PALEY, RICHARD J MD
CITY LAUDERHILL FIRE RESCUE
1980 N.W. 56 AVE
LAUDERHILL, FL 33313

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Gmail

Richard Paley <richardpaley@gmail.com>

Auto Insurance Confirmation

1 message

USAA <USAA.Customer.Service@mailcenter.usaa.com>
Reply-To: USAA <USAA.Customer.Service@mailcenter.usaa.com>
To: rpaley@comcast.net

Thu, Apr 11, 2019 at 11:15 AM

To ensure delivery to your inbox, please add USAA.Customer.Service@mailcenter.usaa.com to your address book.

USAA

Auto Insurance Confirmation

Please use this as confirmation of auto insurance; however, this doesn't take the place of an insurance identification card.

Registered owner:	RICHARD J PALEY
Address:	6198 NW 23RD RD BOCA RATON FL 33434
Policy number:	CIC 004138908 7101
Policy effective date:	March 7, 2019
Policy expiration date:	September 7, 2019
Vehicle:	2016 MERCEDES GLE CLASS
VIN:	4JGDA5HB6GA652235
Bodily injury liability limit:	$300,000 each person / $500,000 each accident
Property damage liability limit:	$100,000 each accident
Comprehensive deductible:	$500
Collision deductible:	$500
Additional insured:	MERCEDES BENZ CREDIT CORP PO BOX 1800 ROANOKE TX 76262 1800

Meets Florida minimum statutory liability requirements

This confirmation of coverage neither affirmatively nor negatively amends, extends or alters the coverage given by the policy issued by USAA Casualty Insurance Company.

How to Contact Us

Thank you for choosing us for your auto insurance needs. If you have any questions, please contact us using one of the following options below:

Phone:	210-531-USAA (8722), our mobile shortcut #8722 or 800-531-8722.
Fax:	800-531-8877

Thank you,

For **Roadside Assistance**: 800-531-8555

Report a claim, get coverage and deductible information, request a tow from the accident scene, schedule an appraisal or reserve a rental car using:

- usaa.com,
- USAA's Mobile App, or
- By calling **210-531-USAA (8722)**, our mobile phone shortcut number #8722 or 800-531-USAA.

Automobile Insurance Identification Card

This identification card is evidence of liability insurance for your vehicle. The card is valid only as long as liability insurance remains in force.

You may be required to produce your identification card at vehicle registration or inspection, when applying for a driver's license, following an accident or upon a law enforcement officer's request.

Keep a copy of the ID card in your vehicle at all times.

For your convenience, additional copies are available on usaa.com.

FFL1 Rev. 6-13 50786-0513__01

FLORIDA AUTOMOBILE INSURANCE IDENTIFICATION CARD
USAA CASUALTY INSURANCE COMPANY

POLICY IDENTIFICATION NO.	CO. CODE	EFF. DATE
00413 89 08C 7101 1	-02865	03/07/19

[X] PERSONAL INJURY PROTECTION BENEFITS AND PROPERTY DAMAGE LIABILITY

[X] BODILY INJURY LIABILITY

Name
RICHARD J PALEY

VEHICLE DESCRIPTION

YEAR	MAKE/MODEL	VEHICLE IDENTIFICATION NUMBER
2016	MERCEDES	4JGDA5HB6GA652235

NOT VALID MORE THAN ONE YEAR FROM EFFECTIVE DATE

Misrepresentation of Insurance is a first degree misdemeanor. Policy coverages extend to a rental car. See outline of coverage.

9800 Fredericksburg Road
San Antonio, Texas 78288
CONTACT US: 210-531-USAA(8722)
OR 800-531-USAA

Additional copies available at **usaa.com**

AC# 8664628

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
11/28/2018	ME 115884	637689

The **MEDICAL DOCTOR**
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **JANUARY 31, 2021**
ADAM ETHAN LEISY
21644 STATE ROAD 7
BOCA RATON, FL 33428

Rick Scott
GOVERNOR

Celeste M. Philip, M.D., M.P.H.
Surgeon General and Secretary

DISPLAY IF REQUIRED BY LAW

STATE OF FLORIDA AC# 8664628
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO	CONTROL NO.
11/28/2018	ME 115884	637689

The **MEDICAL DOCTOR**
named below has met all requirements of
the laws and rules of the state of Florida.
Expiration Date: **JANUARY 31, 2021**

ADAM ETHAN LEISY

LICENSEE SIGNATURE

EXPIRATION DATE: **JANUARY 31, 2021**

Your license number is ME 115884. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

Medical Quality Assurance has a new and improved Online Services Portal. In the new system, you have the ability to renew your license, update your mailing and practice location addresses, request a name change, request a duplicate license and update your profile information all from the convenience of your online account.

1. Go to www.FLHealthSource.gov.
2. Click on "Provider Services" and select "Manage Your License."
3. Select your profession and license type and click "Submit."
4. The question "Have you Registered in Our New Online Service System?" will display.
   a. Click on "No" if you have not registered for an account in the new system and follow the instructions provided for new user registration.
   b. Click on "Yes" if you are a returning user. Enter the user ID and password you selected during the registration process, then select "Sign In" to access your MQA Online Services Portal account.

IMPORTANT ANNOUNCEMENTS

Are You Renewal Ready?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit www.FLHealthSource.gov/AYRR

Grounds for Discipline

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes

10031294.2/001509-1/1-0

1:4
225/9/51

LEISY, ADAM E MD
700 SE 6TH CT
FORT LAUDERDALE, FL 33301-3114

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FL3824097	03-31-2022	$731
SCHEDULES	**BUSINESS ACTIVITY**	**ISSUE DATE**
2,2N, 3,3N,4,5	PRACTITIONER	02-05-2019

LEISY, ADAM E MD
WEST BOCA MEDICAL CENTER
21644 STATE ROAD 7
BOCA RATON, FL 33428-0000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FL3824097	03-31-2022	$731
SCHEDULES	**BUSINESS ACTIVITY**	**ISSUE DATE**
2,2N, 3,3N,4,5	PRACTITIONER	02-05-2019

LEISY, ADAM E MD
WEST BOCA MEDICAL CENTER
21644 STATE ROAD 7
BOCA RATON, FL 33428-0000

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FL3824097	03-31-2022	$731
SCHEDULES	**BUSINESS ACTIVITY**	**ISSUE DATE**
2,2N, 3,3N,4,5	PRACTITIONER	02-05-2019

LEISY, ADAM E MD
WEST BOCA MEDICAL CENTER
21644 STATE ROAD 7
BOCA RATON, FL 33428-0000

CONTROLLED SUBSTANCE/REGULATED CHEMICAL REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223/511 (9/2016)

REPORT

CHANGES

PROMPTLY

REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **desdiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

Drug Enforcement Administration
P.O. Box 2639
Springfield, VA 22152-2639

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

ATTACHMENT "E"
CERTIFICATE OF INSURANCE AND LICENSES
(for Contractors and Sub Contractors)

ATTACHMENT "F"

CERTIFICATION

THIS DOCUMENT MUST BE SUBMITTED WITH THE BID

We (I), the undersigned, hereby agree to furnish the item(s)/service(s) described in the Request for Proposal (RFP). We (I) certify that we(I) have read the entire document, including the Specifications, Additional Requirements, Supplemental Attachments, Instructions to Proposers, Terms and Conditions, and all addenda issued. We (I) agree to comply with all of the requirements of the entire Request for Proposal.

Indicate which type of organization below:

INDIVIDUAL_____ PARTNERSHIP_____ CORPORATION_✓_____
OTHER___

If "Other", Explain: _____

Authorized Signature

Richard J Paley MD LLC
Company Name

Richard Paley MD
Typed/Printed Name

6198 NW 23rd Road
Boca Raton, FL 33434
Address

954-415-4993
Telephone

Boca Raton, FL 33434.
City, State, ZIP

888 291-2532
Fax

46-1309615
Federal Tax ID Number

RichardPaley@Gmail.com
Email address for above signer (if any)
Number

ME0062000
Contractor's License

ATTACHMENT "G"

CERTIFIED RESOLUTION

I, Richard Paley, MD (Name), the duly executed Secretary of

Richard J Paley MD LLC (Corporate Title), a corporation organized and existing under the laws of the aaccordance with law and by-laws of the said corporation.

IT IS HEREBY RESOLVED THAT Richard Paley **(Name)"the duly elected** Member **(Title of Officer) of** Richard J Paley MD LLC

_____ (Corporate Title) be and is hereby authorized to execute and submit a Bid and Bid Bond, if such bond is required, to the City of Lauderhill _____ and such other instruments in writing as may be necessary on behalf of the said corporation; and that the Bid, Bid Bond, and other such instruments signed by him/her shall be binding upon the said corporation as its own acts and deeds. The secretary shall certify the names and signatures of those authorized to act by the foregoing resolution.

The City of Lauderhill shall be fully protected in relying upon such certification of the secretary and shall be indemnified and saved harmless from any and all claims, demands, expenses, loss or damage resulting from or growing out of honoring, the signature of any person so certified or for refusing to honor any signature not so certified.

I further certify that the above resolution is in force and effect and has not been revised, revoked or rescinded.

I further certify that the following are the name, titles and official signatures of those persons authorized to act by the foregoing resolution.

NAME	TITLE	SIGNATURE
Richard Paley	Owner/Member	

Given under my hand and the Seal of the said corporation this 11 **day of** April, **20** 19

(SEAL) **By:**

Secretary

owner.

Corporate Title

Note: The above is a suggested form of the type of Corporate Resolution desired. Such form need not be followed explicitly, but the Certified Resolution submitted must clearly show to the satisfaction of the City of Lauderhill that the person signing the Bid and Bid Bond for the corporation has been properly empowered by the corporation to do so in its behalf.

ATTACHEMENT "H"

SWORN STATEMENT PURSUANT TO SECTION 287.133(3) (a), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

1. This sworn statement is submitted to City of Lauderhill
(Print name of the public entity)

By Richard J. Paley, MD Owner
(Print individual's name and title)

For Richard J Paley MD LLC
(Print name of entity submitting sworn statement)

Whose business address is? 6198 NW 23rd Road Boca Raton, FL 33434

and if applicable) it's Federal Employer Identification Number FEIN) is:
46-1309815

(If the entity has no FEIN, include the Social Security Number of the Individual signing this sworn statement:_____

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), **Florida Statutes**, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision or any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1) (b), **Florida Statutes**, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), **Florida Statutes**, means:

a. A predecessor or successor of a person convicted of a public entity crime; or
b. An entity under the control any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1) (e), **Florida Statutes**, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. **(Indicate which statement applies.)**

X Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners,

shareholders, employees, members, or agents who are active in the management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. **(Attach a copy of the final order).**

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT HIS FORM IS VALID THOROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

(Signature)

Sworn to an subscribed before me this 11TH day of APRIL, 20 19

Personally known _____

OR produced identification FDLEP400750-63-175-0 Notary Public - State of FLORIDA

My commission expires 10-05-2022
(Type of identification)

ROLANDE M. RENAUD
Printed typed or stamped commissioned name of notary public)

NOTARY PUBLIC STATE OF FLORIDA
ROLANDE M. RENAUD
MY COMMISSION # GG247382
EXPIRES: October 05, 2022

Attachment "I"
Acknowledgement of Addendums
RFP 2019-020
FIRE RESCUE MEDICAL DIRECTOR

Acknowledgement is hereby made of the following Addenda received since issuance of Specifications:

Addendum No. _____-Dated _____

Addendum No. _____-Dated _____

Addendum No. _____-Dated _____

Name of Vendor's Service Contact: Richard Paley

Address: 6198 NW 23rd Road

Boca Raton, Florida 33434

Signature _____ Date 4/11/19

This page must be submitted with RFP, failure to provide the requested documents may result in your proposal being deemed Non-Responsive.

ATTACHMENT "J"
PRICE PROPOSAL FORM
RFP # 2019-020
FIRE RESCUE MEDICAL DIRECTOR

NOT TO EXCEED COST:

$ 30,000
Annually

Full Contract term is three (3) years.

SUBMITTED BY:

Company Name: Richard J Paley MD LLC

Officer/Name of Individual Authorized to submit: Richard Paley, MD

Address: 6198 NW 23rd Road

City: Boca Raton State: FL Zip: 33434

Telephone: 954-415-4993 FAX: 888-291-2532

Email: richardpaley@gmail.com

NOTE: To be considered eligible for award, one (1) original copy of this Proposal Form must be submitted with the Proposal. Proposers must Use this Cost Proposal Form.

Payment by Electronic Funds Transfer: Vendors may now receive payments by direct deposit via electronic funds transfer instead of by paper check. Vendors are strongly encouraged to register to receive all payments by direct deposit.

CONTRACT
MEDICAL DIRECTION
LAUDERHILL FIRE-RESCUE DEPARTMENT

THIS CONTRACT, made and entered into this ____, day of 2019 by and between the CITY OF LAUDERHILL, a Florida Municipal Corporation hereinafter referred to as the "City", and Dr. * ***** ****, ********** **********, hereinafter referred to as the "CONTRACTOR".

WITNESSETH:

WHEREAS, emergency medical rescue services are provided by the CITY for its citizens;

WHEREAS, the state of the art delivery of basic and advanced emergency medical services by Paramedics and Emergency Medical Technicians requires the performance of sophisticated technical emergency procedures; and

WHEREAS, the administration and performance of such emergency procedures as Airway Management, cardiac Resuscitation, External Defibrillation, trauma management, Pediatric and Obstetrical emergencies, and any other emergency procedure may only be performed under the direction of a licensed Florida Physician according to the Medical Practice Act of the State of Florida; and

Whereas, the CITY is desirous of obtaining the services of ********** **********, to provide administrative direction and training as contemplated herein to the CITY employees participating in the CITY'S emergency medical services program; and

WHEREAS, ****** ****** is a professional association which is controlled by ***** ****** who is both competent and desirous of providing services to the CITY and can provide a licensed physician(s) in the State of Florida with experience in emergency medicine. CONTRACTOR is an independent contractor and is not an employee of the CITY. CITY does not control the medical decisions or day-to-day operations of CONTRACTOR.

WHEREAS, the CITY wishes to comply with all state statutes and with all rules and regulations of the State of Florida; and Broward County Codes;

WHEREAS, the parties hereto now wish to enter into a contract, pursuant to which the CONTRACTOR will render those professional services in connection with said project as hereinafter provided;

NOW THEREFORE, the parties hereto agree as follows:

PURPOSE OF CONTRACT:

The purpose of the Contract shall be to retain the professional services of a supervising physician to provide Medical Direction Services to the CITY for the emergency medical services ALS/BLS program and personnel, in accordance with Florida Statute Chapters 395 and 401, the Florida Administrative Code (FAC) Rules of the Department of Health (DOH) Division 64J, and the Broward County Code 3H.

TERM OF CONTRACT

This Medical Direction Contract shall be deemed to have been effective for three (3) years. The city shall have the right to exercise up to two (2) options to renew for two (2) year terms.

TERMINATION/RENEWAL CLAUSE

Either party shall notify the other in writing of their intent to terminate/renew the MEDICAL DIRECTION CONTRACT at least ninety (90) days prior to the expiration of the existing Contract. CITY shall have sole discretion in regards to termination or renewal of this Contract, and may renew this Contract with or without a cost of living adjustment for a period not to exceed two years.

City shall have the right to terminate this Contract other than specified above upon the following

conditions:

1. That the CONTRACTOR failed to comply with terms of Contract;

2. That CONTRACTOR failed to provide competent services;

3. That CONTRACTOR is unable to perform services as required for reasons outside of CITY's control:

In the event the CITY terminates the Contract, the CONTRACTOR will be compensated for all services rendered up to the time of termination. Payments will be made fourteen (14) days after termination, but all CITY property shall be returned prior to the release of said payment. Termination shall be by written notice delivered by the City to the Contractor. Date of delivery to the Contractor shall be the date of termination.

CHOICE OF LAW :

All questions pertaining to the validity and interpretations of this Contract shall be determined in accordance with the laws of Florida. Venue shall lie in Broward County, Florida.

CONTRACT PROVISIONS :

The following Contract provisions shall apply for the duration of the Contract:

1. The CONTRACTOR shall be responsible directly to the Fire Chief, but the Contract shall not authorize or place medical restrictions on the medical professional acts of the CONTRACTOR. CITY does not control the acts of the CONTRACTOR.

2. The CONTRACTOR shall perform all services required of a board certified, licensed emergency medical practitioner, pursuant to Florida Statutes, Chapter 395 and 401, and/or the Florida Administrative Code (FAC) DOH Division 64J, and/or other established duties required to be performed by a Medical Director, and all future duties as required after written notification from the CITY.

3. The CONTRACTOR is advisory only to the Fire Chief in the hiring, firing, disciplinary actions of any medically certified employee of the CITY, in accordance with the terms of this Contract.

4. The CONTRACTOR shall have the ability to disallow any employee of the CITY Fire-Rescue Department to perform any medical skills authorized statutorily under his/her license. This notification shall be in writing to the Fire Chief or designee, and may include third party review through an appeals procedure consistent with any contractual requirements specified in labor agreements entered into by the CITY.

5. The CONTRACTOR will assist the Fire-Rescue Department of the City, by assuring the continuous availability of at least one responsible Physician twenty-four (24) hours per day, seven (7) days per week for so long as this Contract is in effect. Such Physician shall be able to make radio or telephone contact with the Fire Chief or a designee within five (5) minutes of receipt of a department "Ready Op" CAD notification-paging system. The CONTRACTOR shall assist the Fire Chief in determining the qualifications to provide responsible supervision of the departments EMT's and Paramedics.

6. The CONTRACTOR will provide liaison services as requested by the Fire-Rescue Department and the CITY, on behalf of the CITY to any educational, governmental, medical agency or institution, other providers in the County or region with which the CITY may deliver patients or seek medical or regulatory consultation from, relating to the provisions of EMS services.

7. The CONTRACTOR shall retain the ultimate authority to permit a CITY employee to render Advanced Life Support (ALS), or Basic Life Support (BLS), patient services.

8. The CONTRACTOR shall be covered by the CITY'S insurance which will provide only Professional Liability coverage for the CONTRACTOR for any negligence or wrongful act or omission occurring within the scope of this Contract. However, the CITY'S insurance does not provide coverage for any acts outside the scope of this Contract, nor for gross negligence or intentional acts. Therefore, the CONTRACTOR agrees to indemnify, release, and hold harmless the City of Lauderhill, its officials, employees and agents from or on account of any kind whatsoever, arising from this Contract, or which are incidental to, or are in any way connected with this Contract, if caused by the CONTRACTOR or the CONTRACTOR'S subcontractors, agents or employees outside the scope of this Contract or if caused by gross negligence or an intentional act of CONTRACTOR, or the CONTRACTOR'S subcontractors, agents or employees.

9. The indemnification provided herein shall obligate the CONTRACTOR to defend at the CONTRACTORS own expense or to provide for such defense (as determined by the City of Lauderhill), for any and all claims of liability and all suits, actions or claims that may be incurred by the City of Lauderhill, as a consequence of any gross negligence or intentional actions or inactions, or any actions or inaction conducted outside the scope of this Contract. Be execution of this Contract, the CONTRACTOR agrees to comply with the foregoing provisions of indemnity. The CONTRACTOR acknowledges that the following types and limits of additional insurance are preferred to be obtained by the CONTRACTOR and will not be provided by the CITY:

   The Contractor's insurance must be provided by an A.M. Best's "A-" rated or better insurance company authorized to issue insurance policies in the State of Florida, subject to approval by the City's Risk Manager. Any exclusions or provisions in the insurance maintained by the contractor that precludes coverage for work contemplated in this RFP shall be deemed unacceptable, and shall be considered breach of contract.

   Any firm performing work on behalf of the City of Lauderhill must provide Workers' Compensation insurance. Exceptions and exemptions can only be made if they are in accordance with Florida Statute. For additional information, contact the Department of Financial Services, Worker's Compensation Division at (850) 413-1601 or on the web at <http://www.fldfs.com>

   Commercial General Liability Insurance
   Covering premises-operations, products-completed operations, independent contractors and contractual liability.

   Limits: Combined single limit bodily injury/property damage $1,000,000.

   This coverage should include, but not limited to:

   a. Coverage for the liability assumed by the contractor under the indemnity provision of the contract.
   b. Coverage for Premises/Operations
   c. Personal and Advertising Injury Liability
   d. Products/Completed Operations
   e. Broad Form Contractual Liability

Covering all owned, hired and non-owned automobile equipment, and other vehicles used by the successful bidder in the performance of the work with the following limits of liability:

Limits: Combined single limit bodily injury/property damage $1,000,000

Professional Liability (Errors & Omissions)

Limits: $2,000,000 per occurrence

This coverage should include, but not limited to:

a. Coverage for the liability assumed by the contractor under the indemnity provision of the contract.
b. Coverage for Premises/Operations
c. Products/Completed Operations
d. Broad Form Contractual Liability

Automobile Liability Insurance

Covering all owned, hired and non-owned automobile equipment, and other vehicles used by the successful bidder in the performance of the work with the following limits of liability:

Limits: Bodily injury	$500,000 each person, $500,000 each occurrence
Property damage	$100,000 each occurrence

Professional Liability (Errors & Omissions)

Limits: $2,000,000 per occurrence

A copy of ANY current Certificate of Insurance should be included with your proposal.

In the event that you are the successful bidder, you will be required to provide a certificate naming the City as an "additional insured" for General Liability.

Certificate holder should be addressed as follows:
City of Lauderhill
Finance Department
5581 West Oakland Park Blvd.
Lauderhill, FL 33313

The CONTRACTOR will be responsible for the payment of any deductible and/or self insured retention in the event of any claim.

SCOPE OF SERVICES

The CONTRACTOR shall perform duties including advising, consulting, training, counseling and overseeing of services, which will include administrative and management functions, as follows:

1. **Medical oversight** – The CONTRACTOR SHALL PROVIDE FULL-TIME Emergency Medical Direction by competent board-certified Florida licensed Emergency Physician, or associate physician on call and available 24 hours a day, seven (7) days per week with contact via radio or telephone within five (5) minutes of notification via Ready OP paging System, for CITY to resolve medical issues within the scope of this Contract. The Contractor shall be located in Broward County or provide a board certified associate residing in Broward County.

2. **Certifications/Qualifications** – CONTRACTOR shall be responsible for any certifications/qualifications, advice or participation of his/her associate physician as if he/she were directly performing the service.

3. **Protocol Development** – Medical Protocols will be developed and revised as needed. CONTRACTOR will review and approve the training and recertification of skills for all First Responders, Emergency Medical Technicians, and paramedics employed by the City of Lauderhill.

4. **Quality Assurance/Quality Improvement (QA/QI)** – CONTRACTOR will establish and revise, as needed a department QA/QI program, which will include a methodology for continuous quality care. The Contractor must will attend all QA/QI meetings scheduled by the Department.

5. **Record Keeping** – Mandatory medical records for continuing education and recertification training, meetings on quality assurance measures and other necessary documentation will be kept along with documents of attendance as required by Chapter 119, and other Federal, State and County regulations. CONTRACTOR will assist with the required documentation as necessary for the EMS recertification of all Fire Department employees. All such documentation shall be delivered to CITY within three (3) working days after being requested by the CITY. Documents shall not be released to anyone without the written consent of the CITY.

6. **Monthly Meetings** – In concert with the Fire Chief and his/her staff, CONTRACTOR will establish a routine monthly meeting, usually scheduled in advance for the day or evening, lasting at least two (2) hours, for the purpose of medical consultation or planning, education and quality assurance.

7. **Hospital/Medical Liaison** – CONTRACTOR shall coordinate hospital and emergency department liaison between the various community hospitals, other local emergency service agencies, and any other agency, physician, institution or organization affecting the City of Lauderhill Fire Department EMS Services.

8. **Rescue Reports** – CONTRACTOR shall provide for regular review of medical rescue reports prepared by fire department personnel, and review all problem cases as necessary and/or desirable and shall provide comments on same to the Chief.

9. **Specialized Training** – CONTRACTOR shall, when appropriate and upon request by the Fire Chief or his/her designee, authorize specialized training programs, conferences and

schools for the purpose of continuing education credit (CEU's) for Fire Rescue Department personnel.

10. **Field EMS Operations** – CONTRACTOR will, at least monthly, or as deemed necessary by either party with the approval of the either party; either personally or via his/her associate physician, participate in field operations review of the Fire Rescue department EMS personnel with a minimum review of six different incidents wherein service is rendered.

11. **Staff Meetings** – In concert with the Fire Chief or his/her designee and his/her staff, the CONTRACTOR will participate in quarterly meetings will all department EMS supervisors/trainers, usually scheduled in advance for the day or evening, lasting for one to four hours, for the purposes of medical consultation or planning, education and quality assurance.

    When necessary for the purposes of continuity, such meetings shall be conducted three (3) days in succession to assure each shift has direct interaction with the CONTRACTOR.

12. **Medical Consultation/Liaison** – CONTRACTOR shall coordinate emergency department liaison between various community hospitals, other local emergency medical service agencies, physician(s), institutions or organizations for the purpose of insuring compliance with all federal, and State standards and/or regulations regarding infectious disease exposures and/or reporting requirements for the Fire Rescue Department EMS services.

13. **EMS Annual Reports** – CONTRACTOR shall provide for the annual review of medical rescue services via a written report to the Fire Chief, assessing the overall quality of services delivered by the Fire Rescue Department Emergency Medical Technicians and Paramedics.

14. **Other Services** – CONTRACTOR SHALL PROVIDE ALL SERVICES AS ARE SPECIFICALLY CONTAINED IN Division 64J of the Florida Administrative Code, DOH/EMS regulations as amended and subsequently promulgated, or other services as may be specifically required by laws or regulations as amended, and/or mutually agreed to by both parties, relating to the provision of emergency medical services.

15. **Consultation with the Fire Chief** – CONTRACTOR shall make him/herself available, upon request to meet and confer with the Fire Chief or other officials of the CITY on the CITY's emergency medical service delivery program(s), personnel issues related to continuance of practices by medically certified departmental personnel and any such other issues that may impact the CITY's ability to deliver quality EMS to its citizens.

16. **Continuing Education** – The CONTRACTOR shall review and approve/authorize such community education and training programs as may be offered by the department.

COMPENSATION

The CITY agrees to pay Dr. ***** ****** $ 0.00 per month for a total amount of $0.00 annually for the services provided pursuant to this Contract.

The CITY shall have the discretion to increase the compensation under this Contract during its term should the City manager, in his sole discretion, determine that a pay increase is appropriate and justified. Any such increase in compensation would not exceed a total amount payable of

$0.00 ($0.00). Any contemplated pay increase in excess of $30, 0000.00 annually would require prior City Commission approval.

ENTIRE CONTRACT:

THIS Contract contains the entire agreement between the parties. The CONTRACTOR represents that in entering into the Contract it has not relied on any previous oral and/or implied representations, inducements, or understandings of any kind or nature. This contract may be amended only by a written document executed by both parties.

IN WITNESS WHEREOF, this Contract has been executed by the parties hereto as of the day and year first written above.

CITY OF LAUDERHILL, FLORIDA

_____

By: Charles Faranda, City Manager

****

_____

****

Attest:

_____

Andrea Anderson, City Clerk

APPROVED AS TO FORM AND LEGAL SUFFICIENCY:

_____

W. Earl Hall, City Attorney