



*Response To:*

**The City of Lauderdale**



**RFP NO: 2025-040**

**Drug and Alcohol Testing Services**

**April 30, 2025**

**CareSpot**  
URGENT CARE

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## Cover Letter

April 30, 2025

City of Lauderhill  
City Clerk's Office  
5581 West Oakland Park Blvd., Suite 421  
Lauderhill, FL 33313

**Re: RFP NO: 2025-040 Drug and Alcohol Testing Services**

**Dear Mrs. Dorsett:**

It is with great interest that CareSpot is responding to ***your RFP NO: 2025-040, Drug and Alcohol Testing Services.*** CareSpot has had a long-term commitment to providing Occupational Health Services throughout the communities that we serve. It is our hope to serve your employees. We are pleased to present our proposal that will not only meet the bid requirements as outlined, but will also provide additional services which will greatly enhance the resources and overall management of the program.

The core of our occupational health program is the network of our Clinics located throughout the State of Florida. CareSpot takes running urgent care centers to the next level by offering consistent staffing from center-to-center.

Currently, CareSpot operates 46 clinics in Florida and is expanding its operations across the country, state and county. We provide a full array of services designed to care for employees while protecting your liability. We provide services such as Workers' Compensation Treatment, Occupational Medicine Physicals including DOT, Drug Screen Programs, Hearing Conservation, Respiratory Protection, Medical Monitoring, Fire, Police and Corrections Physicals, as well as X-rays and lab work associated with any kind of Occupational Exposure.

The true strength of our program is in our staff. We have assembled a core group of occupational health experts that have a wealth of experience in their respective areas. In our bid response, we have been able to pool all of these resources to customize a program that will meet the current needs of the City of Lauderhill, yet have flexibility for the future.

Warm regards,

Bryan Quintero  
Business Development Manager  
CareSpot Urgent Care  
10151 Deerwood Park Blvd, Building 400 suite 200  
Jacksonville, FL 32256  
954-687-3759  
bryan.quintero@carespot.com

## Executive Summary

We value our existing relationship with the City of Lauderhill and look forward to expanding the requested services.

Only CareSpot can offer the City the following benefits:

- Comprehensive network that will adequately provide local access for all City employees who require these services
- Qualified, educated, licensed, and well-trained staff available
- Excellent customer service and prompt issue resolution
- Competitive rates
- Comprehensive reporting package
- Legal and legislative updates to the City for any issues regarding changes in state and federal statutes and legislation in Employee Drug and Alcohol Screening Programs
- Clean, well-furnished facilities, with sufficient parking facilities
- Flexibility to accommodate any changes the City requires to the existing *Occupational Health and Medical Services Program*
- Compliance with the reporting parameters of substance abuse testing as specified by the City and in accordance with federally-regulated programs such as the Department of Transportation (DOT) Drug and Alcohol Testing Program



WE ARE COMMITTED TO DELIVERING  
THE MOST CONVENIENT HEALTHCARE  
WITH EXEMPLARY SERVICE THAT OUR  
CUSTOMERS EXPECT AND DESERVE.

CareSpot serves more than **15,000 employer clients in Florida**. We provide a broad range of employer solutions to help keep organizations going strong. To maximize your employee health and productivity, CareSpot provides comprehensive solutions with efficiencies to **minimize cost and workplace interruption**.

We **offer a host of health exams**, lab services and X-ray services during **extended, after-work hours** to help you stay productive. We have selected and coordinate with key subcontractor partners who are the best in the industry and their specialty to meet the City's need. **In-center lab testing** and services coordination also make CareSpot a "one-stop shop" to save you and your employees' time. Plus, as an in-network provider for most workers' compensation insurance plans, we offer **injury treatment and independent medical evaluations**.

CareSpot helps you maintain a safe, healthy workforce with services such as physicals, drug and alcohol screenings, vaccinations, as well as a variety of tests. To accommodate everyone's busy workdays, our online registration system provides easy scheduling options, treatment authorization, results reporting, and streamlined billing.

We have **47 locations** offering Convenience, Communication, Consistent Care, Cost Savings, and Comfort:

- Convenience
  - Online tools for authorization to treat and schedule appointments
  - Locations throughout the country offering extended hours and weekends
- Communication
  - Online results for real-time viewing and tracking
  - Proactive clinical communication so you are always informed
- Consistent Care
  - Consistent training programs, policies and procedures, guidelines, audits to assist with consistent treatment and outcomes
- Cost Savings
  - Focus on minimizing costs and efficiencies in order to offer you the best price available to help your bottom line
- Comfort
  - Expect a clean, friendly environment with basic amenities to make your visit as enjoyable as possible

Specifically, for the City of Lauderhill, we propose using our locations in Broward County to serve your employee population. When your account is in our system it is available to any clinic in our company to see. Therefore, it does not matter which location is utilized, your protocols can be viewed, services accessed, and reporting will be the same. It is our goal to give your employees the very best care available.

We will be meeting with your team on a regular basis, but at least on a quarterly basis, and our care team is accessible via cell phone after hours if needed. We strive to stay on top of any service needs and continue to search for ways to improve our service delivery. We appreciate and value your feedback, as it is critical in that process. If we find that a particular process is not working, we will collectively figure out the best practices.

CareSpot provides the very best service available in the industry. Our partnership with the city will continue to be based on well-defined protocols, so that all services are provided in a timely manner and results are reported to the appropriate individuals.

We appreciate the opportunity to serve you and look forward to the next phase of this process.

## Tab 1: Proposers Qualification Statement

**ATTACHMENT A**  
**PROPOSER'S QUALIFICATIONS STATEMENT**

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

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**PROPOSER'S Name and Principal Address:**

Solantic/South Florida, LLC. DBA Carespot Urgent Care  
PO Box 404978 Atlanta, GA 30384-4978

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**Contact Person's Name and Title:**

Bryan Quintero Business Development Manager

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**PROPOSER'S Telephone and Fax Number:**

954-687-3759

---

**PROPOSER'S Email:**

(Insert email address)

bryan.quintero@carespot.com

---

**PROPOSER'S License Number:**

---

**PROPOSER'S Federal Identification Number:**

27-0081366

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

24 years

---

Names and titles of all officers, partners, or individuals doing business under trade name:

---

**The business is a:**

- Sole Proprietorship ☐
  - Partnership ☐
  - Corporation X ☒
- 

Name, address, and telephone number of surety company and agent who will provide the required bonds on this contract:

No Bond Required

---

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

No

---

Have you personally inspected the proposed WORK, and do you have a complete plan for its performance?

Yes

---

Will you subcontract any part of this WORK? If so, give details including a list of each subcontractor(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):

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

None

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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(ies) 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 five (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

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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 the CITY in awarding the contract and such information is warranted by the 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.

*Bryan Quintero*

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**By:**

(Insert signature of authorized representative)

## Tab 2: Statement of Capabilities

At CareSpot, we are experts in the field of Occupational Health which includes Workers' Compensation Treatment, Dive Physicals, DOT Physicals, Drug Screen Programs, Hearing Conservation, Respiratory Protection, Medical Monitoring, Fire, Police and Corrections Physicals, as well as X-rays and lab work associated with any kind of Occupational Exposure.

CareSpot's model consists of a stand-alone facility that is a minimum of 3,800 square feet. The layout is race track style. The front of the facility is open and inviting. Reception is also open. In the back of the facility is the nurses' station, all patient rooms. Lab and x-ray are located on the periphery.

The center staff members at all levels have been cross trained to provide care, services, treatment, communication, and systems management to enable an effective process flow for your employees. Center staff is certified and are experienced in DOT and non-DOT Drug Screen collections and Breath Alcohol. Please refer to Additional Information for the certifications and license of each staff member.

All of our employees undergo AHCA background checks as well as drug screening. Each employee undergoes rigorous HIPAA, OSHA, and Bio-Hazard training. We prefer employees who have extensive experience in Occupational Medicine and Workers' Compensation service delivery. Each employee will be certified to perform drug screens and breath alcohol testing; we have our own in-house training process. This training is led by a certified trainer.

There is also a formal Workers' Compensation training program for the Physicians, ARNP's and PA's. This has an on-boarding component, a quarterly component, a service review process and an annual opportunity to learn. All designed to assist our providers to provide the very best service in the industry. We take Workers' Compensation very seriously and are committed to continually developing our process and improving where needed.

CareSpot, has also upgraded its drug screen delivery platform. Our partnership with e-Screen has expanded. e-Screen provides the very best in new drug screen management technology. This new IT platform is second to none. The new system provides ease of access to your drug screen program than ever imagined. Your MIS reports are now just a click away. Your census can also be easily uploaded, and the system will manage your random program. It will provide reminders when you may be behind in a particular quarter, making it harder to miss the mark at the end of the year. You can also get your results off of the system very quickly. The lab that we use, Alere, also decreases the time it takes to get your negative results, they run on Saturday, they are the only major lab to do this.

CareSpot has upgraded its electronic medical records reporting capabilities and system configuration by converting its existing IT infrastructure to a new well-established electronic medical record system during the fall of 2013. All CareSpot centers use this new, state-of-the-art electronic medical records system. The new system offers enhanced features and reports and represents an important advancement for CareSpot. You will be able to access all information via the system. No longer will faxes need to be sent unless that is your desire. All results can be obtained by logging into our system, e-Portal. Our clients have been utilizing this system for some time now.

In the South Florida market, we have 10 centers. A center will have a Center Manager, a Registrar, BMO/MA's (back-staff) and a provider.

## Tab 3: Proposal

### Services

The services listed herein are to be considered as the general parameters of the services to be performed for the City:

1. Probable cause/reasonable suspicion drug and alcohol testing
2. Follow-up testing
3. Post-accident testing
4. Medical Review Officer Services
5. After hours and/or 24-hour availability

### Conditions of Services Performed

The City requires that a certain minimum level of service performance be provided for drug and alcohol screens, which shall include, but is not limited to the listing below:

1. After hour service, 7 days a week, 24-hour availability (preferred)
2. On-call availability
3. Collection of two (2) samples at the time of service
4. Visits with no appointment necessary
5. Audit trails for services performed, in writing
6. Complete written documentation of services
7. All drug and alcohol testing to be performed by a licensed laboratory under the Testing Rule of the Florida Administrative Code Rule 59A-24.006
8. Invoicing to be presented monthly with detail of services performed
9. Specimen collection at vendor's facility. The proposer may be asked at times to collect specimens at various City locations and work sites
10. Mandated facilitated positive reporting to the City, with consistent reporting of all negatives
11. All NIDA and Drug-Free Workplace standards must be complied with
12. Provide technical support of the program to the City
13. Chain of Custody procedures to be per NIDA requirements and in accordance with Florida Statutes
14. Reasonable suspicion testing (Drug and Alcohol)

### Administration & Support

**Jose Mejia Romero**, Regional Director South Florida, is the individual responsible for the employees that operate in this market and will be overseeing the services provided to the City of Lauderhill.

**Alexander Krishtuhl, MD**, South Florida Medical Director, responsible for overseeing the providers assigned to this Bid.

**Brian Heinen, MD**, Medical Review Officer

**Bryan Quintero**, Business Development Manager, is responsible for providing direction in service protocol and pricing.

### Centers

CareSpot will utilize all locations in Broward County for this RFP. Please review the list and location information. Please see attached document located in Tab 6 Attachments in this RFP for complete location information.

## Approach

We pride ourselves on providing excellent customer service. It is imperative to our collective success that we communicate openly and often. Quarterly meetings at the minimum are a good start, sooner if need be. However, let us know immediately if an issue arises, we prefer to deal with things immediately as they come up. Our relationship should begin with mutual understanding, expectations and well-defined protocols.

All our locations will be available for testing. We will require an authorization requesting a specific service. This authorization can be faxed, it can be verbal over the phone, you can also be carried in by the employee. We want to ensure that the correct test is given and reported accordingly.

**Services will be available during and after regular work hours, with or without advance notice, any day of the week.**

If after hours (anything after 8pm) please call the NMS dispatch Line, they will meet you on-site, please allow for up to 2 hours for the collector to arrive.

While most collections of specimens will be completed at our facilities, we understand that we will be asked at times to collect specimens at various City locations and work sites. CareSpot shall perform drug testing according to city policy and/or collective bargaining agreement guidelines, Department of Transportation guidelines for person's requiring a Commercial Driver's license, guidelines set forth in the Testing Rule of the Florida Administrative Code Rule 59A-24.006, and as laid out by the National Institute of Drug Abuse (NIDA) for the standard industrial substance abuse ten (10) panel testing. The substance abuse ten (10) panel test used for non-Department of Transportation drug screens includes, but not limited to:

- ☐ Alcohol
- ☐ Amphetamines
- ☐ Barbiturates
- ☐ Benzodiazepines
- ☐ Cocaine
- ☐ Metabolites (benzoylecgonine)
- ☐ Marijuana metabolites (delta-9-tetrahydro-cannabinol-9carboxylic acid)
- ☐ Methaqualone
- ☐ Opiates
- ☐ Phencyclidine
- ☐ Propoxyphene

Our Medical Review Officer (MRO) will review and follow-up on positive test results. CareSpot will provide a digital copy of the report in a timely manner. Test results shall be treated with the same confidentiality as other medical records. All samples that test positive on a screening test shall be confirmed by gas chromatography/mass spectrophotometry [GC/MS].

## Tab 4: Specific Related Experience of the Firm

### City of Jacksonville 2011 - Current

Leah Hayes, Chief of Talent Management

leahh@coj.net

904 255 5597

Primary

Drug and Alcohol Testing and workers compensation.

Quarterly meetings to discuss and review how our progress is going for each other.

### City of Sunrise 08/23/2018 - Current

Ezechiel DeZine, Human Resources

edezine@sunrisefl.gov

786 718 9549

Primary

Drug Testing, Alcohol Testing, Physicals, Workers Compensation.

We struggled to understand the different physicals and associated paperwork, we had an in-person meeting, created binders and packets to make it easier for the staff to understand, we also helped them create physical agility test tailored to the position individuals were applying for. Since then, there have been no issues, we are in constant communication with Ezechiel to make sure that we are meeting the city's expectations.

### City of Coral Springs 04/03/2024

Tracy Szatkowski, Risk Manager

[tszatkowski@coralsprings.gov](mailto:tszatkowski@coralsprings.gov)

954 826 8254

Primary

Drug Testing, Alcohol Testing, and Workers Compensation

We work with the city to make sure they are compliant with Florida Drug Free Workplace and worked with eScreen to create a FDFW compliant CCF. When they want to discuss any upcoming changes or process, we meet with them and the TPA through teams. We reach out to them monthly to help with any concerns and ensure they are satisfied with the service provided.

### City of Pembroke Pines

Carla Maglio, Human Resources Director

cmaglio@ppines.com

954 392 2090

Primary

Drug Testing, Alcohol Testing, Workers Compensation, Physicals (General, Police, Fire)

When there are issues, we have meetings in person and the lines of communication are always open.

### Greater Orlando Aviation Authority

Dr. Randolph Hudgins, Vice President, Human Resources

[randolph.hudgins@goaa.org](mailto:randolph.hudgins@goaa.org)

407 825 2328

Primary

Drug Testing, Alcohol Testing, Workers Compensation, and Physicals

## Tab 5: Cost Schedule

ATTACHMENT C

**COST SCHEDULE**

The testing of urine and/or alcohol samples will be requested on an as-needed basis. The number of donors to be tested will vary. Proposer shall use the space provided below to quote the cost per negative and positive sample.

---

**DRUG AND ALCOHOL TESTING**

**Testing Category**

no extra charge for  
weekends and Holidays,  
hours may Vary on holidays.

**Unit Cost**

Alcohol Breathalyzer Test (8am-8pm)

On-Site Fee(8am-8pm) \$250  
(onsite=we go to you)

\$30\_\_\_\_\_

Drug Screen – DOT – 5-Panel (8am-8pm)

\$35\_\_\_\_\_

Drug Screen – 10-Panel (8am-8pm)

\$35\_\_\_\_\_

Drug Screen – DOT – 5-Panel (after 8pm) \$65\_\_\_\_\_

Drug Screen – 10-Panel (after 8pm) \$65\_\_\_\_\_

Alcohol Breathalyzer (after 8pm) \$65\_\_\_\_\_

(after hours onsite fee \$400 first hour, \$75 each additional hour after the first)

GC/MS Testing

\$Included\_\_\_\_\_

**Is your company a local vendor?** (if yes, please provide a copy of your valid city-issued business license)

Yes \_\_\_\_\_ No ☒ X\_\_\_\_\_

---

**Name & Address of Company Submitting Bid:**

Solantic/South Florida, LLC .dba Carespot Urgent Care  
Po Box 404978 Atlanta, GA

**Zip** 30384-4978

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**Federal Employer Identification #:**27-0081366

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**Telephone Number:**954-687-3759

**Fax Number:** 407-581-9673

**Email:** bryan.quintero@carespot.com

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## Tab 6: Attachments

ATTACHMENT B

**NON-COLLUSIVE AFFIDAVIT**

**STATE OF** Florida  
**COUNTY OF** Broward

**[Carespot Urgent Care]**, being first duly sworn, deposes and says that:

**BIDDER** is the

(Owner, Partner, Officer, Representative, or Agent)

Representative

**BIDDER** 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;

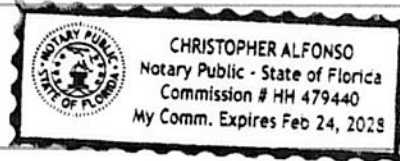
Neither the said **BIDDER** nor any of its officers, partners, owners, agents, representatives, employees, or parties in interest, including this affidavit, have in any way colluded, conspired, connived, or agreed, directly or indirectly, with any other **BIDDER**, firm, or person to submit a collusive 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 **BIDDER**, firm, or person to fix the price or prices in the attached Bid or any other **BIDDER**, or to fix any overhead, profit, or cost element of the Bid Price or the Bid Price of any other **BIDDER**, 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 **BIDDER** or any other of its agents, representatives, owners, employees, or parties in interest, including this affidavit.

By *Am Orit*  
(Signature of Bidder)

Subscribed and sworn to before me this 24 day of  
April, 2025

*Christopher Alfonso*  
Notary Public (Signature)



My Commission Expires: 02/24/2028

Be sure to complete all blanks with the appropriate information, and have the affidavit notarized before submission. Let me know if you need further assistance with any part of this!

ATTACHMENT C

**COST SCHEDULE**

The testing of urine and/or alcohol samples will be requested on an as-needed basis. The number of donors to be tested will vary. Proposer shall use the space provided below to quote the cost per negative and positive sample.

---

DRUG AND ALCOHOL TESTING		no extra charge for weekends and Holidays, hours may Vary on holidays.	Unit Cost
Testing Category			
Alcohol Breathalyzer Test (8am-8pm)		On-Site Fee(8am-8pm) \$250 (onsite=we go to you)	\$30_____
Drug Screen – DOT – 5-Panel (8am-8pm)			\$35_____
Drug Screen – 10-Panel (8am-8pm)			\$35_____
Drug Screen – DOT – 5-Panel (after 8pm)	\$65_____		
Drug Screen – 10-Panel (after 8pm)	\$65_____		
Alcohol Breathalyzer (after 8pm)	\$65_____		
(after hours onsite fee \$400 first hour, \$75 each additional hour after the first)			
GC/MS Testing			\$Included_____

---

**Is your company a local vendor?** (if yes, please provide a copy of your valid city-issued business license)

Yes \_\_\_\_\_ No X\_\_\_\_\_

---

**Name & Address of Company Submitting Bid:**

Solantic/South Florida, LLC .dba Carespot Urgent Care  
Po Box 404978 Atlanta, GA

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**Zip** 30384-4978

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**Federal Employer Identification #:**27-0081366

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**Telephone Number:**954-687-3759  
**Fax Number:** 407-581-9673  
**Email:** bryan.quintero@carespot.com

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ATTACHMENT D

**CONFIRMATION OF DRUG-FREE WORKPLACE**

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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 contendere 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.

**Signer's Name** (Typed or Printed): Bryan Quintero  
**Title of Signer:** Business Development Manager

**Vendor's Signature:** Bryan Quintero

<b>POLICY TITLE:</b> Substance Abuse; Drug and Alcohol Testing	<b>NUMBER OF PAGES:</b> 6
<b>DATE EFFECTIVE:</b> 11/01/2014	<b>DATE REVISED:</b> 08/01/2022

### **ELIGIBILITY**

All CareSpot team members are subject to this policy.

### **PURPOSE**

#### **Substance Abuse and Drug and Alcohol Testing Policy**

CareSpot is committed to establishing and maintaining a safe work environment and to fostering the well-being and health of its Team Members. Given the potential risk to clients, fellow Team Members, and the public if CareSpot Team Members perform their duties while using or under the influence of drugs and/or alcohol, CareSpot has adopted this substance abuse and drug and alcohol testing policy. This policy applies to all Team Members of CareSpot and all applicants for employment with CareSpot.

### **PROCEDURE**

#### **Substance Abuse**

1. CareSpot prohibits Team Members from being under the influence of Drugs or alcohol or being impaired by medically recommended marijuana during working hours, while on CareSpot business, or while on CareSpot's property.
2. CareSpot prohibits the manufacture, use, sale, distribution, possession, purchase, transfer or purchase of drugs, alcohol, or medically recommended marijuana during working hours, while on CareSpot business, or while on CareSpot's property.
3. CareSpot prohibits Team Members from manufacturing, using selling, distributing, possessing, or purchasing equipment, products and materials that are used, intended for use, or designed for use with Drugs during working hours, while on CareSpot business, or while on CareSpot's



- property.
4. CareSpot prohibits Team Members from reporting to or being at work with any detectable amount of alcohol or Drugs in his or her body. CareSpot further prohibits any Team Member from being on duty, whether on or off CareSpot property, with any detectable amount of alcohol or Drugs present in his or her body.
  5. No prescription drugs may be brought on CareSpot's property by any person other than the person for whom it is prescribed. Medically recommended marijuana may not be brought on CareSpot's property by any person, including the Team Member for whom it was recommended. Team Members may not use medically recommended marijuana on CareSpot's property. Prescribed drugs and medically recommended marijuana may be used only in the manner, combination and quantity prescribed or recommended. If the use of such prescribed drugs, medically recommended marijuana, or over-the-counter drugs may affect behavior and job performance, or if Team Members are in safety-sensitive positions, Team Members must advise their supervisors or Human Resources.
  6. In general, CareSpot will not ask Team Members to identify the medication(s) they are taking or any underlying illnesses, injuries, or medical conditions. However, subject to applicable law, CareSpot reserves the right to request medical information in order to establish the existence of a covered disability, consider potential accommodations, and determine whether a Team Member may present a direct threat to the health or safety of the Team Member or others. Subject to applicable law, CareSpot reserves the right to take such action as may be necessary to prevent unsafe workplace practices and to protect the health and welfare of Team Members, clients, and the public.

Team Members who violate CareSpot's Substance Abuse Policy may be subject to discipline, up to and including termination. Each Team Member has a responsibility to immediately report unsafe working conditions or hazardous activities that may jeopardize work safety, including any violation of this policy. Any Team Member who fails to report such a violation will be subject to discipline, up to and including termination.

## **Drug and Alcohol Testing**

As a part of CareSpot's Drug and Alcohol Testing Policy, Team Members and/or applicants for employment may be required to submit to a drug and/or alcohol screen and test. This policy shall be interpreted and applied such that all drug and alcohol testing and related policies and procedures are compliant with applicable state and federal laws and regulations. The application of this policy, and the procedures and definitions set forth herein, may be modified in accordance with changes in applicable law and regulations.

### **Applicant Testing:**

CareSpot requires all applicants for employment to take and successfully pass a pre-employment drug test. Subject to applicable law, CareSpot may deny employment to applicants who refuse to test and applicants who have a confirmed positive test; provided that, applicants who test positive may contest the test results as set forth below. A "negative" dilute test result will require a subsequent test. If the subsequent test result is "negative" dilute, it will be accepted as a negative test result.

### **Current Team Member:**

Any CareSpot Team Member (including officers, directors, and supervisors) may be requested to undergo a drug and alcohol test under the following circumstances:

1. Where CareSpot has a reasonable suspicion that the Team Member is under the influence of or impaired by alcohol, any drug(s) or medically recommended marijuana during working hours or while on CareSpot business or property, or that a Team Member has reported to work with drugs and/or alcohol in his or her blood or urine.
2. Where a Team Member is involved in a work-related accident or incident, CareSpot reasonably believes the Team Member may have contributed to the accident or incident, and there is a reasonable basis for concluding that Drug and/or alcohol use and/or impairment by medically recommended marijuana could have caused or contributed to the accident/incident; provided that, the test is taken as soon as practicable after the accident or incident.
3. Where the Team Member has had a positive drug test, in which case the



Team Member may be subjected to periodic testing for a period of one year from the date of the positive drug test.

4. Where the Team Member has a test, which reflects impairment due to the use of medically recommended marijuana, in which case the Team Member may be subjected to periodic testing for a period of one year from the date of the test.
5. For any other job-related purpose consistent with business necessity, unless otherwise prohibited by law or regulation.

**Refusal to Test:** Team Members who refuse testing will immediately be placed on unpaid administrative leave and may be subject to termination of employment or other disciplinary action. Applicants who refuse to undergo testing are not eligible for hire.

**Confirmed Positive Test Results:** Positive test results will be confirmed by a subsequent test, using a different chemical process than used in the initial screen. Testing of a qualified patient that confirms the use of medically recommended marijuana may result in further testing to determine whether the Team Member is impaired. Team Members who receive a confirmed positive test will be notified verbally by management that they are being placed on unpaid administrative suspension pending a review and determination of appropriate disciplinary action. The action, up to and including termination of employment will be communicated to the Team Member as soon as reasonably possible under the circumstances.

**Contesting Positive Test Results:** Any Team Member or job applicant who received a confirmed positive test result may contest or explain the result to CareSpot in writing or otherwise request an opportunity to explain the result to CareSpot in a confidential setting. The Team Member or job applicant has the right to retest a confirmed positive sample at the same laboratory used to conduct initial or confirmatory testing or at another approved laboratory. To exercise this right, the Team Member or job applicant must request release of the sample in writing and specify the approved laboratory to which the sample is to be sent if different than the original drug testing laboratory. The Team Member or job applicant will be responsible for all expenses related to the retesting pursuant to this request, subject to applicable law.

**“Negative” Dilute Test Results:** “Negative” dilute test results will be confirmed by a subsequent test. If the subsequent test is “negative” dilute, it will be accepted

as a negative test result.

**Prescribed Medication:** Medications can affect the sample and test results. The Medical Review Officer will contact the applicant or Team Member with any questions regarding medications, prescribed or over the counter.

**Medical Marijuana and Safety-Sensitive Positions:** CareSpot complies with applicable state laws regarding the use of medically recommended marijuana. However, Team Members, including Team Members who are cardholders and authorized to use medically recommended marijuana, are not permitted to use, possess, or be impaired by marijuana during working hours or while on CareSpot business or property. In addition, due to the nature of CareSpot's business, CareSpot has designated as safety sensitive positions any role with patient contact or any role with access to HIPPA protected information. TeamMembers who are cardholders and authorized to use medically recommended marijuana may not be placed or retained in safety-sensitive positions.

**Team Member Confidentiality:**

All information, interviews, reports, test results, statements, memoranda, and other communications, received by CareSpot relevant to drug test or alcohol impairment test results and received through CareSpot's testing program are confidential communications and may not be used, received, or disclosed except as permitted or required by law or pursuant to court order.

**Team Member Assistance:**

Team Members with substance abuse problems are encouraged to seek assistance for a substance abuse problem because continued job performance problems, attendance problems or behavioral problems will jeopardize a Team Member's job.

**DEFINITIONS**

1. The term "**drug**" shall mean any substance considered unlawful under the Controlled Substances Act, or the metabolite of the substance, and any non-prescribed controlled substances.
2. The term "**impaired**" means symptoms tending to show that an applicant or Team Member while working may be under the influence of drugs or

alcohol that may decrease or lessen the Team Member's performance of the duties or tasks of the Team Member's job position, including symptoms of the Team Member's speech, walking, standing, physical dexterity, agility, coordination, actions, movement, demeanor, appearance, clothing, odor, irrational or unusual behavior, negligence or carelessness in operating equipment, machinery or production or manufacturing processes, disregard for the safety of the Team Member or others, involvement in an accident that results in serious damage to equipment, machinery or property, disruption of a production or manufacturing process, any injury to the Team Member or others or other symptoms causing a reasonable suspicion of the use of drugs or alcohol.

3. The term "**property**" means all land, buildings, structures, parking lots, equipment and means of transportation owned, possessed, or leased by CareSpot.
4. The term "**Safety Sensitive Position**" means a position in which the Team Member's tasks or duties could affect the safety or health of the Team Member, patients or others, and any position in which a Team Member must handle medication.

A handwritten signature in black ink, appearing to read "B. D. [unclear]".

ATTACHMENT E

**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 Lauderhill, Florida, against all persons claiming the whole or any part thereof.
5. Proposer understands that if a team is shortlisted 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 all questions. Proposer hereby indemnifies the City of Lauderhill and the persons and entities listed above and holds them harmless from any claim arising from such authorization or the exercise thereof, including the dissemination of information pursuant thereto.

---

Submitted on this 30th day of April, **20.25**

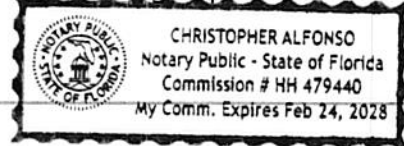
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STATE OF FLORIDA

COUNTY OF Palm Beach

Sworn to and subscribed before me on this 24 day of April, 2025 by Bryan Quinto who ☐ is personally known to me or who ☒ has presented the following type of identification: State of Florida Driver License

Christopher Alfonso



Signature of Notary Public, State of Florida  
Notary seal (stamped in black ink)

OR

Printed, typed or stamped name of Notary and Commission Number

CERTIFICATE (For Corporation)

I HEREBY CERTIFY that a meeting of the Board of Directors of Solantic (South Florida), a corporation under the laws of the State of Delaware held on April 30, 2025, the following resolution was duly passed and adopted:

"RESOLVED, that Bryan Quinto, as Business Development Manager of the Corporation, is hereby authorized to execute the Bid Form dated April 30, 2025, 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 30 day of April, 2025

(Secretary)



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

**Witness:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Printed Name, Title:** \_\_\_\_\_

(If a corporation, affix seal)

**Company:** SOLANTIC / SOUTH FLORIDA, LLC.

**By:** BRYAN QUINTERO

**Attested by Secretary:** [Signature]

**Printed Name, Title:** W. GREGG POND, III VP SALES & OCCUPATIONAL HEALTH SERVICES

**Incorporated under the laws of the State of:** DELAWARE

### CERTIFICATE (For Partnership)

I HEREBY CERTIFY that a meeting of the partners of Solantic/South Florida, LLC., a Partnership under the laws of the State of Delaware held on 30th, April, 2025, the following resolution was duly passed and adopted:

*"RESOLVED, that Bryan Quintero as Business Development Manager of the Partnership, is hereby authorized to execute the Bid Form dated 30th of April, 2025, between the City of Lauderhill, Florida, and this Partnership, and that the execution thereof, attested by the \_\_\_\_\_ of the Partnership be the official act and deed of this Partnership."*

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**.

[Signature]

**(Signature)**

**(Title)** Business development Manager

STATE OF FLORIDA

COUNTY OF Palm Beach

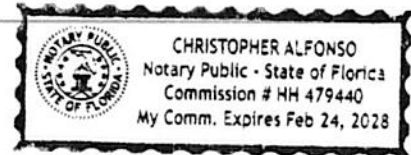
Sworn to and subscribed before me on this 24 day of April, 2020 by Bryan Quintro who ☐ is personally known to me or who ☒ has presented the following type of identification: State of Florida Driver license.

Christopher Alfonso

**Signature of Notary Public, State of Florida**  
**Notary seal (stamped in black ink)**

OR

**Printed, typed or stamped name of Notary and Commission Number**



ATTACHMENT F

**LIST OF SUBCONTRACTORS**

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The Proposal shall list below the names and business address of each subcontractor who will perform work under this Proposal in excess of one-half of one percent of the Contractor's Total Proposal Price, and shall also list the portion of the Work that will be done by such subcontractor. The listing of more than one subcontractor for each item of work to be performed with the words "and/or" will not be permitted. Failure to comply with this requirement will render the Proposal as non-responsive and may cause its rejection.

---

<b>Work to Be Performed</b>	<b>% Total Contract</b>	<b>Contractor License No. (if applicable)</b>	<b>Subcontractor Name/Address</b>
Anything after hours (after 8pm)			NMS Management Services, Inc. 2901 S. Congress Ave. Palm Springs, FL 33461

---

*Please ensure to list the specific work to be performed, the percentage of the total contract the subcontractor will complete, the contractor's license number (if applicable), and the subcontractor's name and address as requested.*



ATTACHMENT G

**REFERENCES**

Please list a minimum of five (5) government agencies, with whom you have done business during the last five years, as well as the types of advertising service provided. (Please use additional sheets if you wish to provide additional references).

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<b>Agency/Firm Name</b>	<b>Contact Name</b>	<b>Address, City, St., Zip</b>	<b>Phone/Fax Email</b>	<b>Services Provided</b>
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ON Next Page

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*Please ensure all requested information is filled out for each reference, providing a complete and accurate listing of your past clients.*

## Tab 4: Specific Related Experience of the Firm

### City of Jacksonville 2011 - Current

Leah Hayes, Chief of Talent Management

leahh@coj.net

904 255 5597

Primary

Drug and Alcohol Testing and workers compensation.

Quarterly meetings to discuss and review how our progress is going for each other.

### City of Sunrise 08/23/2018 - Current

Ezechiel DeZine, Human Resources

edezine@sunrisefl.gov

786 718 9549

Primary

Drug Testing, Alcohol Testing, Physicals, Workers Compensation.

We struggled to understand the different physicals and associated paperwork, we had an in-person meeting, created binders and packets to make it easier for the staff to understand, we also helped them create physical agility test tailored to the position individuals were applying for. Since then, there have been no issues, we are in constant communication with Ezechiel to make sure that we are meeting the city's expectations.

### City of Coral Springs 04/03/2024

Tracy Szatkowski, Risk Manager

[tszatkowski@coralsprings.gov](mailto:tszatkowski@coralsprings.gov)

954 826 8254

Primary

Drug Testing, Alcohol Testing, and Workers Compensation

We work with the city to make sure they are compliant with Florida Drug Free Workplace and worked with eScreen to create a FDFW compliant CCF. When they want to discuss any upcoming changes or process, we meet with them and the TPA through teams. We reach out to them monthly to help with any concerns and ensure they are satisfied with the service provided.

### City of Pembroke Pines

Carla Maglio, Human Resources Director

cmaglio@ppines.com

954 392 2090

Primary

Drug Testing, Alcohol Testing, Workers Compensation, Physicals (General, Police, Fire)

When there are issues, we have meetings in person and the lines of communication are always open.

### Greater Orlando Aviation Authority

Dr. Randolph Hudgins, Vice President, Human Resources

[randolph.hudgins@goaa.org](mailto:randolph.hudgins@goaa.org)

407 825 2328

Primary

Drug Testing, Alcohol Testing, Workers Compensation, and Physicals

ATTACHMENT H

**ACKNOWLEDGEMENT OF ADDENDUM**

**RFP 2025-040** \_\_\_\_\_  
**TITLE** Drug and Alcohol  
**Testing** \_\_\_\_\_

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:**

**Address:**

**Signature** Bryan Quintero **Date** 05/06/2025

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

## **Affidavit of Compliance with Anti-Human Trafficking Laws**

Pursuant to Section 787.06(13) of the Florida Statutes, the undersigned, on behalf of Entity, hereby affirms under penalty of perjury the following:

1. Entity does not engage in the use of coercion for labor or services as defined in Section 787.06, Florida Statutes, relating to "Human Trafficking."
2. The undersigned is duly authorized to execute this affidavit on behalf of the Entity, and affirms that the statements made herein are true and correct under penalty of perjury.

Dated this 30th day of April, **2025**

Signed: Bryan Quintero  
Name: Bryan Quintero  
Title: Business Development Manager  
Entity: Carespot Urgent Care



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/24/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> MARSH USA, LLC. 1166 Avenue of the Americas New York, NY 10036  CN144925537-EXT-GAWU-24-25	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b>	
<b>INSURED</b> CareSpot Urgent Care 10151 Deerwood Park Blvd Building 400 - Suite 200 Jacksonville, FL 32256	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Coverys Specialty Insurance Company	<b>NAIC #</b> 15686
	<b>INSURER B:</b> American Guarantee and Liability Company	26247
	<b>INSURER C:</b> N/A	N/A
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** NYC-012269665-01 **REVISION NUMBER:** 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			005NC000049122	12/01/2024	12/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PRA 7468254	12/01/2024	12/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b>						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Medical Professional Liability			005NC000049122	12/01/2024	12/01/2025	Limit: 2,000,000 Deductible: 100,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
Certificate Holder is included as additional insured where required by written contract with respect to general liability.

## CERTIFICATE HOLDER

## CANCELLATION

City of Lauderhill Finance Department 5581 West Oakland Park, Lauderhill, FL 33319	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  <i>Marsh USA LLC</i>

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## **AFTER-HOURS PROTOCOL**

**1.)Contact NMS Dispatcher (866-803-4150)**

**2.)Advise dispatcher that it is a DOT or non-DOT collection.**

**3.)Provide Dispatcher with the following information:**

- a) Name of your company**
- b) Name of Donor**
- c) Collection Site Location**
- d) Point of Contact including phone number**

**Upon receiving the call, the collector will then call the “Point of Contact” to confirm and verify the following:**

**1.)Collection Site Location**

**2.)Name of Donor**

**3.)Services to be Performed (Drug, Breath Alcohol or Both)**

**4.)Reason for the Test (Post-Accident or Reasonable Suspicion)**

**5.)Please advise the collector if the donor will have a chain of custody or if we must provide the chain of custody form.**

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <b>Solantic/South Florida, LLC</b>	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)
	<b>2</b> Business name/disregarded entity name, if different from above. <b>CareSpot Express Healthcare</b>	
	<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> <b>LLC.</b> Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>C</b> <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	
	<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>	
	<b>5</b> Address (number, street, and apt. or suite no.). See instructions. <b>PO Box 404978</b>	
<b>6</b> City, state, and ZIP code <b>Atlanta, GA 30384-4978</b>		
<b>7</b> 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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.


<b>Social security number</b>									
			-				-		
<b>or</b>									
<b>Employer identification number</b>									
2	7	-	0	0	8	1	3	6	6

**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.

<b>Sign Here</b>	Signature of U.S. person 	Date <b>1/1/25</b>
------------------	--	--------------------

**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](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they