

<p align="center">COUNTY OF ROCKLAND - DGS-PURCHASING</p> <p align="center">BLDG. A., 2ND FLOOR, 50 SANATORIUM RD, POMONA, NY 10970</p> <p align="center">TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809</p>		PAGE: 1
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REQUEST FOR PROPOSAL

REQUEST FOR PROPOSAL DEFINITION:



BID DISTRIBUTION - Important Notice - The County of Rockland officially distributes bidding documents from the Purchasing Division Office or through the Hudson Valley Municipal Purchasing Group's Regional Bid Notification System. Copies of bidding documents obtained from any other source are not considered official copies. Only those vendors who obtain bidding documents from either the Purchasing Division Office or the Regional Bid Notification System are guaranteed to receive addendum information, if such information is issued.

If you have obtained this document from a source other than the Rockland County Purchasing Division or the HVMPG Regional Bid Notification System it is recommended that you obtain an official copy.

You may obtain an official copy by registering on the HVMPG Regional Bid Notification System at www.rcpurchasing.com

An RFP defines the situation or object for which the goods and or services are required, how they are expected to be used and/or problems that they are expected to address. Vendors are invited to propose solutions that will result in the satisfaction of the County's objectives in a cost-effective manner. The proposed solutions are evaluated against a predetermined set of criteria of which price may not be the primary consideration.

Closing date for the Request for Proposal is 5:00 pm, local time, on MAY 19, 2006.

Send MARKED ORIGINAL AND TWO (2) copies of each proposal.

Please use the above RFP number on all correspondence.

For further information contact:

Paul J. Brennan, CPPB, C.P.M.
Director of Purchasing
Department of General Services – Purchasing Division
50 Sanatorium Road, Building A, 2nd floor
Pomona, NY 10970
Telephone: 845-364-3820
Telefax: 845-364-3809

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THIS RFP IS IN TWO PARTS:

PART A – Administrative Section and PART B – Requirements Sections

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PART A – ADMINISTRATIVE SECTION

INTRODUCTION

COUNTY MISSION

We shall serve the people of Rockland County well by providing needed services in a high quality, ethical, courteous, timely and cost effective manner.

COUNTY OF ROCKLAND GOVERNMENT OVERVIEW

Rockland County, the smallest county (geographically) in New York State north of New York city, is a triangle in shape of about 176 square miles, 18 by 20 miles on its borders. It is situated on the west bank of the Hudson River, its geographical center 33 miles north of the Metropolitan Business district (NYC).

Rockland is part of a Multi-county region, which forms the New York Metropolitan Area. The County's population at 265,475 in 1990 represented a growth rate increase of 2.3% above 1980 population figures.

In accord with the governmental structure prevalent in New York State, local government powers are distributed to the county, towns and villages. The County has a 17-member legislature, elected County Executive and other Officials. Among the major County functions are consumer protection, special education, elections, health/social services, selected highways, manpower, parks, a sewer treatment plant and public transportation.

RFP TERMINOLOGY

Generally, throughout this RFP the following terminology is used:

- “Mandatory” – a requirement that must be met in a substantially unaltered form. The terms “must”, “required” and “will” are also used to indicate mandatory requirements.
- “Desirable” – a requirement has a high degree of importance to the objectives of this RFP. The term “should” also indicates a desirable requirement.
- “Optional” – a requirement that is not considered essential, but for which evaluation credit may be given. The terms “may”, and “can” also indicate option requirements.

PROPOSAL PREPARATION AND SUBMISSION

All submissions must conform to the Vendor Response Format and all the Requirements as outlined in Part B - “Requirements Section”. Proposers are cautioned to read the requirements carefully and follow the response format of this Request for Proposal as any deviation from the format and requirements listed, may be cause for rejection.

RECEIPT CONFIRMATION FORM

Upon receipt, fill out the attached Receipt Confirmation Form (Appendix A) and fax it to the County. All subsequent information regarding this RFP will be directed only to those who return the form with an indication that they intend to submit a proposal.

PROPOSERS MEETING

Details regarding a pre-bid meeting are defined in Part B – Requirements Section.

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CLOSING DATE

MARKED ORIGINAL AND ALL copies of each proposal must be received at 50 Sanatorium Road, Building A, 2nd Floor, Pomona, NY 10970 by 5:00 PM, local time on the date specified in the Summary of Key Information, Appendix B. Addressed to:

Paul J. Brennan, CPPB, C.P.M.
Director of Purchasing
Department of General Services – Purchasing Division
50 Sanatorium Road, Building A, 2nd floor
Pomona, NY 10970
Telephone: 845-364-3820
Telefax: 845-364-3809

PROPOSALS MUST BE CLEARLY MARKED WITH THE NAME AND ADDRESS OF THE PROPOSER AND THE RFP NUMBER ON THE ENVELOPE AND/BOX.

FORMAT OF PROPOSAL

MARKED ORIGINAL AND ALL copies of the proposer's proposal should be arranged as follows:

- **Title Page:** showing RFP number, closing date and time, proposer name, address, telephone number, and contact person.
- **Letter of Introduction:** one page, introducing the company and signed by the person(s) authorized to sign on behalf of, and bind the company to, statements made in response to this RFP.
- **Company Profile and Vendor Information:** addressing the Company Profile and Vendor Information points documents in Part B - Requirements Section.
- **Detailed Response:** addressing each of the items listed under Evaluation Criteria detailed in Part B – Requirements Section.
- **References:** provide a minimum of five (5) references for similar projects completed; include contact name, telephone number, date of contract, date of completion, and dollar value of contract.
- **Cost Proposal** – addressing all costs.

Proposers must conform to instructions given regarding proposal requirements as detailed in Part B – Requirements Section

MANDATORY REQUIREMENTS

Part B of this RFP includes mandatory requirements. Proposals must meet all mandatory requirements.

AMERICANS WITH DISABILITIES

“The County of Rockland is committed to full compliance with the Americans with Disabilities Act. To that end, the County is committed to creating an accessible environment for all. To request accommodations that you may require, please call Ann Marie Curley at (845) 364-3820. Please request these accommodations four (4) business days in advance so that we can seek to meet your needs.”

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TERMS AND CONDITIONS

INQUIRIES

All inquiries related to this request for proposal are to be in writing to the County as noted on the Summary of Key Information. Information obtained from any other source is not official and may be inaccurate. Do not contact any other person involved. Inquiries and responses will be recorded and may be distributed to all proposers at the County's option.

NOTIFICATION OF CHANGES

All recipients of this request for proposal who have returned the Receipt Confirmation Form will be notified regarding any changes made to this document.

CHANGES TO PROPOSAL WORDING

No changes to wording of the proposal will be accepted after submission unless request by the County.

FUNDING

All County expenditures are subject to appropriation of funds. Therefore, the County reserves the right to discontinue the RFP process if funding is not available.

OWNERSHIP OF PROPOSALS

All responses to this request for proposal become the property of the County.

PROPOSERS EXPENSES

Prospective proposers are solely responsible for their own expenses in preparing a proposal and subsequent negotiations with the County, if any.

CONTRACT SOLUTION

The County reserves the right to award a contract in part or in full, or not at all, on the basis of responses received.

ACCEPTANCE OF PROPOSALS

This RFP should not be construed as a contract to purchase goods or services. The County is not bound to accept the lowest price or any proposal of those submitted.

LIABILITY OF ERRORS

While the county has used considerable efforts to ensure an accurate representation of information in this RFP, all prospective proposers are urged to conduct their own investigations into the material facts and the County shall not be held liable or accountable for any error or omission in any part of this RFP.

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ACCEPTANCE OF TERMS

All the terms and conditions of this RFP are deemed to be accepted by the proposers and incorporated in its proposal except those conditions and provisions that are expressly excluded by the proposal.

QUOTES FROM THE MARKETPLACE

The County reserves the right to consider quotes from the marketplace from suppliers other than those invited to respond to this solicitation.

PAYMENT HOLDBACK

The County shall not pay the total contract price until the requirements outlined in this RFP have been met. Any holdback amount will be decided as part of the contract negotiations, or as specified in the RFP.

FINANCIAL STABILITY

The successful proposer must demonstrate financial stability and the County reserves the right to conduct independent background checks to determine the financial strength of any and all organizations or individuals submitting proposals.

NEGOTIATION DELAY

If any contract cannot be negotiated within thirty (30) days of notification to the designated proposer, the County may terminate negotiations with that proposer and negotiate a contract agreement with another proposer of its choice.

SHORTLIST

Unless there is a successful proposer based on the responses, the evaluation procedure will be to develop a shortlist based on the stated criteria. The shortlist of proposers may be asked to prepare a presentation and/or provide additional information prior to the final selection.

DEBRIEFING

Upon written request from an unsuccessful proposer, the Director of Purchasing will arrange for a debriefing session. The debriefing is not to be seen as an opportunity to challenge the decision. Once debriefing ends, the RFP process is finished and the RFP will not be discussed further with the proposer at any time.

SUBCONTRACTING

Utilizing a subcontractor, who must be clearly identified, to remedy deficiencies in the prime proposer's product or service is acceptable. This also includes a joint submission by two proposers having no formal corporate links. However, in this case, one of these proposers must be prepared to take overall responsibility for successful interconnection of the two-product/service lines and this must be defined in the proposal. Subcontracting to any firm or individual involved in the preparation of this RFP will not be permitted.

DEFINITION OF CONTRACT

The County may at its option notify a proposer in writing that its proposal has been accepted and such acceptance shall at the County's option constitute the making of a formal contract for the services set out in the RFP. Alternatively, the subsequent full execution of a written contract shall constitute the making of a contract

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for services, and no proposer shall acquire any legal or equitable rights or privileges whatever relative to the services until the County has delivered either a signed notice in writing to the proposer or a fully executed written agreement to the proposer.

LABOR DISRUPTIONS

Any contract resulting from this Request For Proposal process is subject to the right of the County to postpone acceptance of delivery and payment by the County in the event of any form of labor disruption.

CONTRACT ADMINISTRATOR

A contract administrator will be assigned to oversee the contract awarded to the successful proposer. In addition, the successful proposer will be expected to name a counterpart project manager. The proposer's project manager will be responsible for providing scheduled status reports to the contract administrator or his designee.

COMPLIANCE WITH LAWS

The contractor shall give all notices and obtain all the licenses and permits required to perform the work. The contractor shall comply with all the laws applicable to the work or the performance of the contract.

AMENDMENTS TO SOLICITATION

Any verbal information obtained from or statements made by the Representative of the County of Rockland or his designee at the time of examination of the documents or site shall not be construed as, in any way, amending Contract documents. Only such corrections or addenda as are issued by the Director of Purchasing in writing to all Contractors shall become a part of the Contract. Any addendum issued during the time of solicitation shall be included in bids and become a part of the Contract Agreement.

FAILURE TO PERFORM

Should the Contractor fail to perform as required by the specifications, the county may cancel the order and/or contract. In such event, the County will assume no responsibility for, nor will it reimburse the Contractor for any expense or loss to the contractor because of such termination or cancellation. County will then purchase products/service on the open market and charge back the differences to defaulting vendor.

COMPLIANCE WITH GOVERNING LAWS

This RFP and any contract entered into between the proposer and the County shall be governed by and in accordance with the laws of County of Rockland, the State of New York and the United States of America.

The Contractor shall comply with all the provisions of laws in the County of Rockland, the State of New York and of the United States of America which affect municipalities and municipal contracts, and provide at his expense, any and all permits, licenses and registrations required for the fulfillment of this agreement, and more particularly the Labor Law, the Immigration and Naturalization Laws and Regulation, the General Municipal Law, the Workers' Compensation Law, the Lien Law, Personal Property Law, State Unemployment Insurance Law, Federal Social Security Law, State, Local and Municipal Health Laws, Rules and Regulation, and any and all regulations promulgated by the State of New York and of amendments and additions thereto, insofar as the same shall be applicable to any contract awarded hereunder with the same force and effect as if set forth at length herein.

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SOCIAL SECURITY TAXES:

The Contractor for the agreed consideration promises and agrees to pay the taxes measured by the wages of their employees required by the Federal Social Security Act and all amendments thereto, and to accept the exclusive liability for said taxes. The Contractor further promises and agrees to indemnify and hold the owner harmless on account of any tax measured by the wages aforesaid of employees of the contractor assessed against the owner under authority of said law.

BUSINESS CORPORATION LAW

At the time of the execution of this contract, the contractor shall submit a certified document from the Secretary of State of New York verifying the contractor is licensed to do business in the State of New York and is fully qualified under the Business Corporation Law, Article 13 - Section 1304.

CONFIDENTIALITY AND SECURITY

This document or any portion thereof, may not be used for any purpose other than the submission of proposals.

The successful proposer must agree to maintain security standards consistent with security policy of the County. These include strict control of access to data and maintaining confidentiality of information gained while carrying out their duties. The successful proposer will be required to ensure that all personnel employed on the contract, who require access to County of Rockland information or facilities, meet the criteria for personal security clearance prescribed by the County.

Suppliers should be aware that pertinent facts relating to their proposals, excluding trade secrets or proprietary information, could potentially be released as soon as sixty (60) days after the selection of the successful supplier.

The County of Rockland is subject to New York State's Freedom of Information law (FOIL). Should your submission, to this RFP, contain "**trade secrets**", or other information that the disclosure of which could **reasonably be expected to be harmful to business interests**, you must insure that such information is clearly identified and marked as such. Identification must be specific by item or paragraph.

Marked information will be treated as **Confidential Third Party Information**. Should marked information be the subject of a request under FOIL, you may be requested either to consent to the request, or make representation explaining why the information should not be disclosed.

Unpublished information pertaining to the County or its customers obtained by the proposer as a result of participation in this project is confidential and must not be disclosed without written authorization from the County.

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GENERAL

Subsequent to the submission of proposals, interviews and negotiations may be conducted with some of the proposers, but there shall be no obligation to receive further information, from any proposer.

Any or all proposals shall not necessarily be accepted. The County shall not be obligated in any manner to any proposer whatsoever until a written agreement has been duly executed relating to an approved proposal. The County reserves the right to modify the terms of the RFP at any time in its sole discretion.

Neither acceptance of a proposal nor execution of an agreement shall constitute approval of any activity or development contemplated in any proposal that requires any approval, permit or license pursuant to any federal or municipal statute, regulation or by-law.

AWARD OF CONTRACT

When award Occurs: Award of contract occurs when a formal contract has been finalized or other evidence of acceptance by the County is provided to the Offeror. A Recommendation of Award does not constitute award of contract.

Award: If a contract is awarded, it shall be awarded to the responsive and responsible Offeror whose offer confirming to the Request for Proposal will be most advantageous to the County as set forth in the Evaluation Criteria.

PRICING

FIRM PRICING

Prices quoted in the proposals shall be firm for a period of at least 120 days after the submission deadline.

CURRENCY AND TAXES

Prices are to be in U.S. dollars, duty and delivery FOB destination included. The County is exempt from all sales and use taxes.

PAYMENT TERMS

The County's standard payment term is thirty (30) to sixty (60) days upon receipt of invoice after services are performed or goods delivered.

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Appendix A Receipt Confirmation Form

Failure to return this form may result in no further communication regarding this RFP.

Please complete and return this confirmation form within 5 working days to:

Paul J. Brennan, CPPB, C.P.M.
 Director of Purchasing, Department of General Services
 County of Rockland
 Sanatorium Road, Bldg. A, Pomona, NY 10970
Tel. (845) 364-3820 **Fax:** (845) 364-3809

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Phone Number: _____ **Fax Number:** _____

I have received a copy of the above noted RFP.

_____ We will be submitting a proposal

_____ We will not be submitting a proposal

I authorize the County of Rockland to send further correspondence that the County deems to be of an urgent nature by the following method:

Courier Collect: _____ Mail _____

Signature: _____

Title: _____

If a proposers meeting has been arranged for this RFP, please indicate if you plan to attend: Yes / No

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APPENDIX B – SUMMARY OF KEY INFORMATION

PRE-PROPOSAL MEETING: A PRE-PROPOSAL MEETING HAS NOT BEEN SCHEDULED FOR THIS SOLICITATION. ALL QUESTIONS SHALL BE SUBMITTED IN WRITING ON THE APPROPRIATE FORM ENCLOSED IN THIS SOLICITATION.

QUESTION AND ANSWER PERIOD: ALL QUESTIONS MUST BE RECEIVED IN WRITING BY May 4, 2006.

Closing date for the Request for Proposal is 5:00 PM, local time, on MAY 19, 2006.

Send MARKED ORIGINAL AND TWO (2) copies of each proposal.

Interested proposers are advised to fax the enclosed Receipt Confirmation Form (Appendix A) immediately to ensure that they receive further information with regard to this Request for Proposal.

Please use the above RFP number on all correspondence.

Responses to this RFP, and inquires concerning the RFP process and contractual conditions should be addressed as indicated below.

For further information contact:

**Paul J. Brennan, CPPB, C.P.M.
 Director of Purchasing
 Department of General Services – Purchasing Division
 50 Sanatorium Road, Building A, 2nd floor
 Pomona, NY 10970
 Telephone: 845-364-3820
 Telefax: 845-364-3809**

Reference RFP number indicated above.

Information offered from sources other than the above is not official and may be inaccurate. Do not contact any other Departments or Agencies involved in this RFP.

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SUPPLIER INFORMATION PAGE

INCLUDE THE FOLLOWING:

Brief (one or two Paragraphs) description of the supplier’s business, its history and future plans.

CONTRACTOR NAME: _____

ADDRESS: _____

TELEPHONE: _____ **TELEFAX:** _____

FEDERAL IDENTIFICATION NUMBER: _____

VENDOR SIZE: _____

VENDOR STABILITY: _____

NUMBER OF YEARS IN BUSINESS: _____

CONTRACTOR’S SIGNATURE: _____

DATE:_____

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INSURANCE: THE RFP NUMBER IS TO APPEAR ON ALL INSURANCE CERTIFICATES

INDEPENDENT CONTRACTOR: The CORPORATION / CONTRACTOR/ AGENCY / CONSULTANT, is an independent contractor and covenants and agrees that it, its agents, servants and/or employees, will neither hold itself/themselves out as, nor claim to be an employee, servant or agent of the COUNTY, and that it, its agents and employees will not make claim, demand or application to or for any right or privilege applicable to an officer or employee of the COUNTY including, but not limited to, Worker's Compensation coverage, unemployment insurance benefits, Social Security Coverage or retirement membership or credit.

INSURANCE REQUIREMENTS:

GENERAL LIABILITY: The CONTRACTOR shall, at its/his/her own cost and expense, procure and maintain insurance to cover his/her/its work, services, employees, agents and servants under the terms of this agreement which shall include, but not be limited to:

- A. ☐ Comprehensive general liability insurance in a minimal amount of one million dollars, combined single limit (CSL).
- or
- B. ☒ Comprehensive general liability insurance in a minimal amount of one million dollars, combined single limit (CSL); with two million dollars excess of one million dollars.

WORKERS COMPENSATION: The CONTRACTOR shall procure, pay for, and maintain during the entire term of the contract such insurance as will protect both the owner and the contractor from claims under worker's compensation acts and amendments thereto and from any other claims for property damage and for personal injury including death, which may arise from operations under this contract, whether such operations by contractor or by any other party directly or indirectly employed by the Contractor. Copy of Certificates to be provided to the County of Rockland.

COMPREHENSIVE AUTOMOBILE INSURANCE: The CONTRACTOR procure, pay for, and maintain during the entire term of the contract in an amount no less than \$300,000/\$500,000 for each occurrence for bodily injury, and \$100,000 for each occurrence of property damage.

DISABILITY INSURANCE & UNEMPLOYMENT INSURANCE: The Contractor shall procure, pay for, and maintain during the entire term of the contract any disability benefits and unemployment insurance as required by law. Copy of Certificates to be provided to the County of Rockland.

MALPRACTICE INSURANCE: (I.E. professional liability) in the amount of no less than one million and 00/100th (\$1,000,000.00) dollars.

☒ If this box **IS CHECKED**, malpractice insurance **IS REQUIRED**.

CONTRACTOR TO HAVE ALL OTHER INSURANCE REQUIRED BY LAW.

When the CONTRACTOR signs and returns this agreement, contractor shall provide the County (Department of Purchasing) with a policy endorsement showing the above-required insurance. The County of Rockland shall be named as additional insured on **all** insurance policies and policy endorsements, and the policies and policy endorsements shall provide that the insurance shall not be canceled or terminated without thirty-(30) day's prior written notice to the County of Rockland. Unless and until CONTRACTOR obtains such insurance and provides a policy endorsement to the County, this agreement shall not be effective and no moneys shall be paid or given to the CONTRACTOR.

COUNTY OF ROCKLAND - DGS-PURCHASING BLDG. A., 2ND FLOOR, 50 SANATORIUM RD, POMONA, NY 10970 TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809		PAGE: 21
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APPENDIX C

AFFIDAVIT OF DISCLOSURE OF POLITICAL CONTRIBUTIONS PURSUANT TO CHAPTER 323 OF THE ROCKLAND COUNTY CODE

STATE OF NEW YORK)

: ss:

COUNTY OF ROCKLAND)

NAME OF REPORTING ENTITY: _____

ADDRESS: _____

TELEPHONE NO.: _____ TELEFAX NO.: _____

THE REPORTING ENTITY IS (Check one of the following):

_____ AN INDIVIDUAL _____ A PARTNERSHIP _____ A CORPORATION

THE REPORTING ENTITY: (Check One)

_____ Will enter into a contract with the County of Rockland which did/did not result from public bidding in excess of Ten Thousand Dollars (\$10,000.00) this calendar year.

_____ Is currently under a contract with the County of Rockland in excess of Ten Thousand Dollars (\$10,000.00).

THE REPORTING ENTITY, ITS MEMBERS, DIRECTORS, POLICY MAKING OFFICERS, OR MAJORITY SHAREHOLDERS, HAVE DIRECTLY OR INDIRECTLY MADE THE FOLLOWING CONTRIBUTIONS TO THE PERSONS OR ORGANIZATIONS LISTED BELOW. (PLEASE LIST ALL CONTRIBUTIONS HAVING A VALUE IN EXCESS OF TWO HUNDRED DOLLARS (\$200.00) PER YEAR MADE TO ANY POLITICAL PARTY OR ANY INDIVIDUAL OR ANY COMMITTEE FOR AN INDIVIDUAL RUNNING FOR PUBLIC OFFICE IN ROCKLAND COUNTY OR IN A DISTRICT IN WHICH ROCKLAND COUNTY IS LOCATED, FOR A PERIOD OF THREE (3) YEARS PRIOR TO THE DATE OF THIS AFFIDAVIT.):

NOTE: PLEASE ANSWER “NONE” OR LIST EACH CONTRIBUTION SEPARATELY.

(Use additional sheets if necessary)

NAME OF CONTRIBUTOR	RELATIONSHIP TO REPORTING ENTITY	CONTRIBUTION MADE TO	DATE OF CONTRIBUTION OF	VALUE & NATURE OF CONTRIBUTION

I am the _____ (Title or Office) of the reporting entity listed above.

I make this affirmation based upon my personal review of the books and records of the reporting entity. All of the foregoing information is true to the best of my knowledge, after inquiry. I make these statements under penalty or perjury.

SIGNATURE: _____

PRINT NAME & TITLE: _____

SWORN to before me this _____ day of

_____, 20__

Notary public

THIS FORM MUST BE SUBMITTED WITH YOUR PROPOSAL

<p align="center">COUNTY OF ROCKLAND - DGS-PURCHASING</p> <p align="center">BLDG. A., 2ND FLOOR, 50 SANATORIUM RD, POMONA, NY 10970</p> <p align="center">TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809</p>		<p>PAGE: 23</p>
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APPENDIX D

CERTIFICATION REGARDING AFFIRMATIVE ACTION PLAN AND BUSINESS DEALINGS IN NORTHERN IRELAND

State of New York)

:SS

County of Rockland

AFFIRMATIVE ACTION PLAN

I, _____ being duly sworn, deposes and says that he/she is the _____
of the _____ Corporation. I and/or the corporation (DO) (DO NOT) employ fifteen (15)
(Circle One)
employees and I (TRANSACT) (DO NOT TRANSACT) a minimum of \$50,000 per annum business with the County of Rockland.
(Circle One)

Based on the above information, If either the Corporation or I is transacting business greater than \$50,000 annually, a copy of the corporations Affirmative Action Plan is attached to this RFP submittal

BUSINESS DEALINGS IN NORTHERN IRELAND – MACBRIDE PRINCIPLES

In accordance with Article 5 of the County of Rockland Procurement Policy, the proposer, by submission of this proposal certifies that it or any individual or legal entity in which the proposer holds a 10% or greater ownership interest, or any individual or legal entity that holds a 10% or greater ownership in the proposer, either: (answer yes or no to one or both of the following, as applicable).

(1) has business operations in Northern Ireland: Yes _____ No _____ if yes;

(2) shall take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Fair Employment Principles relating to the nondiscrimination in employment and freedom of workplace opportunity regarding such operations in Northern Ireland, and shall permit independent monitoring of their companies with such Principles.

Yes _____ No _____

SIGNED

SWORN to before me this

_____ day of _____

20_____

Notary Public: _____

THIS FORM MUST BE SUBMITTED WITH YOUR PROPOSAL

<p align="center">COUNTY OF ROCKLAND - DGS-PURCHASING</p> <p align="center">BLDG. A., 2ND FLOOR, 50 SANATORIUM RD, POMONA, NY 10970</p> <p align="center">TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809</p>		PAGE: 24
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APPENDIX E

SAMPLE CONTRACT

Federal ID # _____

CONSULTANT AGREEMENT

THIS AGREEMENT made the _____ day of _____ 2000, by and between the **COUNTY OF ROCKLAND**, a municipal corporation of the State of New York, having its principal office at 11 New Hempstead Road, New City, New York 10956, hereinafter referred to as "**COUNTY**," and _____ with offices located at _____ hereinafter referred to as "**CONSULTANT**," in the manner following:

W I T N E S S E T H :

WHEREAS, **COUNTY** is desirous of entering into an agreement with **CONSULTANT** for _____ and

WHEREAS, the Rockland County Charter, Article III, Section 3.02(u) authorizes the County Executive to execute this agreement, and

WHEREAS, by Resolution No. _____, the Legislature of Rockland County authorized this agreement by appropriating the necessary funds for the services of **CONSULTANT** for the period hereinafter stated,

WHEREAS, **CONSULTANT** has the skills, experience, expertise and independence necessary to provide **COUNTY** with the services contracted for,

NOW THEREFORE, the parties hereto, in consideration of the covenants, agreements, terms and conditions herein contained, do agree as follows:

1. SERVICES: **CONSULTANT**, shall render and perform _____ services for and to **COUNTY**. **CONSULTANT** represents and warrants to **COUNTY** that it, and its employees, agents and servants possess all the skills, experience, expertise and independence to render these services to **COUNTY**.
2. TERM: **CONSULTANT** services to be performed under this agreement shall be for the time period of _____
3. PAYMENT: The **COUNTY** agrees to pay **CONSULTANT** and **CONSULTANT** agrees to accept a maximum sum not to exceed (\$ _____), as its entire fee as compensation for **CONSULTANT**'s services rendered under this agreement. **CONSULTANT** shall not be entitled to any payment or monies unless **CONSULTANT**'s services as set forth herein are acceptable to **COUNTY**. All out-of-pocket and other expenses incurred by **CONSULTANT** in connection with the performance of services under this agreement shall be borne solely by **CONSULTANT**. To request payment, **CONSULTANT** shall submit to **COUNTY** _____, a properly completed voucher form.
4. INDEPENDENT CONTRACTOR: **CONSULTANT** is an independent contractor and covenants and agrees that it, its agents, servants and/or employees, will neither hold itself/themselves out as, nor claim to be an employee, servant or agent of **COUNTY**, and that it, its agents and employees will not make claim, demand or application to or for any right or privilege applicable to an officer or employee of **COUNTY** including, but not limited to, Worker's Compensation coverage, unemployment insurance benefits, Social Security coverage or retirement membership or credit.

<p align="center">COUNTY OF ROCKLAND - DGS-PURCHASING</p> <p align="center">BLDG. A., 2ND FLOOR, 50 SANATORIUM RD, POMONA, NY 10970</p> <p align="center">TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809</p>		PAGE: 25
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5. INSURANCE REQUIREMENTS: **CONSULTANT** shall, at its/his/her own cost and expense, procure and maintain insurance to cover his/her/its work, services, employees, agents and servants under the terms of this agreement which shall include, but not be limited to:

- a. Commercial General Liability Insurance in a minimal amount of one million dollars, combined single limit (CSL) with two million dollars excess of one million dollars;
- b. Worker's Compensation;
- c. Disability Insurance;
- d. all other insurance required by law.

When **CONSULTANT** signs and returns this agreement, **CONSULTANT** shall provide **COUNTY Department of Law** with a policy endorsement showing the above-required insurance. **COUNTY OF ROCKLAND** shall be named as an additional insured on general liability insurance policies and policy endorsements and the policies and policy endorsements shall provide that the insurance shall not be cancelled or terminated without thirty- (30) days prior written notice to **COUNTY**. Unless and until **CONSULTANT** obtains such insurance and provides a policy endorsement to **COUNTY**, this agreement shall not be effective and no monies shall be paid or given to **CONSULTANT**.

6. INJURY, PROPERTY DAMAGE: **CONSULTANT** shall be responsible for all damages and/or injury to life and property due to, or resulting from, the activities or omissions of **CONSULTANT**, its agents or employees in connection with its work, activities or services under this agreement. **CONSULTANT** represents and warrants that its agents and employees possess the experience, knowledge, skills and independence necessary for the work/services to be performed in connection with this agreement.

7. INDEMNIFY AND HOLD HARMLESS: **CONSULTANT** agrees to protect, indemnify and hold harmless **COUNTY** and its respective officers, employees and agents from and against all claims, actions and suits and will defend the **COUNTY** and its respective officers, employees and agents, at its own cost and at no cost to the **COUNTY**, in any suit, action or claim, including appeals, for personal injury to, or death of, any person, or loss or damage to property arising out of, or resulting from, the activities or omissions of **CONSULTANT**. These indemnification provisions are for the protection of the **COUNTY** and its respective officers, employees and agents only and shall not establish, of themselves, any liability to third parties. The provisions of this section shall survive the termination of this agreement.

8. FINANCIAL RECORDS/AUDIT: **CONSULTANT** shall maintain records of all its financial transactions, including all expenses and disbursements that relate to this agreement. Such records shall be kept in accordance with GAAP (Generally Accepted Accounting Practices) and/or **COUNTY** record-keeping requirements, and each transaction shall be documented. Such records shall be made available to **COUNTY** for inspection or audit upon request. No compensation or fee for services will be due **CONSULTANT** unless or until financial statements have been filed with the Rockland County Department of Finance, if and when required by County Finance Department.

9. FUNDING/RESERVATION OF RIGHTS: **COUNTY** monies provided to **CONSULTANT** pursuant to this agreement, may be based upon and/or subject to funding statements, or actual funds provided to **COUNTY**, from New York State or the Federal Government, either directly or by reimbursement; in such case **COUNTY** retains the right and discretion to adjust payments of **COUNTY** funds to **CONSULTANT**, based on the actual amounts **COUNTY** receives or is to receive from New York State or Federal Government.

<p align="center">COUNTY OF ROCKLAND - DGS-PURCHASING</p> <p align="center">BLDG. A., 2ND FLOOR, 50 SANATORIUM RD, POMONA, NY 10970</p> <p align="center">TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809</p>		PAGE: 26
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10. LIABILITY ONLY FOR MONIES BUDGETED: This agreement shall be deemed executory to the extent of the monies appropriated in **COUNTY's** current budget for the purposes of this agreement and no liability shall be incurred by **COUNTY**, or any department, beyond the monies budgeted and available for this purpose. The agreement is not a general obligation of the **COUNTY**. Neither the full faith and credit nor the taxing power of the **COUNTY** are pledged to the payment of any amount due or to become due under this agreement. It is understood that neither this agreement nor any representation by any **COUNTY** employee or officer creates any obligation to appropriate or make monies available for the purpose of the agreement. This agreement shall not be effective unless the monies to be paid hereunder by the **COUNTY** are appropriated in the County budget.

11. NO ASSIGNMENT: **CONSULTANT** shall not assign, sublet or transfer or otherwise dispose of its interest in this agreement without the prior written consent of the **COUNTY**.

12. LAWS OF THE STATE OF NEW YORK: This agreement shall be governed by the Laws of the State of New York.

13. LABOR LAW AND EXECUTIVE LAW: **CONSULTANT** shall comply with all of the provisions of the Labor Law of the State of New York including, but not limited to, prevailing wage provisions, if required by law, and with Article 15 of the Executive Law of the State of New York relating to unlawful discriminatory practices insofar as the provisions are applicable to the work and/or services to be performed under this agreement.

14. LOCAL LAWS AND RESOLUTIONS: **CONSULTANT** shall comply with all local laws and resolutions of the Legislature of Rockland County, including, but not limited to, filing of Disclosure Statements and Affirmative Action Plans, if required by law or resolution.

15. APPROVAL OF FEDERAL, STATE AND LOCAL AGENCY: Notwithstanding any other provisions of this agreement, **COUNTY** shall not be liable for any payment or compensation to **CONSULTANT** until the services rendered by **CONSULTANT** under this agreement meet the approval and standards of any other Federal, State or local agency, authority, commission or body, which has jurisdiction over the services to be rendered under this agreement which provides funding in whole or in part for the services provided under this agreement.

16. COMPLY WITH AMERICANS WITH DISABILITIES ACT OF 1990: **CONSULTANT** agrees to comply with the provisions of the Americans With Disabilities Act of 1990 (ADA) prohibiting discrimination on the basis of disability with regard to employment policies and procedures, structural and program accessibility, transportation and telecommunications.

17. TERMINATION/AMENDMENT: This agreement may be terminated or amended on at least thirty (30) days written notice by **COUNTY**.

18. ENTIRE AGREEMENT/NO MODIFICATION: This agreement constitutes the entire agreement between the parties and supersedes all prior negotiations, representations or agreements either oral or written. It may not be modified except by a writing signed by the parties.

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PAST & PRESENT PERFORMANCE INFORMATION FORM

Provide the information requested in this form for each contract/program being described as a reference. Provide frank, concise comments regarding your performance on the contracts you identify. Provide a separate completed form for each contract/program submitted. Limit the number of past efforts submitted and the length of each submission to the limitations, if any, set forth in specifications.

A. Offeror Name (Company/Division): _____

B. Contract Name/Title: _____

C. Contract Specifics:

1. Customer: _____

2. Period of Performance: _____

3. Original Contract Value: _____

4. Current or Final Contract Value: _____

D. Brief Description of your Effort. Identify whether you were a Prime or Subcontractor.

E. Completion Date:

1. Original Date: _____

2. Current or Final Date: _____

3. How Many Times Changed: _____

4. Primary Causes or Reasons of Change: _____

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- F. Primary Customer Points of Contact: (For Government Contracts, provide current information on both individuals. For commercial contracts, provide points of contact fulfilling these same roles.)
(FAX NUMBERS ARE MANDATORY)

1. Program/Project Manager:

Name: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

2. Contracting Officer

Name: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

- G. Address any technical (or other) area about this contract/program considered unique.

- H. Specify, by name, any key individual(s) who participated in this contract and are proposed to support acquisition detailed in the RFP.

- I. Identify whether subcontractors were utilized on the referenced contract/program. If subcontractors were used, identify the names of the subcontractors and the percentage of the contract the subcontractor was responsible for.

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COUNTY OF ROCKLAND
DEPARTMENT OF GENERAL SERVICES - PURCHASING DIVISION

SECURITY STATEMENT

USE OF CONFIDENTIAL INFORMATION

Our company will respect and maintain strict confidentiality in the use of all data that our company employees main gain access to for the purpose of preparing a response to RFP#_____ and for the performance of any subsequent contract. Information obtained from the County will be used only by authorized company employees and for only those purposes for which the County provides the information. Those employees who handle the information will be notified of its strictly confidential nature. Our company will also take responsibility for returning to the County promptly after use, all documents supplied along with all records of information derived therefrom.

Signature of Company Representative

Date

Name

Title

Company Name

<p align="center">COUNTY OF ROCKLAND - DGS-PURCHASING</p> <p align="center">BLDG. A., 2ND FLOOR, 50 SANATORIUM RD, POMONA, NY 10970</p> <p align="center">TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809</p>		PAGE: 30
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BUSINESS ASSOCIATE AGREEMENT

Federal Health Insurance Portability and Accountability Act ("HIPAA") Business Associate Agreement ("Agreement")

I. Definitions

(a) "Business Associate" shall mean the CONTRACTOR.

(b) "Covered Program" shall mean the COUNTY OF ROCKLAND and any agency, department or officer thereof.

(c) Other terms used, but not otherwise defined, in this agreement shall have the same meaning as those terms in the federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its implementing regulations, including those at 45 CFR Parts 160 and 164.

II. Obligations and Activities of the Business Associate

(a) The Business Associate agrees to not use or further disclose Protected Health Information other than as permitted or required by this Agreement or as required by law.

(b) The Business Associate agrees to use the appropriate safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by this Agreement.

(c) The Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of a use or disclosure of Protected Health Information by the Business Associate in violation of the requirements of this Agreement.

(d) The Business Associate agrees to report to the Covered Program, any use or disclosure of the Protected Health Information not provided for by this Agreement, as soon as reasonably practicable of which it becomes aware.

(e) The Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by the Business Associate on behalf of the Covered Program agrees to the same restrictions and conditions that apply through this Agreement to the Business Associate with respect to such information.

(f) The Business Associate agrees to provide access, at the request of the Covered Program, and in the time and manner designated by the Covered Program, to Protected Health Information in a Designated Record Set, to the Covered Program or, as directed by the Covered Program, to an Individual in order to meet the requirements under 45 CFR 164.524, if the business associate has protected health information in a designated record set.

(g) The Business Associate agrees to make any amendment(s) to Protected Health Information in a designated record set that the Covered Program directs or agrees to pursuant to 45 CFR 164.526 at the request of the Covered Program or an Individual, and in the time and

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manner designated by Covered Program, if the business associate has protected health information in a designated record set.

(h) The Business Associate agrees to make internal practices, books and records relating to the use and disclosure of Protected Health Information received from, or created or received by the Business Associate on behalf of, the Covered Program available to the Covered Program, or to the Secretary of Health and Human Services, in a time and manner designated by the Covered Program or the Secretary, for purposes of the Secretary determining the Covered Programs' compliance with the Privacy Rule.

(i) The Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Program to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

(j) The Business Associate agrees to provide to the Covered Program or an Individual, in time and manner designated by Covered Program, information collected in accordance with this Agreement, to permit Covered Program to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR 164.528.

III. Permitted Uses and Disclosures by Business Associate

(a) General Use and Disclosure Provisions:

Except as otherwise limited in this Agreement, the Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, the Covered Program as specified in the Agreement to which this is an addendum, provided that such use or disclosure would not violate the Privacy Rule if done by Covered Program.

(b) Specific Use and Disclosure Provisions:

(1) Except as otherwise limited in this Agreement, the Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

(2) Except as otherwise limited in this Agreement, Business Associate may use Protected Health Information for the proper management and administration of the business associate or to carry out its legal responsibilities and to provide Data Aggregation services to Covered Program as permitted by 45 CFR 164.504(e)(2)(i)(B). Data Aggregation includes the combining of protected information created or received by a business associate through its activities under this contract with other information gained from other sources.

(3) The Business Associate may use Protected Health Information to report violations of law to appropriate federal and State authorities, consistent with 45 CFR 164.502(j)(1).

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IV. Obligations of Covered Program

Provisions for the Covered Program To Inform the Business Associate of Privacy Practices and Restrictions.

(a) The Covered Program shall notify the Business Associate of any limitation(s) in its notice of privacy practices of the Covered Entity in accordance with 45 CFR 164.520, to the extent that such limitation may affect the Business Associate's use or disclosure of Protected Health Information.

(b) The Covered Program shall notify the Business Associate of any changes in, or revocation of, permission by the Individual to use or disclose Protected Health Information, to the extent that such changes may affect the Business Associate's use or disclosure of Protected Health Information.

(c) The Covered Program shall notify the Business Associate of any restriction to the use or disclosure of Protected Health Information that the Covered Program has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect the Business Associate's use or disclosure of Protected Health Information.

V. Permissible Requests by Covered Program

The Covered Program shall not request the Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Program, except if the Business Associate will use or disclose protected health information for, and the contract includes provisions for, data aggregation or management and administrative activities of Business Associate.

VI. Term and Termination

(a) Term. The Term of this Agreement shall be effective as set forth in the main agreement herein, after which time, all of the Protected Health Information provided by Covered Program to Business Associate, or created or received by Business Associate on behalf of Covered Program, shall be destroyed or returned to Covered Program, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in The Agreement.

(b) Termination for Cause. Upon the Covered Program's knowledge of a material breach by Business Associate, Covered Program may provide an opportunity for the Business Associate to cure the breach and end the violation or may terminate this Agreement and the master Agreement if the Business Associate does not cure the breach and end the violation within the time specified by Covered Program, or the Covered Program may immediately terminate this Agreement and the master Agreement if the Business Associate has breached a material term of this Agreement and cure is not possible.

(c) Effect of Termination.

(1) Except as provided in paragraph (c)(2) below, upon termination of this Agreement, for any reason, the Business Associate shall return or destroy all Protected Health Information received from the Covered Program, or created or received by the Business

<p align="center">COUNTY OF ROCKLAND - DGS-PURCHASING</p> <p align="center">BLDG. A., 2ND FLOOR, 50 SANATORIUM RD, POMONA, NY 10970</p> <p align="center">TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809</p>		PAGE: 33
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Associate on behalf of the Covered Program. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of the Business Associate. The Business Associate shall retain no copies of the Protected Health Information.

(2) In the event that the Business Associate determines that returning or destroying the Protected Health Information is infeasible, the Business Associate shall provide to the Covered Program notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Parties that return or destruction of Protected Health Information is infeasible, the Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

VII. Violations

(a) It is further agreed that any violation of this agreement may cause irreparable harm to the covered program, therefore the covered program may seek any other remedy, including an injunction or specific performance for such harm, without bond, security or necessity of demonstrating actual damages.

(b) The Business Associate shall indemnify and hold the covered program harmless against all claims and costs resulting from acts/omissions of the Business Associate in connection with the Business Associate's objections under this agreement.

Miscellaneous

(a) Regulatory References. A reference in this Agreement to a section in the **HIPAA** Privacy Rule means the section as in effect or as amended, and for which compliance is required.

(b) Amendment. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Program to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act, Public Law 104-191.

(c) Survival. The respective rights and obligations of the Business Associate under Section VI of this Agreement shall survive the termination of this Agreement.

(d) Interpretation. Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits the Covered Program to comply with the HIPAA Privacy Rule.

(e) If anything in this agreement conflicts with a provision of any other agreement on this matter, this agreement is controlling.

(f) HIV/AIDS. If HIV/AIDS information is to be disclosed under this agreement, the Business Associate acknowledges that it has been informed of the confidentiality requirements of Public Health law, Article 27-F.

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IN WITNESS WHEREOF, the parties hereto have executed this Agreement the day and year first above written.

DEPARTMENT OF

CONTRACTOR

Dated: _____

Dated: _____

DEPARTMENT OF GENERAL SERVICES
Approved for Signature
of County Executive

COUNTY OF ROCKLAND

PAUL J. BRENNAN, CPPB, C.P.M.
Director of Purchasing

C. SCOTT VANDERHOEF
County Executive

Dated: _____

Dated: _____

<p align="center">COUNTY OF ROCKLAND - DGS-PURCHASING</p> <p align="center">BLDG. A., 2ND FLOOR, 50 SANATORIUM RD, POMONA, NY 10970</p> <p align="center">TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809</p>		PAGE: 35
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STATE OF NEW YORK)
) ss.:
COUNTY OF ROCKLAND)

On the ____ day of _____, in the year, 200____, before me, the undersigned, personally appeared, C. SCOTT VANDERHOEF, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public

ATTESTATION:

As Clerk to the Legislature, I hereby attest that I know the seal of the Legislature of Rockland County and that the seal affixed to this instrument is such seal.

LAURENCE O. TOOLE
Clerk to the Legislature

STATE OF NEW YORK)
) ss.:
COUNTY OF ROCKLAND)

On the ____ day of _____, in the year, 200____, before me, the undersigned, personally appeared, _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public

COUNTY OF ROCKLAND - DGS-PURCHASING BLDG. A., 2ND FLOOR, 50 SANATORIUM RD, POMONA, NY 10970 TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809		PAGE: 36
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PART B – REQUIREMENTS SECTION

PURPOSE

The purpose of this RFP is to inform the private sector of a potential business opportunity to provide Temporary Labor Services – Medical Support, including all labor, travel and miscellaneous expenses, necessary to provide medical support to Summit Park Hospital, Rockland County Infirmary, Department of Mental Health, Department of Health and the Rockland County Correctional Facility as outlined throughout this Request for Proposal.

LENGTH OF CONTRACT

Proposed rates shall remain firm for the first two (2) years of the contract period with no wage adjustment(s) allowed. If the County exercises any of the option years of the contract, vendors may submit a request for adjustment on the yearly anniversary date of the contract. Any request for price adjustment(s) must be submitted thirty (30) days in advance in writing to the Director of Purchasing. Any and all price adjustments will be limited to the percentage increase in the CPI Index - All Urban Consumers for the preceding 12 months. The County reserves the right to reject any request for price increase deemed excessive.

The County of Rockland reserves the right to extend the contract under the same terms and conditions for up to thirty six (36) months in twelve (12) month increments from date of expiration provided such extension is mutually agreeable to both the County and the Contractor.

OPEN ENROLLMENT

This Qualified Suppliers List RFP is an open enrollment contract. After the initial deadline date of this RFP, the Division of Purchasing reserves the right to solicit and add additional positions, services and/or contractors to meet any unmet needs, as deemed by the Division of Purchasing, but not limited to:

A. If / when all attempts to utilize awarded contractor(s) has been unsuccessful.

Contractors will not be permitted to submit random proposals at their own discretion at any time to the Purchasing Division. The Division of Purchasing will only add qualified Contractors after a thorough proposal review to cover any unmet need(s), as identified by the Purchasing and authorized users.

PROPOSAL EVALUATION

All proposals submitted in response to this RFP will be reviewed by an evaluation committee composed of representatives from each using agency and others as may be deemed appropriate by the County of Rockland. Each proposal will be independently reviewed and rated against review criteria. Selection will be based upon the recommendations of the review committee and will consider the following criteria in evaluating proposals:

- Qualifications and experience. **20%**
Proposer has the experience and expertise in the provision of temporary medical services personnel of the nature required. Proposer will be able to reliably provide the required services to the County.
- Capacity to meet requirements. **20%**
Proposal included evidence of sufficient capacity to provide the County temporary medical services personnel.

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Proposal indicates proposer has access to a medical pool of the titles listed which will be adequate to assure the availability of temporary personnel to the County on a timely as-needed basis.

- Qualifications, Ability and Skills of Provider Personnel. **20%**
Proposer provided adequate evidence and assurances that the temporary medical services personnel available to provide services to the County will possess the qualifications, ability and skills required.
- Price. **40%**
Prices are reasonable, appropriate, current market value rates, for the medical services personnel offered.

PRE-PROPOSAL MEETING

A pre-proposal meeting will be held at the time and in the location specified on the Summary of Key Information. Attendance may or may not be mandatory. A transcript of the questions and answers will be distributed, to all attendees and proposers who have returned the Receipt Confirmation Form. Verbal questions will be allowed at the meeting. However, questions of a complex nature, or questions where the proposer requires anonymity, should be forwarded in writing to the County prior to the meeting.

FACILITY INFORMATION

- The Dr. Robert L. Yeager Health Center, 50 Sanatorium Road, Pomona, NY 10970 (The Hospital, Infirmary, Department of Mental Health and the Department of Health are located at this complex.)
- Rockland County Correctional Facility, 53 New Hempstead Road, New City, NY 10956

VENDOR RESPONSE FORMAT FOR PRICING AND VALUE-ADDED INFORMATION

The vendor will provide prices (in U.S. dollars) for the items/services listed. It is important that vendors outline features of their proposal, such as value-added product(s) and/or service(s) that would not normally be addressed in a pricing evaluation as they are of a non-monetary nature. Indicate volume discount levels if they apply to your product(s).

DETAILED COSTS

See Proposal Page

VALUE-ADDED CONSIDERATIONS

Proposer to include any relevant services or products that will be provided to the County which are not priced in this proposal, but which enhance the acquisition process.

COMPANY PROFILE AND VENDOR INFORMATION:

The following will be required in a company overview as part of proposer's proposal:

- Brief (one or two paragraphs) description of the vendor's business, its history and future plans.
- Vendor Identification
- Corporate name
- Corporate address
- Telephone numbers
- Contact person(s)
- Vendor size
- Vendor Stability
- Number of years in business

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FINANCIAL STABILITY

Proposal shall include the most recent certified business financial statements as of a date not earlier than the end of the Firm's preceding official tax accounting period, together with a statement in writing, signed by a duly authorized representative, stating that the present financial condition is materially the same as the shown on the balance sheet and income statement submitted, or with an explanation for a material change in the financial condition. A copy of the most recent business income tax return and Pro-Forma (un-audited) Financial Statements for the last three (3) years will be accepted if certified financial statements are unavailable.

FOREIGN NATIONALS

Employers are required by Federal law to verify that all employees are legally entitled to work in the United States. Accordingly, the County of Rockland reserves the right to request legally mandated employer held documentation attesting to the same for each consultant assigned work under any contract awarded as a result of this solicitation. In accord with such laws, the County of Rockland does not discriminate against individuals on the basis of national origin or citizenship.

PROPOSAL RESPONSE AND ORGANIZATION

Organization/Number of Copies

The Offeror shall prepare the proposal as set forth below. The titles and contents of the sections shall be as defined in this section.

- Section I: Executive Summary
- Section II: Technical Response
- Section III: Cost/Price Proposal
- Section IV: Contract Documentation
- Section V: Relevant Past and Present Performance

Cost or Pricing Information – All cost or pricing information shall be addressed ONLY in the Cost/Price Proposal Section. Cost trade-off information, work-hour estimates and material kinds and quantities may be used in other sections only as appropriate for presenting rationale for alternatives or design and trade-off decisions.

Trade Secret Information - Where "Trade Secret" information is required in your response, it shall be provided as a classified supplement bound in a single classified addendum to Section 2 of the proposal. Each entry in the classified addendum shall be referenced to the proposal section, page number, and paragraph number to which it applies. Similarly, a reference shall be placed in the unclassified section where the classified insert applies, giving the page and paragraph numbers within the addendum where it can be found. Binding shall conform to the same directions as those given in this RFP for unclassified portions. Pages in the classified section will be included in the page count for the applicable section.

Cross Referencing - To the greatest extent possible, each section shall be written on a stand-alone basis so that its contents may be evaluated with a minimum of cross-referencing to other sections of the proposal. Information required for proposal evaluation, which is not found in its designated section, will be assumed to have been omitted from the proposal.

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Indexing - Each section shall contain a more detailed table of contents to delineate the subparagraphs within that section. Tab indexing shall be used to identify sections.

Glossary of Abbreviations and Acronyms - Each section shall contain a glossary of all abbreviations and acronyms used, with an explanation for each. Glossaries do not count against the page limitations for their respective sections. If no abbreviations and/or acronyms are used, then a Glossary is not required.

Page Size and Format - Page size shall be 8.5 x 11 inches, not including foldouts. Pages shall be single-spaced. The text size shall be no less than 11 point. Use at least 1-inch margins on the top and bottom and 3/4 inch side margins. Pages will be numbered sequentially by section.

Legible tables, charts, graphs and figures shall be used wherever practical to depict organizations, systems and layouts, implementation schedules, plans etc. These displays shall be uncomplicated, legible and shall not exceed 11 by 17 inches in size. Foldout pages shall fold entirely within the section, and count as a single page. Foldout pages may only be used for large tables, charts, graphs, diagrams, and schematics; and not for pages of text.

Binding and Labeling - All Sections of the proposal should be bound in a single three-ring loose leaf binder, with section tabs, which shall permit the proposal to lie flat when opened. Staples shall not be used. A cover sheet should be bound in each book, clearly marked as to RFP title, solicitation number, copy number, and the offeror's name. The same identifying information should be placed on the spine of each binder. All "Trade Secret" or Classified binders shall be similarly marked with the addition of "Trade Secret Information" contained on the cover sheet.

Electronic Offerors - Electronic submission of Proposals is not permitted for this solicitation.

Distribution - The "original" proposal shall be identified. Proposals shall be addressed to the Director of Purchasing and mailed to:

Paul J. Brennan, CPPB, C.P.M.
Director of Purchasing
County of Rockland
50 Sanatorium Road, Bldg. A.
Pomona, NY 10970

Section I - Executive Summary

In the executive summary, the offeror shall provide the following information:

Narrative Summary - A concise narrative summary of the entire proposal, including significant risks, and a highlight of any key or unique features, excluding cost/price. The salient features should tie in with Section I evaluation factors/subfactors. Any summary material presented here shall not be considered as meeting the requirements for any portions of other sections of the proposal.

Table of Contents - A master table of contents of the entire proposal.

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Section II - Technical Response Section

The Project Capability/Technical Response Section should be specific and complete. Legibility, clarity and coherence are very important. Your responses will be evaluated against the criteria defined in Section- I, Evaluation Factors for award. Using the instructions provided below, provide as specifically as possible the actual methodology you would use for accomplishing/satisfying the requirements stated in the County's Statement of Objectives. All the requirements specified in the solicitation are mandatory. By your proposal submission, you are representing that your firm will perform all the requirements specified in the solicitation. It is not necessary or desirable to tell us that in your proposal. Do not merely reiterate the objectives or reformulate the requirements specified in the solicitation.

Format and Specific Content - Technical Capability and Proposal Risk Response - Project/Technical Capability and Proposal Risk shall be addressed in detail. In this section address your proposed approach to meeting the requirements listed in the Statement of Objectives, as well as risks in your proposal in terms of project capability/performance, cost and/or schedule.

Address Proposal Risk by identifying those aspects of the proposal you consider involving cost and/or project capability risk. Provide rationale for each risk, including quantitative estimates of the impact on cost, schedule and performance. Describe the impact of each identified risk in terms of its potential to interfere with or prevent the successful accomplishment of the project goals and Statement of Objectives. Suggest a realistic "work-around" or risk mitigation for identified risks that will eliminate or reduce risk to an acceptable level. Identify any new risks introduced by such risk mitigation.

Personnel Qualifications and Experience should be detailed as part of the Project Capability/Technical proposal. Include resumes for all personnel and subcontractors to be assigned to this project.

Address your firms' motivation for being involved in this project and the priority this project will be assigned relevant to other commitments.

Statement of Work (SOW) – A Statement of Objectives (SOO) is provided in Mandatory Section of this RFP. This Statement of Objectives represents the County's minimum objectives for this project. The Offeror shall use the Statement of Objectives to propose a Statement of Work, which expands upon these minimum objectives to the extent necessary to conduct this acquisition. The proposed Statement of Work shall define the tasks required for the successful completion of the County's goals and objectives ensuring all minimum requirements are met as detailed in the County's SOO. **While this solicitation is not a “project” that requires a SOW, the proposal must include a statement as to how it intends to provide service under this Request for Proposal.**

The proposed SOW shall consist of tasking statements. Each tasking statement shall reference the deliverables, which will be provided by that task. The proposed SOW shall not contain informational notes, as the Technical Response subsection provides ample opportunity for discussion and description of the offeror's approach. The tasking statements in the SOW shall use a common numbering system. The proposed SOW, when accepted by the County, will be included in the final contract.

Work Breakdown Structure (WBS) – The Offeror shall develop a Work Breakdown Structure, which reflects their view of the proposed contract effort. The WBS shall serve as a framework for organizing the proposed effort to include in-house, inter-divisional, subcontractor, and associate contractor activities. The WBS shall be

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developed to a depth (level) and breadth sufficient to accurately describe each participant's role and responsibilities in the project. The Offeror's proposed WBS shall be included with their Statement of Work and will be incorporated as part of the final contract.

Master Schedule (MS) – The intent of this section is to obtain a functionally integrated understanding of the proposal in a way that provides the County confidence that the proposal is structured to be executable for the resources indicated. The Master Schedule is a detailed task and timing of the work effort in the SOW and is used as the primary tracking tool for technical and schedule status. The MS identifies all SOW events, accomplishments, criteria and the expected dates of each. These dates are based on a calendar date of **2/06** as the starting point and the logical flow of dates provided by calculating the duration of all tasks using typical schedule networking tools. The MS tasks will be directly traceable to the SOW and the WBS.

The Offeror shall provide a top level Master Schedule as part of the proposal submittal. The more detailed levels of the MS, as well as updates, will be submitted after contract award. The MS is intended as a tool for day-to-day tracking of the program/project. All tasks/activities in the MS should be logically linked together showing predecessor/successor relationships. The activities and tasks will be sufficient to account for the total proposed solution.

The Project Capability/Technical Proposal Section shall be organized to the following general outline:

- Table of Contents
- List of Tables and Drawings (if required)
- Glossary (if required)
- Cross Reference Matrix (if required)
- Project Capability/Technical Response to Statement of Objectives
- Statement of Work
- Work Breakdown Structure
- Master Schedule
- Potential Risks

Section III - Cost/Price Section

Cost/Price proposals shall be submitted as detailed in Section 3 - Cost Proposal Requirements of this RFP. Only one copy of the Cost/Price proposal shall be submitted in the "Original Copy". Additional copies of the proposals shall not contain copies of the Cost/Price proposal.

Section IV - Contract Documentation

The purpose of this section is to provide information to the County for preparing the contract document and supporting file. The offeror's proposal shall include:

Affidavit of Disclosure for Political Contributions –required by Local Law.

Affidavit of Business Dealings in Northern Ireland –required by Local Law.

Affirmative Action Plan Certification –required by Local Law.

Disclosure of Responsibility Statement.

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Special Contract Requirements – Required Licenses or Certifications. The Offeror shall include copies of any licenses and/or certifications that are required to perform any of the work required by this RFP. If no licenses and/or certifications are required, the Offeror is not required to make reference to this subsection.

Exceptions to Terms and Conditions – Exceptions taken to the terms and conditions of the sample contract, contract clauses, formal attachments or to other parts of the solicitation shall be identified. Each exception shall be specifically related to each paragraph and/or specific part of the solicitation to which the exception is taken. Provide rationale in support of the exception and fully explain its impact, if any, on the performance, schedule, cost and specific requirements of the solicitation. Failure to comply with the terms and conditions of the solicitation may result in the Offeror being removed from consideration for award.

Authorized Offeror Personnel – Provide the name, title, telephone number and e-mail address of the company point of contact regarding decisions made with respect to your proposal and who can obligate your company contractually. Also identify those individuals authorized to negotiate with the County.

Company Address and Identifying Codes – Provide company/division’s street address, Federal Identification Number, DUNS Code, and size of business. List all locations where work is to be performed and indicate whether such facility is a division, affiliate or subcontractor, and the percentage of work to be performed at each location.

Subcontracting Plan – If the Offeror intends on using subcontractors a Subcontracting Plan must be included in this section. The Subcontracting Plan shall include a detailed explanation of the work to be subcontracted and the percentage of that work to the total project for each proposed subcontractor. The County of Rockland reserves the right to approve or disapprove of any subcontracting plan.

Participation of Disadvantage Business Enterprises – The Offeror must provide with its offer a statement as to whether they have established targets for DBE participation on this contract. The targets may be provided for participation by a prime contractor, joint venture partner, teaming arrangement member or subcontractor. The targets for subcontractors must be listed separately.

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Section V - Relevant and Past Performance

General – Each Offeror shall submit a past and present performance section with its proposal, containing past performance information in accordance with the format contained in ***The Past and Present Performance Information Form*** (See - Attachments) This information is required on the Offeror and all subcontractors, teaming partners, and/or joint venture partners. Offerors are cautioned that the County will use data provided by each Offeror in this Section and data obtained from other sources in the evaluation of past and present performance.

For each contract submitted as a past performance reference, the Offeror shall submit a client authorization letter, authorizing their client to release to the County information requested on the Offeror's past and present performance.

Relevant Contracts – Submit Past Performance Information on 3 recent contracts that you consider most relevant in demonstrating your ability to perform the proposed effort. Also include information on 3 recent contracts performed by each of your teaming partners and significant subcontractors that you consider most relevant in demonstrating their ability to perform the proposed effort. Include rationale supporting your assertion of relevance.

Note that the County generally will not consider performance on a newly awarded contract without a performance history or on an effort that concluded more than 3 years prior to this source selection.

Specific Content – Offerors are required to explain what aspects of the reference contracts are deemed relevant to the proposed effort, and to what aspects of the proposed effort they relate. This may include a discussion of efforts accomplished by the Offeror to resolve problems encountered on prior contracts as well as past efforts to identify and manage risk. Merely having problems does not automatically equate to a little or no confidence rating, since problems encountered may have been on a more complex program, or an Offeror may have subsequently demonstrated the ability to overcome the problems encountered. The Offeror is required to clearly demonstrate management actions employed in overcoming problems and the effects of those actions, in terms of improvements achieved or problems rectified. This may allow the Offeror to be considered a higher confidence candidate.

Organizational Structure Change History – Many companies have acquired, been acquired by, or otherwise merged with other companies, and/or reorganized their divisions, business groups, subsidiary companies, etc. In many cases, these changes have taken place during the time of performance of relevant present or past efforts or between conclusion of recent past efforts and this source selection. As a result, it is sometimes difficult to determine what past performance is relevant to this acquisition. To facilitate this relevancy determination, include in this proposal section a “roadmap” describing all such changes in the organization of your company. As part of this explanation, show how these changes impact the relevance of any efforts you identify for past performance evaluation. Since the County intends to consider present and past performance information provided by other sources as well as that provided by the Offeror(s), your roadmap should be both specifically applicable to the efforts you identify and general enough to apply to efforts on which the County receives information from other sources.

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MANDATORY REQUIREMENTS

STATEMENT OF OBJECTIVES

The County of Rockland's Department of General Services – Purchasing Division is seeking proposals to provide Temporary Labor Services – Medical Support, including all labor, travel, and miscellaneous expenses, necessary to provide medical support to Summit Park Hospital, Rockland County Infirmity, Department of Mental Health, Department of Health and the Rockland County Correctional Facility as outlined throughout this Request for Proposal.

The County intends to partner with one or more resources that offer temporary labor services – Medical Support, that can provide various Medical support positions and coverage for the County Agencies noted above.

Interested firms may respond to this Request for Proposal by submitting a proposal for **any or all** of the medical support positions defined in this RFP. Firms **do not** have to submit proposals for all positions.

The resulting contract shall **not** be utilized as a regular source of staff for County agencies. Rather, it is intended to offer **temporary** medical support as needed. Each request for service SHOULD NOT EXCEED a six- (6) month duration (for each position requested). All services performed under this contract shall not violate any established union contract that the County of Rockland has with its County employees and its union(s).

When responding to this RFP, proposers should consider the following:

- Services are required within twenty-four (24) hours of request.
- See Job Descriptions detailed in the RFP.
- Quantities are unavailable. Fiscal and other considerations may affect the amount of activity required during the contract period.

SCOPE OF SERVICES

Medical Support:

The County of Rockland is seeking services for the following medical support positions:

1. Practical Nurse (Institutional)
2. Nurse Aide (Institutional)
3. Registered Nurse (Institutional)
4. Infection Control Nurse
5. Quality Assurance Nurse
6. Dietitian
7. Occupational Therapist
8. Certified Occupational Therapy Assistant
9. Pharmacist
10. Pharmacy Assistant (Technician)
11. Physical Therapist
12. Physical Therapy Assistant

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- 13. Dentist
- 14. Physician
- 15. Psychiatrist I / Staff Psychiatrist
- 16. Radiology Technologist
- 17. Speech and Hearing Therapist
- 18. Respiratory Therapist
- 19. Laboratory Services Supervisor
- 20. Laboratory Services Technician

PAGE 20 - MALPRACTICE INSURANCE:

The contractor themselves will not need to supply malpractice insurance but will need to supply copies of proof of malpractice insurance for each of professionally licensed employees at time of interview and/or prior to any assignment.

Pricing:

Pricing submitted shall reflect NET pricing PER HOUR. Any payments for travel time, mileage to and from any jobsite, and/or miscellaneous expenses, **will not be allowed.**

Proposed rates shall remain firm for the first two (2) years of the contract period with no wage adjustment(s) allowed. If the County exercises any of the option years of the contract, vendors may submit a request for adjustment on the yearly anniversary date of the contract. Any request for price adjustment(s) must be submitted thirty (30) days in advance in writing to the Director of Purchasing. Any and all price adjustments will be limited to the percentage increase in the CPI Index - All Urban Consumers for the preceding 12 months. The County reserves the right to reject any request for price increase deemed excessive.

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Working Hours:

Payment will be made for **ACTUAL HOURS WORKED**. Payment for Holidays observed by the County of Rockland, and/or any time as the result of early dismissal by the County due to weather and/or any other situation, will not be covered.

Normal Working Hours will be in accordance with the standard first shift schedule of the employing County agency.

Shift Differential - the maximum shift differential premiums that will be paid are as follows: (The County reserves the right to negotiate Shift Differential Premiums with any Contractor awarded a contract.)

	<i>1st Shift</i>	<i>2nd Shift</i>	<i>3rd Shift</i>
<i>Monday</i>	<i>None</i>	<i>5%</i>	<i>5%</i>
<i>Tuesday</i>	<i>None</i>	<i>5%</i>	<i>5%</i>
<i>Wednesday</i>	<i>None</i>	<i>5%</i>	<i>5%</i>
<i>Thursday</i>	<i>None</i>	<i>5%</i>	<i>5%</i>
<i>Friday</i>	<i>None</i>	<i>5%</i>	<i>5%</i>
<i>Saturday</i>	<i>5%</i>	<i>5%</i>	<i>5%</i>
<i>Sunday</i>	<i>5%</i>	<i>5%</i>	<i>5%</i>

Holidays - Holiday premiums are paid in lieu of, and not in addition to, shift premiums. Holiday premiums will be based on holidays deemed to be "Regular Holiday" and holidays deemed to be "Premium Holiday" and are allowed as follows:

<i>Regular Holiday</i>	<i>Compensation</i>
<i>New Year's Day</i>	<i>Time and one-half</i>
<i>Martin Luther King Day</i>	<i>Time and one-half</i>
<i>Lincoln's Birthday</i>	<i>Time and one-half</i>
<i>Washington's Birthday</i>	<i>Time and one-half</i>
<i>Memorial Day</i>	<i>Time and one-half</i>
<i>Independence Day</i>	<i>Time and one-half</i>
<i>Labor Day</i>	<i>Time and one-half</i>
<i>Columbus Day</i>	<i>Time and one-half</i>
<i>Veterans Day</i>	<i>Time and one-half</i>
<i>Thanksgiving Day</i>	<i>Time and one-half</i>
<i>Christmas Day</i>	<i>Time and one-half</i>

Wages:

If contractors propose minimum wage rates for any position, and the minimum wage increases during the contract period, contractors and County agencies will pay current minimum wage for services provided.

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Permanent Employment of Temporary Personnel:

County agencies shall not hire any temporary employee for permanent employment with the County of Rockland for a period of (90) calendar days following the placement of an individual. **The County shall not be held liable for any fee, penalty, liquidated damages, etc. paid to the contractor resulting from the placement of the individual into County service.**

Contract Separately / Additional Savings Opportunities:

The County reserves the right to either seek additional discounts from the contractor(s) or to contract separately for a single purchase, if in the judgment of the Purchasing Division the quantity required is sufficiently large to enable the County to realize a cost savings over and above the published contract prices, whether or not such a savings actually occurs.

Union Agreement:

All services performed under this contract shall not violate any established union contract that the County of Rockland has with its County employees and its unions.

County Agency / Contractor Responsibility:

Requesting/Hiring County Agency Responsibility

1. The Using County Agency reserves the right to interview any potential candidate for temporary placement to determine their ability to perform the required services.
2. The Using County Agency shall provide all necessary supplies, equipment and workspace for the temporary personnel
3. It is the Using County Agency's responsibility to pay the contractor a minimum of three (3) hours of work time when a contractor provides personnel on a specified date and time, and the contractor's personnel appears on time to perform the specified services.
4. The Using County Agency reserves the right to accept or reject any temporary service provided by the contractor.
5. The Using County Agency shall not request services for LONGER THAN SIX (6) months in duration per fiscal year for any one single position.

Contractor's Responsibility

1. Awarded contractors shall supply sufficient, competent, reliable, and properly licensed and/or certified personnel to provide adequate and satisfactory services under this contract.

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2. Contractor's shall clear all temporary personnel assigned to the County through the Nurse Aide Registry. A copy of the verification received shall be supplied to the County prior to the temporary employee's first shift.
3. In cases where special licenses, accreditation's and/or certifications are required by State, Federal and/or Local law, statute or regulation for an employee to perform services of specified job descriptions, contractors shall provide a copy to the Using County Agency.
4. Contractors, if requested, shall also provide references, resumes, and/or test scores on individual temporary service employees.
5. The Contractors shall provide a replacement for any/all temporary individuals rejected by a Using County Agency as requested by the County Agency. If there are problems with the replacement temporary service employee, the Using County Agency has the option to seek services from another contractor listed on the contract award.
6. The Contractors shall submit weekly billings to the Using County Agency and shall include on each billing:
 1. Contractors Federal Tax Identification Number
 2. Using County Agency's Purchase Order Number
 3. Temporary Services Personnel Name
 4. Actual hours worked/billed
7. The Contractor is solely responsible for the payment of all salaries, wages, bonuses, Social Security, Workers Compensation, Taxes, Federal and State Unemployment Insurance, Liability and Worker's Compensation Insurance, employee benefits, and any and all taxes related to personnel furnished under this contract including but not limited to FICA taxes.
8. The Contractor is solely responsible for compliance to all other applicable laws relating to its employees, such as wage and hour laws, prevailing wage laws, safety and health requirements, and collective bargaining laws.
9. Confidentiality: In accordance with all applicable laws, regulations, and procedures, the contractors and the temporary personnel provided by the contractor shall maintain strict confidentiality of all information and records which the contractor or temporary personnel provided by the contractor may come in contact with or be privy to in the course of providing services. Please affirm, in writing that confidential information will not be disclosed either during or after the provision of services or following termination of an individual's employment with the contractor. Note: The person signing the statement shall be a company official (i.e. owner, partner, officer, etc.)

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Proper Conduct:

The Contractor shall adhere to proper conduct at all times. Proper conduct is meant to include, but shall not be limited to the following:

1. There shall be no weapons, drugs, or alcohol brought onto County property
2. No smoking on the premises unless there is a smoking designated area and the smoking is conducted in such area designated as a smoking area.
3. No exterior doors are to be left open or unlocked.
4. The contractor and its employees will be polite and courteous at all times.
5. Full Compliance with the County of Rockland's Equal Employment Opportunity Policy.

Badging / Security Requirements:

The Contractors shall furnish their employees with picture identification cards that shall be worn at all times when an employee is on County property. The County will issue a second non-picture identification card that all contractor employees shall wear while on County property.

The County reserves the right to conduct background checks on any temporary employees assigned to security sensitive positions including medical support positions at the Rockland County Correctional Facility.

CONTRACTOR AND EMPLOYEES

The contractor shall not employ any person for work on this contract if such employee is identified to the contractor by the department contact, the purchasing representative, or the Security Office as a potential threat to the health, safety, security, general well being or operational mission of the using agency and its population.

The contractor shall maintain adequate documentation relative to employee files, worksheets and time logs and submit such information to the County upon request. Such documentation shall include, but not limited to the following: name of employee, address, medical screening, criminal background screenings and training, and the number of hours worked and the work tasks accomplished.

The contractor shall ensure employees have a current and valid driver's license before allowing the employee to operate a motor vehicle.

If required, Contractor must file yearly certificate of clean health with the Department of Health (T.B., Etc.) for each employee that will have direct client contact.

The contractor shall confirm employees have the appropriate training, to include the universal infection control procedures, prior to the beginning of service under this Contract.

If required, employees shall be cleared by the Department of Mental Health for appropriateness in working in sensitive areas.

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Subcontracting:

The use of subcontractors is prohibited unless authorized in writing by the Department of General Services-Purchasing Division.

Laws and Regulations:

The Contractor(s) shall at all times observe and comply with all Federal, State, and Local laws and regulations.

Purchase Orders:

A formal contract will be issued to any contractor selected for an award under this solicitation. No work shall be performed under the contract award until the Using County Agency has issued a Purchase Order to encumber the appropriate funding.

Billing and Payments:

Payment will be made after service has been performed. Invoices are to be submitted directly to the using County Agency with a copy submitted to the Commissioner of Finance. Payments may be delayed if the Contractor submits billing incorrectly with the instructions contained in this RFP and the Purchase Order issued for said service. All billing / invoices shall indicate the individual departmental Purchase Order number issued.

SUBMITTAL REQUIREMENTS:

Please submit the following in order as listed:

1. Proposed Services - a detailed listing of the positions your firm is able to provide.
2. A brief History of the Company and their philosophy on providing the services required in the RFP.
3. Past Years financial reports. (Should proposers wish this information to be considered confidential, this information should be placed in a sealed envelope marked "Confidential"; this information will not be made viewable to the public and will only be reviewed by the evaluation committee.)
4. References/Client List - References from three (3) organizations, other than the County of Rockland, that proposer has provided service for within the last year per medical support personnel title being offered. Indicate the name of the reference, description of the medical support personnel provided, name and contact information of each reference provided.
5. Cost Proposal Page with Per Hour Pricing.

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Temporary Medical Support - Job Descriptions

PRACTICAL NURSE (INSTITUTIONAL)

DISTINGUISHING FEATURES OF THE CLASS: The work involves the routine care of patients in accordance with detailed and well-defined rules and regulations and assisting a Registered Professional Nurse in the carrying out of orders prescribed by a physician. The work requires understanding of and skill in routine nursing practices but does not require the exercise of professional judgment. Assignments concerning patient care are given specifically and supervised closely by a registered professional nurse or a physician. Does related work as required.

TYPICAL WORK ACTIVITIES:

Assists with preparation, implementation and continuing evaluation of the nursing care plan as a team member;
 Observes, records and reports progress or any change in patient's condition;
 Carries out uncomplicated therapeutic treatments such as complete bedside nursing care, preparing and applying simple dressings and administering certain medications;
 Assists with the rehabilitation of patients in accordance with the nursing care plan, such as assisting the patient with ambulation, assisting the patient with normal range of joint motion, and applying the principles of good body mechanics and body alignment;
 Maintains essential nursing care records and reports.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Working knowledge of current routine nursing practice; skill in the application of current practical nursing procedures and techniques of patient care; ability to communicate effectively; ability to get along well with patients and others; ability to accept and utilize guidance; physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS: Possession of a license issued by the State of New York of practice as a Licensed Practical Nurse.

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NURSE AIDE (INSTITUTIONAL)

DISTINGUISHING FEATURES OF THE CLASS:

This is personal service work of a routine nature, but which involves a responsibility for the general comfort of assigned patients. Direction is received from a Senior Nurse Aide or professional nursing personnel. Does related work as required.

TYPICAL WORK ACTIVITIES:

- Provides direct patient care which includes but not limited to assisting the patient/resident in the following Activities of Daily Living (ADL's): eating, transferring, toileting, grooming, bathing, walking, wheeling and transporting off and on the unit;
- Answering call bells promptly;
- Promotes resident safety and dignity at all times and provides supportive and positive with residents/patients;
- Reports any changes in patients condition to the nurse in charge;
- Documents type of care provided by signing the accountability form;
- Attends regular in-services to meet at least the minimum NYSDOH required 12 hours to maintain certification requirements and competency in performing required skills;
- Provides hydration and nourishments as assigned by the nurse in charge;
- Maintains competency in performing techniques, nursing supplies and equipment to perform direct patient care such as mechanical lifters, stretchers, weighing scales, shower trolleys, merriwalkers, canes, special wheelchairs, bed/chair alarms, restraints, etc.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Familiarity with nursing techniques, hospital sanitation and personal hygiene; ability to understand and effectively carry out simple oral and written directions; ability to get along well with others and to secure the confidence and cooperation of patients, physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS:

Listed in the New York State RHCF Nurse Aide Registry **or** completion of a New York State approved nurse aide training program within ninety (90) days of employment.

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REGISTERED NURSE (INSTITUTIONAL)

GENERAL STATEMENT OF DUTIES: Performs professional nursing services; does related work as required.

DISTINGUISHING FEATURES OF THE CLASS: This is technical nursing service of a difficult nature which involves a responsibility for the general health of assisting patients within a hospital, infirmary or correctional health facility; administrative supervision is received from an employee of higher professional rank and technical direction from doctors of medicine. Shift to be determined by the appointing authority.

EXAMPLES OF WORK (ILLUSTRATIVE ONLY):

Performs professional nursing care;
 Assists in patient education and rehabilitation;
 Maintains clinical records of observations made and treatment given to patients;
 Assists physicians with examinations and treatment;
 Prepares special medications;
 Assists with mass immunizations and in various clinics;
 Attends and participates in staff meeting, lectures, etc.

REQUIRED KNOWLEDGE AND ABILITIES: Good knowledge of nursing techniques and skill in their application; ability to understand and carry out complex oral and written directions; ability to establish and maintain successful relationships with people; sympathetic to the reactions of others; good powers of observation perception and analysis; emotional maturity.

REQUIRED TRAINING AND EXPERIENCE: Completion of an accredited course of training for nurses.

SPECIAL REQUIREMENTS: Possession of a license to practice as a Registered Professional Nurse in New York State at time of appointment. (Pending registration current New York State Department of Education regulations permit temporary employment, under appropriate supervision, for a maximum of 90 days upon graduation from an accredited nursing program pending receipt of a temporary permit and for up to 18 months with a temporary permit.)

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INFECTION CONTROL NURSE

DISTINGUISHING FEATURES OF THE CLASS:

This is technical nursing service and supervisory work of a complex nature which involves the responsibility for the planning, development, implementation and ongoing supervision of programs and procedures for controls of infection among patients and employees in the Department of Hospitals. The work is performed in accordance with applicable federal, state and local regulations and under the general direction of the Director of Nursing. Supervision is exercised over several professional and technical personnel. Does related work as required.

TYPICAL WORK ACTIVITIES:

Develops and oversees procedures and policies for the detection and control of infection and the institution of preventive measures;
 Oversees the operation of the Employee Health Service by providing first aid, evaluation of job-related illnesses, annual health assessments and immunization;
 Plans, implements and oversees the facilities sanitation and medical aseptic program for appropriate units within the Department of Hospitals;
 Provides guidance to staff regarding matters of infection control;
 Reviews and monitors equipment and supplies needed for infection control and makes effective purchasing recommendations to the Director of Nursing;
 Counsels employees on blood exposure protocol related to HIV;
 Reviews charts to assure proper placement of infectious patients to be admitted to Summit Park Hospital;
 Maintains and updates infection control manual;
 Supervises compliance with infection control policies and procedures in all hospital departments;
 Participates in various committees (e.g. Quality Assurance, Infection Control, Policy and Procedures);
 Provides in-service training to existing staff and orientation to new employees in infection control matters.
 Gathers and compiles infection control data and prepares a variety of reports as required.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Thorough knowledge of nursing theory and techniques and skill in their application, especially in a facility whose primary patient population is geriatric; thorough knowledge of infection control standards and their application in a hospital setting; good knowledge of hospital organization and procedures; good knowledge of supervisory and training techniques, ability to communicate effectively both orally and in writing; ability to plan and direct the work of others; ability to plan and direct a program of infection control; ability to establish and maintain cooperative relations with others; physical condition commensurate with the demands of the position.

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INFECTION CONTROL NURSE (continued)

MINIMUM QUALIFICATIONS:

Completion of an accredited course of training for nurses and either:

- (a) two (2) years of professional nursing experience in an accredited hospital or medical institution as a head nurse or higher supervisory level or
- (b) four (4) years of professional nursing experience in an accredited hospital or medical institution on an Assistant Head Nurse or Charge Nurse level on an assigned shift, and
- (c) In addition to (a) or (b) above, one (1) year of experience in developing or supervising an infection control program.

NOTE:

A Bachelor's Degree in Nursing, Health Care Administration or related may be substituted for one (1) year of experience. A Master's degree in Nursing, Health Care Administration or related may be substituted for two years of the general experience in (a) or (b).

SPECIAL REQUIREMENTS:

Possession of a license to practice as a registered professional nurse in New York State.

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QUALITY ASSURANCE NURSE

DISTINGUISHING FEATURES OF THE CLASS:

This is professional and administrative work of a complex nature which involves responsibility for planning and administering the Department of Hospitals' Quality Assurance Program designed to identify, assess and resolve problems in delivery of patient care. The work is performed under the general supervision of the Commissioner of Hospitals and supervision is exercised over a small number of professional and clerical personnel. Does related work as required.

TYPICAL WORK ACTIVITIES:

Develops standards and administrative guidelines for the Quality Assurance Program and submits proposed plan for approval to the Board of Governors and Medical Executive Committee;
Co-Chairs the Quality Assurance Committee, including preparation and distribution of meeting agendas, design of studies, presentation of reports, etc.;

Reviews reports and consults with other health professionals to evaluate the quality of patient care and remedy identified problems;

Integrates Quality Assurance activities and goals with hospital policies, procedures and practices;

Establishes priorities for problem assessment and resolution;

Plans and organizes the Risk Management program, initiating investigations and resolving potentially hazardous conditions, when necessary;

Serves as a member of the Utilization Review Committee and directs and supervises Utilization Review programs for Health and Hospitals;

Maintains liaison with the Medical Director to report all pertinent information on the Quality Assurance Program and receives medical consulting advice;

Oversees and is responsible for Department of Hospitals' discharge planning service to ensure proper resource utilization and compliance with regulatory agency guidelines;

Communicates with patients and serves as their representative to resolve identified problems, acting as liaison with on-site volunteer ombudsmen and hospital personnel;]

Communicates with patients and serves as their representative to resolve identified problems, acting as liaison with on-site volunteer ombudsmen and hospital personnel;

Reviews third party and regulatory agency directives and provides input to appropriate individuals and committees regarding revisions and changes;

Attends meetings and reports on activities related to the Quality Assurance Program, Discharge Planning, Utilization Review, Patient Care policy, medical records, etc.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Thorough knowledge of the philosophy and management of long-term care; good knowledge of community resources and health care services; good knowledge of hospital practices and procedures; good knowledge of planning, coordination and evaluation; good knowledge of hospital liability issues and practices; ability to interpret applicable agency and state-mandated regulations pertaining to long-term care facilities; ability to communicate effectively with patients, patients' family and professionals in the health care field; ability to prepare medical evaluation and patient care studies and reports; ability to express oneself both orally and in writing; physical condition commensurate with the demands of the position.

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QUALITY ASSURANCE NURSE (continued)

MINIMUM QUALIFICATIONS:

Six (6) years of professional nursing experience, at least two (2) years of which must have been in quality assurance or closely related field (utilization review, antibiotic review, infection control, discharge planning) or at least three (3) years of which much have been at a Head Nurse or higher level.

NOTE:

A Bachelor's degree in nursing may be substituted for one (1) year of the required general nursing experience. A Master's degree in nursing may be substituted for two (2) years of the required general nursing experience.

SPECIAL REQUIREMENTS:

Possession of a valid license to practice as a registered nurse in the State of New York.

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DIETITIAN

DISTINGUISHING FEATURES OF THE CLASS:

This is technical therapeutic and clinical work of a complex nature involving responsibility for independently providing diet and nutritional care to patients in various units of a health care facility. The work is performed under the general supervision of higher level professional dietetic personnel. Supervision may be exercised over subordinate dietetic food service employees. Does related work as required.

TYPICAL WORK ACTIVITIES:

Visits patients within 24 hours of admission and takes diet histories;
 Visits patients on a regular basis to determine ongoing needs and make necessary adjustments;
 Develops initial nutritional assessment and nutritional patient care profile for patients, charts patients' progress and performs charts quarterly reassessments;
 Makes recommendations for approaches to improve nutritional health of patients;
 Counsels families of patients on diet requirements both while in the facility and on discharge;
 Formulates special therapeutic diets and discharge diets as required by diet prescription and individual needs of patients;
 Works with Dietary Assistants and Dietary Aides to ensure proper work flow;
 Attends interdisciplinary patient care conferences and other departmental and interdepartmental meetings;
 Maintains records and makes necessary reports;
 May assume the responsibilities of the Assistant Director of Food Services (Dietetics) in the area of patient care in his/her absence.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Good knowledge of the nutritional value and composition of foods; good knowledge of dietary principles and practices as they relate to therapeutic and clinical nutrition; good knowledge of the principles and practices of food preparation for individuals and large groups; working knowledge of modern principles and practices of sanitation and safety related to health care facility food preparation and service; working knowledge of supervisory and training techniques in food nutrition; ability to keep accurate records and reports; ability to establish and maintain good relationships with patients and staff; ability to exercise good judgment and initiative; physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS:

A Bachelor's degree in dietetics, food preparation or nutrition and (a) registration or ability for registration with the American Dietetic Association, or (b) one year of experience* in hospital dietetic work.

PROMOTION:

One (1) year as a Dietary Technician *

* Experience must have been gained after obtaining a Bachelor's degree with specialization in food preparation, nutrition, or dietetics.

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OCCUPATIONAL THERAPIST

DISTINGUISHING FEATURES OF THE CLASS:

This is technical occupational therapy service of a difficult nature which involves a responsibility for the development of handicapped patients. General supervision is received from a higher level therapist. However, therapy is performed in accordance with a physician's prescriptions. Training and technical direction is exercised over a small number of aides. Does related work as required.

TYPICAL WORK ACTIVITIES:

Plans, organizes and participates in occupational and recreational activities;
Plans and provides interesting and constructive activities suited to individual physical capabilities, intelligence levels and interest;
Prepares patients for eventual return to some form of employment;
Assists in restoration of articular and muscular functions;
Improves general physical condition and aids in mental rehabilitation;
Teaches or supervises workers (public health nurses, registered nurses, mental health workers and aides) engaged in instructing patients in such treatment media as creative arts (bookbinding, pottery and weaving), recreation (dramatics, games and music), educational subjects (correspondence courses, reading and study groups) and vocational subjects (shorthand and typing);
Adapts general programs to support individual needs of patients.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Good knowledge of occupational therapeutic principles, methods and techniques; good knowledge of the construction and care of occupational apparatus and equipment; ability to understand and carry out complex oral and written directions, ability to establish and maintain successful relationships with people; sympathetic to the reactions of others; good powers of observation, perception and analysis; manual dexterity; emotional maturity; physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS:

- a. Possession of a license issued or recognized by the New York State Education Department to practice as a registered occupational therapist; or
- b. Possession of a limited permit issued by the New York State Education Department to practice as an occupational therapist and possession of the above-mentioned license at the time of permanent appointment.

R.C.P.O. (1.3.78) 6.26.79

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CERTIFIED OCCUPATIONAL THERAPY ASSISTANT

DISTINGUISHING FEATURES OF THE CLASS:

This is para-professional occupational therapy service performed under the direct supervision of a registered Occupational Therapist. Work guidance may be provided to various levels of Occupational Therapy Aides. Does related work as required.

TYPICAL WORK ACTIVITIES:

Under supervision, regularly observes patients or school district's pupils to justify their continuance in the program;
 Carries out medically prescribed treatments;
 Makes periodic observations of treatment plans and recommends therapeutic changes in goals and program as appropriate;
 Carries out Activities of Daily Living (ADL) training of patients on nursing units, or pupils in programs;
 Maintains records of occupational therapy treatment on patients' charts or pupils' individual educational plan;
 Provides work guidance to aides, volunteers and students assisting in the program;
 Maintains a clean, orderly and safe work area;
 Maintains an inventory of supplies;
 Works with Occupational Therapist on the evaluation and fabrication of adaptive equipment;
 Instructs in the use of adaptive equipment;
 Promotes safety awareness;
 Attends related conferences and seminars and reports pertinent information concerning patients or students;
 May participate in in-service education programs;
 May administer various yearly evaluation tests such as Beery, Gardner, LAP-D.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Good knowledge of occupational therapeutic principles, methods and techniques; working knowledge of the construction and care of occupational apparatus and equipment; ability to understand and carry out oral and written directions; ability to establish and maintain successful relationships with others; physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS:

1. Licensure by the New York State Education Department as a Certified Occupational Therapy Assistant and
2. Eligibility for certification by the National Board for Certification in Occupational Therapy, Inc. and possession of such certification at the time of permanent appointment.

NOTE:

1. A graduate of a two-year program for Certified Occupational Therapy Assistant is entitled to licensure in that title from the State Education Department and need only present proof of graduation to receive said license.

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PHARMACIST

DISTINGUISHING FEATURES OF THE CLASS:

This is professional pharmacy work of a complex nature involving a responsibility for the compounding and dispensing of medications in an institution or hospital in accordance with prescriptions issued by authorized medical practitioners. The work is performed under the supervision of higher-level pharmacist and/or hospital administrator. Work guidance (e.g. lead work) may be provided to a small number of pharmacy assistants. Does related work as required.

TYPICAL WORK ACTIVITIES:

Fills prescriptions for inpatients and various out-patient programs daily utilizing modified unit dose system according to prescriptions written by physicians, dentists and other authorized practitioners;

Completes and distributes medical and surgical requisitions for inpatient units;

Weighs, measures and mixes drugs and other medicinal compounds;

Orders, receives and maintains supply of drugs, chemicals and other pharmaceutical stock;

Maintains constant surveillance of stock to insure proper disposal of outdated, damaged and recalled drugs;

Maintains highly accurate records regarding drug distribution and use, inventory control and other related operations,

Prepares stock items whenever possible, such as silicone lotion, mouthwash, etc.;

May provide information concerning medications to health practitioners;

May prepare reports.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Good knowledge of modern pharmaceutical principles and practices, good knowledge of federal and state laws and JCAH codes regulating pharmaceuticals and the dispensing thereof; good knowledge of medical supplies; ability to establish and maintain cooperative relations with others; ability to maintain accurate records and complete appropriate reports; physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS: A Bachelor's degree or higher in Pharmacy and either

1. One (1) year of experience working as a Pharmacist in a health institution (e.g. hospital, skilled nursing facility or related), or
2. One (1) year of experience working as a Pharmacist that included regular use of the QSI computer system, or
3. An equivalent combination of # 1 and # 2, above.

SPECIAL REQUIREMENTS:

Possession of a license issued by the State of New York Department of Education to practice as a Pharmacist.

R.C.D.P. (04/20/01) 06/04/01

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PHARMACY ASSISTANT

DISTINGUISHING FEATURES OF THE CLASS:

This is entry-level technical pharmacy work involving a responsibility for assisting a pharmacist in compounding and managing the dispensing of medications in an institution or hospital in accordance with prescriptions issued by authorized medical practitioners. The work is performed under the supervision of higher-level pharmacy personnel. Does related work as required.

TYPICAL WORK ACTIVITIES:

Assist pharmacist in filling prescriptions for inpatients and various out-patient programs daily by labeling containers, counting dosage units, preparing IV's, attaching auxiliary labels, etc., according to prescriptions written by physicians, dentists and other authorized practitioners;
 Gathers prescriptions from all units in the Rockland County Infirmary, Summit Park Hospital and Mental Health clinics;
 Delivers prescriptions when filled (Rockland County Infirmary, Summit Park Hospitals, Mental Health Clinics, Departments of Mental Health and Health, Rockland County Jail and Outpatient Clinics);
 Orders, receives and distributes medications within the Pharmacy;
 Returns outdated and overstocked items in a timely manner;
 Packages bulk medications into unit doses, types labels and maintains a packaging log;
 Performs unit floor and community clinic inspections to assure adequate pharmaceutical supplies;
 Prints physician orders, medication administration sheets and various computer reports.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Working knowledge of modern pharmaceutical principles and practices; working knowledge of federal and state laws regulating pharmacy procedures* ; ability to understand and carry out written and oral instructions; ability to establish cooperative relations with others; ability to maintain records; physical condition and commensurate with the demands of the position.

MINIMUM QUALIFICATIONS:

Graduation from high school or possession of an equivalency diploma and one (1) year of full-time paid experience working in a pharmacy setting.

* To be demonstrated during the probationary period.

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PHYSICAL THERAPIST

DISTINGUISHING FEATURES OF THE CLASS:

This is technical work of a difficult nature which involves a responsibility for the treatment of injuries, disease, underdeveloped or malfunctioning physical skills by physical means such as massage, exercise, heat application, light, water, electricity or mechanical agents for the habilitation and rehabilitation of both gross and fine motor movement. Therapy is performed in accordance with a physician's prescription. While this is a professional level position, general supervision may be received from an administrator who may be a general administrator or a profession in the field of rehabilitation. Work direction may be exercised over a small number of rehabilitation technicians, nurses and/or aides. Does related work as required.

TYPICAL WORK ACTIVITIES:

Administrators hydrotherapy, ultra-violet and infra-red treatments;
 Gives massages, therapeutic exercises and other muscle re-education treatments;
 Maintains treatment records and prepares reports;
 Keeps equipment in good working condition;
 Teaches and gives work direction to rehabilitation technicians, public health nurses and aides in physical therapy techniques;
 Is instrumental in getting patients under necessary medical care.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Good knowledge of the principles, objectives and techniques of physical therapy; good knowledge of the construction and proper care of apparatus and equipment; demonstrated skill in the application of physical therapy techniques; sympathetic understanding of the sick or handicapped; emotional maturity; physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS:

- a. Possession of a license issued or recognized by the New York State Education Department to practice as a registered physical therapist;
- b. Possession of a limited permit issued by the New York State Education Department to practice as a physical therapist and possession of the above-mentioned license at the time of permanent appointment.

SPECIAL REQUIREMENT:

Possession of a valid motor vehicle license when fieldwork is required.

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PHYSICAL THERAPY ASSISTANT

DISTINGUISHING FEATURES OF THE CLASS:

This is technical work of a moderately complex nature involving performing physical therapy treatment procedures in accordance with a medically approved program. The work is performed under section 6738 of the Education Law and the duties do not include evaluation, testing, interpretation, planning or modification of patient programs. The work is performed under the direct supervision of a Physical Therapist and supervision may be exercised over a small number of aides. Does related work as required.

TYPICAL WORK ACTIVITIES:

Performs a variety of physical therapy treatment procedures in accordance with a medically approved program;
 Makes observations concerning patient condition, reactions and responses related to treatment and reports same to Physical Therapist;
 Provides assistance to Physical Therapist in carrying out more complex physical therapy treatments and patient assessments;
 Maintains records and enters records of treatment on patient charts;
 Maintains work area and monitors supplies;
 Attends and may participate in patient conferences;
 Supervises physical therapy aides as required;
 Participates in in-service educational programs.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Working knowledge of the principles, objectives and techniques of physical therapy; working knowledge of the construction and proper care of apparatus and equipment; ability to prepare simple activity records and reports; ability to work effectively with patients; physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS:

An Associate's degree in a Physical Therapy Assistant program registered by the New York State Education Department or approved by the American Physical Therapy Association.

SPECIAL REQUIREMENT:

Possession of a license or limited permit issued by the New York State Department of Education to practice as a Physical Therapy Assistant

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DENTIST

GENERAL STATEMENT OF DUTIES:

Performs professional dental work in an institution; does related work as required.

DISTINGUISHING FEATURES OF THE CLASS:

This is professional work involving responsibility for making necessary dental corrections for patients. The work is performed in accordance with the general policies of the institution as outlined by the Medical Director. The dentist is completely responsible for results of professional services rendered.

EXAMPLES OF WORK: (Illustrative only)

Examines patients for dental defects including dental x-rays and laboratory work;
Treats diseases of teeth, gums and mouth;
Cleans, fills and extracts teeth;
Makes impressions for artificial dentures;
Instructs patients on dental health;
Keeps records and makes reports on dental work in accordance with an established plan.

REQUIRED KNOWLEDGE, SKILL AND ABILITIES:

Thorough knowledge of the principles and practices of dentistry; ability to establish and maintain cooperative relationships with the patients; ability to instruct others in dental hygiene; conscientiousness; good motor, and hand and eye coordination; good professional judgment.

REQUIRED EXPERIENCE AND TRAINING:

Graduation from a school of dentistry and two years of experience in the practice of dentistry.

SPECIAL REQUIREMENTS:

Possession of a license to practice dentistry in the State of New York at time of permanent appointment.

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PHYSICIAN

GENERAL STATEMENT OF DUTIES:

Performs professional medical services, does related work as required.

DISTINGUISHING FEATURES OF THE CLASS:

This is responsible work requiring the professional competence of a licensed physician in the field of general medicine. Work is performed in accordance with general policies outlined by the appropriate authority and in accordance with the principles and ethics of the medical profession. The use of independent professional judgment and interpretation is essential. Work may be performed on a part-time or full-time schedule and/or on-call basis.

EXAMPLES OF WORK: (Illustrative Only)

Provides medical care to patients;
 Performs general examinations and makes diagnosis;
 Suggests and prescribes preventive or therapeutic treatment that will maintain or correct the condition, alleviate suffering and promote comfort to the individual patient;
 Maintains medical records and prepares comprehensive reports of visitations made and nature of services rendered;
 Reviews and assures the proper maintenance of case records;
 Consults with other physicians;
 Establishes time schedules and procedures for the conduct of medical services;
 Establishes and maintains and amicable work relationships with general hospitals, clinics, laboratories, and other related sources;
 May supervise nursing care.

REQUIRED KNOWLEDGE AND ABILITIES:

Thorough knowledge of the principles and practices of general medicine; knowledge and understanding of the environment, principles, ethics and human relationships in the field of medicine; ability to perform diagnostic and therapeutic functions; ability to communicate effectively, both orally and in writing; good professional judgment.

REQUIRED TRAINING AND EXPERIENCE:

Possession of a license to practice medicine in New York State.
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PSYCHIATRIST

DISTINGUISHING FEATURES OF THE CLASS:

This is professional psychiatric work permitting some latitude for independent judgment. The Psychiatrist I/Staff Psychiatrist may assist and supplement the work of an administrative psychiatrist in psychiatric services, primarily in team therapy or may also have supervisory responsibilities over a team of workers. The work is performed under the direction of a higher-level psychiatrist or administrator. Does related work as required.

TYPICAL WORK ACTIVITIES:

Renders psychiatric and neurological diagnostic service for patients and clients utilizing the contributions of psychiatric social workers and psychologists;
 Participates as a team member in conferences concerned with diagnostic and treatment of patients and clients;
 Provides psychiatric treatment for patients, utilizing the assistance of psychiatric social workers and psychologists;
 Contributes to the interpretation of methods and procedures by personnel responsible for carrying out prescriptions and recommendations;
 Makes reports to practicing physicians about patients attending the Center;
 Consults with community organizations and individuals relative to the treatment of patients;
 Engages in community mental health education;
 Develops and engages in such research projects as have met with official approval;
 May lead a clinical team in providing necessary services to clients and/or their families.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Thorough knowledge of the principles and techniques of medical and psychiatric practice of personality development and emotional and behavior problems in children and adults; good knowledge of public health functions in community organizations and of state and local relationships in the work of psychiatric clinics; ability to participate effectively as a member of a team in the work of the total clinic program; ability to exercise sound judgment in evaluating situations and making decisions; physical conditions commensurate with the demands of the position.

MINIMUM QUALIFICATIONS:

Possession of a license to practice medicine issued by the State of New York and three (3) years of approved resident training in psychiatry and neurology or evidence of certification to practice psychiatry by the American Board of Psychiatry and Neurology.

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RADIOLOGY TECHNOLOGIST * (X-Ray Technician).

DISTINGUISHING FEATURES OF THE CLASS:

This is routine technical work involving the use of x-ray equipment in the taking of radiographs. The work is performed under the general direction of a Supervising Radiology Technologist. Does related work as required.

TYPICAL WORK ACTIVITIES:

Takes x-rays for diagnostic purposes;
 Prepares and arranges patients for examination;
 Prepares developing solutions and processes x-ray film;
 Observes and records patients' condition and reports significant information;
 Catalogues and files x-ray films and reports;
 Inspects and makes minor repairs to equipment;
 May assist a licensed practitioner in the performance of the more serious diagnostic examinations.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Good knowledge of routine diagnostic x-ray procedures; good knowledge of the operation and routine maintenance of x-ray and auxiliary equipment; working knowledge of record-keeping and inventory procedures; ability to get along well with patients, employees and physicians. Physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS:

Possession of a license to practice x-ray technology issued by the New York State Department of Health and a current certificate of registration with the State Department of Health.

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SPEECH AND HEARING THERAPIST

DISTINGUISHING FEATURES OF THE CLASS:

This is technical work of a difficult nature, which involves a responsibility for treating patients with difficulties in speech and/or hearing. Supervision is received from a program director and supervision may be exercised over teachers and aides when working in the area of speech and hearing. Does related work as required.

TYPICAL WORK ACTIVITIES:

Conducts tests and evaluates speech and hearing of patients;
Plans and conducts speech and hearing therapy for individual patients;
Develops tests to monitor patient progress;
Provides consultation to various agencies;
Maintains treatment records and prepares reports;
Teaches and/or supervises various personnel engaged in the speech and therapy program.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Good knowledge of the principles, methods, objectives and techniques of speech and hearing therapy; good knowledge of the equipment used in speech and hearing therapy; ability to understand carry out complex oral and written directions; ability to establish and maintain successful relationships with people; sympathetic understanding of individuals with speech and/or hearing difficulties; emotional maturity; physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS:

Possession of a license issued by the New York State Education Department as a registered Speech Pathologist and/or Audiologist.

NOTE:

Any individual who holds a temporary certificate as a Speech Pathologist and/or Audiologist may be permitted to take the examination but must possess the license in order to be granted an appointment in the position.

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RESPIRATORY THERAPIST

DISTINGUISHING FEATURES OF THE CLASS:

This is difficult and responsible work which involves supervising and participating in the daily activities of the respiratory therapy program of a medical physical rehabilitative hospital and skilled nursing facility. The work is performed under the general direction of the Director of Medical Services. Supervision is exercised over all respiratory support personnel. Does related work as required.

TYPICAL WORK ACTIVITIES:

Oversees the daily activities of the Respiratory Therapy Department which includes responsibility for seeing that prescribed treatments are being administered appropriately and with proper equipment;

Develops and maintains a comprehensive quality assurance program covering respiratory therapy services and, including but not limited to, therapy, ABG analysis and controls, appropriateness of therapy, etc.;

Consults with physicians on various modes of treatment in respiratory therapy;

Evaluates patients requiring respiratory care;

Supervises and participates in the Pulmonary Function laboratory which administers tests ordered by physicians;

Takes responsibility for inventory control, the availability of all equipment, supplies, oxygen, therapeutic gases, etc., infection control and the safety of patients, staff and equipment as they relate to Respiratory Therapy;

Develops lesson plans and conducts classes as part of a program of in-service education in respiratory therapy;

Maintains records and statistical data within functional area;

Schedules all work assignments and gives direction, training and assistance to Respiratory Therapy personnel;

Establish and implements education programs in respiratory therapy for patients and families in conjunction with home care with medical and nursing departments and aids in planning for home care;

Plans short and long-term goals, objectives and priorities for the section and supervises the implementation of services;

Investigates and implements new procedures, techniques and programs in respiratory therapy;

Develops, reviews and updates the section's policies and procedures manuals and contributes to manuals for other sections as appropriate;

Prepares the section's budget and monthly, semi-annual and annual reports;

Keeps abreast of current development in the field of respiratory therapy.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Thorough knowledge of a variety of inhalation therapy equipment and their use, limitations and potential hazards; thorough knowledge of supervisory and training techniques as they apply to respiratory therapy; skill in the operation and routine maintenance of the equipment; ability to plan and schedule work as well as to supervise the work of others; ability to understand and

(continued on next page)

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RESPIRATORY THERAPIST (continued)

implement hospital policies, procedures and written instructions as they pertain to respiratory therapy and to develop and implement same for section; ability to establish and maintain successful relationships with other professionals, patients and hospital staff; ability to maintain records and make reports; physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS:

Registration as a Respiratory Therapist by the National Board of Respiratory Care and two (2) years of post-registration respiratory therapy experience.

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LABORATORY SERVICES SUPERVISOR

GENERAL STATEMENT OF DUTIES:

Supervises the operation of a large medical laboratory; does related work as required.

DISTINGUISHING FEATURES OF THE CLASS:

This is complex medical laboratory work of a technical and supervisory nature which involves a responsibility for the operation of a state-certified medical laboratory in a large health and hospitals setting while maintaining standards of professional performances. The work is performed under the general direction of the Director of Laboratory Services. Supervision is exercised over all technical and non-technical laboratory personnel.

EXAMPLES OF WORK: (Illustrative Only)

Performs specialized and complex chemical procedures and tests;
Plans schedules and assigns duties to technical and non-technical laboratory personnel;
Designs and develops new and revised testing procedures;
Establishes personnel development and training programs and insures a continuing education program for staff;
Reviews work performed and conducts periodic employee evaluations;
Maintains an adequate stock of supplies;
Prepares and maintains laboratory policy and procedural manuals;
Completes various tests for State Health Department for continued accreditation;
Oversees the calibration of all instruments on a periodic basis to insure proper operation;
Directs the preparation of monthly statistical reports and assists in the preparation of budgets;
Keeps abreast of changes in the field and implements revised procedures;
Attends staff and supervisory meetings;
Maintains a quality control program that meets New York State and health Education and Welfare Department standards;
Acts as liaison between laboratory personnel and administration.

REQUIRED KNOWLEDGE AND ABILITIES:

Thorough knowledge of the principles and techniques of medical laboratory work; thorough knowledge of laboratory equipment and supplies; thorough knowledge of state mandated standards; ability to establish and maintain successful relationships with technical and non-technical personnel; ability to develop and maintain policies and procedures for successful laboratory operation; ability to express oneself orally and in writing.

REQUIRED TRAINING AND EXPERIENCE:

A Master's degree in a chemical or biological science and four (4) years clinical laboratory experience, at least one year at a supervisory level.

ACCEPTABLE ALTERNATIVES:

A Bachelor's degree in one of the above fields or in Medical Technology and six (6) years of clinical laboratory experience which included one year at a supervisory level.

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LABORATORY SERVICES TECHNICIAN

DISTINGUISHING FEATURES OF THE CLASS:

This is medical laboratory technical work of a routine nature, involving a high degree of accuracy in performing a variety of laboratory tests and procedures including the collection of blood specimens. Supervision is received from a Medical Technologist. Employees in this class are required to handle infectious materials and are subject to call at times other than normal working hours. Does related work as required.

TYPICAL WORK ACTIVITIES:

Collects blood samples from patients in Hospital, Infirmary, Out Patients and employees for clinical examination;
 Performs clinical laboratory tests in the areas of chemistry, hematology, serology, urinalysis, microbiology, etc.;
 Performs routine blood counts (C.B.C.);
 Logs reports of test results;
 Does related clinical laboratory testing as directed and under supervision;
 Performs routine urinalysis.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:

Good knowledge of biology and chemistry as applied to medical laboratory work; good knowledge of laboratory terminology and equipment including microscopes; good knowledge of methods and procedures for performing blood tests and procedures for taking blood samples; familiarity with technical blood chemistry and hematological terminology; ability to understand and follow oral and written directions; finger dexterity and eye hand coordination; good vision and color perception; physical condition commensurate with the demands of the position.

MINIMUM QUALIFICATIONS:

1. Graduation from high school which included or was supplemented by the successful completion of courses in biology and chemistry or related field and two (2) years of paid medical laboratory experience, or
2. Completion of an approved course of study for Medical Laboratory Technicians and one (1) year of general medical laboratory experience, or
3. Any equivalent combination of appropriate training and experience.

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Special Terms & Conditions:

ADDITIONAL CONTRACT TERMS
REQUIRED FOR COUNTY HEALTH CARE CONTRACTS

Confidentiality - The **CONTRACTOR** agrees to safeguard the confidentiality of information relating to individuals who may receive contract services in the course of this Agreement, in accordance with provisions of applicable local, State and Federal laws, rules and regulations. Unless otherwise specifically authorized pursuant to this Agreement or by any applicable laws, rules and regulations, no disclosure, redisclosure or release of such data or information is to be made, permitted, or encouraged by the **CONTRACTOR** or its officers or employees. It is further understood and agreed that no such data or information is to be used for personal benefit. The **CONTRACTOR** further agrees that its employees shall be specifically instructed in regard to their obligation to keep such data and information in confidence and their liability upon breach of confidentiality to all the penalties prescribed by law. The **CONTRACTOR** further agrees to implement such procedures for safeguarding information as required by the **Department** or applicable **County** Department of Health, Department of Mental Health, and/or Department of Social Services.

Confidentiality Pertaining to HIV/Related Illness - In accordance with 18 NYCRR 405.3(g) (14-16), the **CONTRACTOR'S** procedures must ensure the protection of health history information related to an individual who has been diagnosed as having AIDS, a HIV infection or laboratory tests performed on an individual for HIV-related illness. When confidential HIV-related information is disclosed to the **CONTRACTOR**, the **CONTRACTOR**, as a necessity for providing services must be fully informed of the penalties and fines for redisclosures in violation of State law and regulations. The **CONTRACTOR'S** procedures shall provide that any disclosure of confidential HIV-related information be accompanied by a written statement, as follows:

“This information has been disclosed to you from confidential records which are protected by State law. State law prohibits you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Any unauthorized further disclosure in violation of State law may result in a fine or jail sentence or both. A general authorization for the release of medical or other information is not sufficient authorization for further disclosure.”

Procedures for Maintaining Confidential Information - **CONTRACTOR** shall comply with any and all applicable laws, rules and regulations pertaining to disclosure of confidential information including but not limited to any directives with respect to release of patient’s records.

CONTRACTOR shall implement the following procedures for the purpose of safeguarding information and ensuring the protection of health history information:

- (i) Records containing individually identifiable information of patient shall be kept in locked files or in rooms that are locked when the records are not in use with access provided only to those individuals deemed appropriate by the Department and the New York State Health, Education and Social Service Laws and/or Rules and Regulations.
- (ii) When in use, records shall be maintained in such a manner as to prevent exposure of individual identifiable information to anyone other than the authorized party directly utilizing the case record.
- (iii) No records shall be taken from the place of business without prior authorization by appropriate supervisory staff in order to perform a function which requires the possession of the

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records outside of the agency and where return of the records to the agency at the close of business would result in an undue burden to the staff. In those cases where records are taken home by staff, the records are to be maintained in a secure location and are not to be disclosed to anyone other than those expressly authorized by statute or regulation. The records are to be returned to the agency by staff on the following business day.

Record Maintenance - Patient-specific records pertinent to this Agreement shall be retained by the CONTRACTOR for a minimum period of seven (7) years or longer if required by State and/or Federal laws, rules and regulations.

(i) The **CONTRACTOR** shall maintain a primary file for each patient. Said file shall contain a complete and correct record of the contract services delivered to that patient by the **CONTRACTOR** in a manner deemed appropriate by the Department and all applicable laws, rules and regulations, including observation of the patient and correspondence or other communication to families related to the patient and families' needs.

(ii) Upon notice, said file shall be available for review by representatives of the Department during working hours at the **CONTRACTOR's** place of business or wherever an individual **CONTRACTOR** maintains such records.

(iii) Copies of complete patient's file shall be sent to the Department within five (5) business days or by fax as requested. Request must be sent in writing to the **CONTRACTOR**.

(iv) Any circumstances resulting in the non-delivery or delay in delivery of any contract services shall be recorded in said case file.

Refund by the Provider - If a review of claims and payments to **CONTRACTOR** by the County reveals that the amount received by the **CONTRACTOR** for contract services during that year exceeds the amount due for provision of contract services, the **Department** shall notify the **CONTRACTOR** of the exact amount due to the County for overpayments during the term hereof. Immediately, or for good cause shown to the **Department**, no later than thirty (30) days after the notification date, the **CONTRACTOR** shall refund to the County by check made payable to the order of the Rockland County Department of Health, the amount due for such overpayment. If the **CONTRACTOR** fails to refund amounts due the County under this or any other Agreement, the County may, at the discretion of the **Department**, withhold payments due the **CONTRACTOR** for contract services provided pursuant to this Agreement until such time that the **CONTRACTOR** has made all payments due the County under this or any other Agreement; or deduct from payments due the **CONTRACTOR** for contract services under this Agreement or any renewal thereof, either in installments or in one lump sum, the amount due the County under this or any other Agreement. The **CONTRACTOR's** obligations under this section shall continue beyond and shall survive the expiration or termination of this Agreement.

Licenses, etc. - The **CONTRACTOR** shall not be entitled to receive compensation for any portion or the term of this Agreement during which it fails to maintain any required certification, registration and or license and, if applicable, New York State Department of Health approval. The **CONTRACTOR** shall reimburse the County for any compensation received for such portion of the term in accordance with the terms and conditions hereof.

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Duty of CONTRACTOR to Reimburse County - It is understood and agreed that in the event the State fails to approve State aid reimbursement to the County for payments made hereunder by the County to the **CONTRACTOR** for services rendered during the term of this Agreement due to any act or failure to act by the **CONTRACTOR**, or any services under this Agreement fail to meet requirements New York State Department of Health and any federal, state or local agency, the County may deduct and withhold such amount from any future amount due the **CONTRACTOR**. The **CONTRACTOR** agrees to pay to the County the amount of the balance due the County that has not been reimbursed by the State. If the failure of the **CONTRACTOR** to cooperate (within reasonable demands) in the processing of claims for payment by Medicaid or any other third party payer results in the disallowance of such claim, the County may deduct and withhold such amount that has not been reimbursed from any monies due **CONTRACTOR**.

Accounting Procedures and Audits - The **CONTRACTOR** shall maintain full and complete books and records of accounts in accordance with generally accepted accounting practices. Such books and records shall be retained for a period of seven (7) years from the termination or expiration of this Agreement or longer if required by Federal or State law, rule or regulation. The **CONTRACTOR** agrees that the **Department** and the County or its duly designated representative shall have immediate access to and the right to examine, audit, excerpt, copy or transcribe records of any pertinent transactions or other records relating to contract services under this Agreement. **CONTRACTOR** agrees to provide access to all fiscal records related to the provision of services under this agreement.

Claims and Audits - Prior to the making of any payments hereunder, the County may, at its option and upon notice to **CONTRACTOR**, audit such books and records of the **CONTRACTOR** as are reasonably pertinent to this Agreement to substantiate the basis for payment. The County may withhold payment for cause found in the course of such audit or because of failure of the **CONTRACTOR** to cooperate with such audit. The County shall, in addition, have the right to audit such books and records subsequent to payment, and in the event an audit reflects overpayment by the county or that moneys were not fully expended or that moneys were improperly expended, then the **CONTRACTOR** shall reimburse to the County the cost of such audit, and the amount of such overpayment or improper payment, as the case may be, within thirty (30) days of notice from the County. In addition to any other remedies it may have, the County shall have the right to deduct from future contract payments under any contracts the county may have with the **CONTRACTOR**, any funds the County may determine are owed to the County under this Agreement.

Reports - Upon request, **CONTRACTOR** shall submit to the County, within ten (10) business days, any statistical, financial, and other reports and documentation that may be required to be supplied pursuant to this Agreement.

Site Visits - The County and its authorized representatives shall have the right to visit the **CONTRACTOR's** site (if services are provided there) or the place where services are being delivered and conduct an inspection of the facilities and records, observe its programs, functions, and services, at any time. Such visits may be unannounced. **CONTRACTOR** shall have the right to respond in writing to any written audit report and/or programmatic evaluation issued by the County, the State Education Department, or the State Department of Health, within time frames allowed by the auditing agency. **CONTRACTOR** will submit corrective action plans if requested by the authorizing authority and/or the Department.

Nondiscrimination The **CONTRACTOR** expressly agrees that neither the **CONTRACTOR**, nor any person on his/her behalf shall, in any manner, discriminate against or intimidate any employee hired for the performance of work under this Agreement on account of race, creed, color, sex, age, physical disability or national origin.

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Non-Collusion The **CONTRACTOR**, by signing this Agreement, does hereby warrant and represent that this Agreement has not been solicited, secured or prepared directly or indirectly, in a manner contrary to the laws of the State of New York and the County of Rockland, and that said laws have not been violated and shall not be violated as they relate to the procurement or performance of the Agreement by any conduct, including the paying or the giving of any fee, commission, compensation, gift, gratuity or consideration of any kind, directly or indirectly, to any County employee, officer, or official.

Conflict Of Interest The award of this Contract is subject to provisions of all Federal, State and County laws. All firms must disclose with their proposals, the name of any officer, director or agency who is also an employee of the County of Rockland. Further, all firms must disclose the name of any County employee who owns, directly or indirectly, an interest of ten percent or more in the firm or any of its subsidiaries or affiliates.

The **CONTRACTOR** agrees that it has no interest and will not acquire any interest, direct or indirect, that would conflict in any manner or degree with the performance of the services and duties hereunder. The **CONTRACTOR** further agrees that, in the performance of this Agreement, no person having any such interest shall be employed by it. The **CONTRACTOR** represents and warrants that it has not employed or retained any person, other than a bona fide full time salaried employee working solely for the provider to solicit or secure this Agreement, and that it has not paid or agreed to pay any person (other than payments of fixed salary to a bona fide full time salaried employee working solely for the **CONTRACTOR**) any fee, commission, percentage, gift or other consideration, contingent upon or resulting from the award or making of this Agreement.

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PROPOSAL PAGE

TEMPORARY MEDICAL SUPPORT PERSONNEL	NET PRICING PER HOUR
1. PRACTICAL NURSE (INSTITUTIONAL)	
2. NURSE AID (INSTITUTIONAL)	
3. REGISTERED NURSE (INSTITUTIONAL)	
4. INFECTION CONTROL NURSE	
5. QUALITY ASSURANCE NURSE	
6. DIETITIAN	
7. OCCUPATIONAL THERAPIST	
8. CERTIFIED OCCUPATIONAL THERAPY ASSISTANT	
9. PHARMACIST	
10. PHARMACY ASSISTANT (TECHNICIAN)	
11. PHYSICAL THERAPIST	
12. PHYSICAL THERAPY ASSISTANT	
13. DENTIST	
14. PHYSICIAN	
15. PSYCHIATRIST 1 / STAFF PSYCHIATRIST	
16. RADIOLOGY TECHNOLOGIST	
17. SPEECH AND HEARING THERAPIST	
18. RESPIRATORY THERAPIST	
19. LABORATORY SERVICES SUPERVISOR	
20. LABORATORY SERVICES TECHNICIAN	