RE: Request for Proposal (RFP) 18-15 Wellness Program Administrator. The Rockford Public School District is seeking to solicit proposals for a vendor to implement and administer a wellness program for the District, including: healthy lifestyle promotion, biometric screenings/health risk assessments, web based tools/points tracking, educational materials, data reporting and onsite support for certain wellness-centered events.

RFP Opening: MONDAY, JANUARY 29th AT 2:00 P.M. (CST) Rockford Board of Education, 6th floor Conference Room, 501 Seventh St., Rockford, IL 61104. The date and time as stated is also the time of the public opening. All vendors are welcome to attend the RFP opening.

If you plan to hand deliver your proposal on the due date, please note you must check in on the 2nd floor prior to coming to the 6th floor. Please allow time for this as late submission will not be accepted.

Copies of the RFP are available from Onvia DemandStar or by download from the District’s Purchasing Bids-RFPs webpage at http://www3.rps205.com/departments/Purchasing/Pages/Bids-RFPs.aspx.

Refer all questions relative to the RFP, terms, conditions and specifications to the Director of Purchasing in writing (including via email at PurchasingDeptStaff@rps205.com) verbal inquiries will not be accepted. During the time the RFP is in the open solicitation and unawarded phase, Bidders may not contact any District staff other than the Director of Purchasing. Inquiries which result in a change to the RFP will be included in an Addendum issued by the District.

Communication with District representatives in a manner other than identified herein may result in disqualification.

ROCKFORD BOARD OF EDUCATION

By: Dane Youngblood

Director of Purchasing
OFFERS WILL BE RECEIVED UNTIL: 2:00 PM (CDST) on Monday, January 29, 2018

FOR SUPPLIES, MATERIALS, EQUIPMENT OR SERVICES SPECIFIED HEREIN, THE DATE AND THE TIME AS STATED IS ALSO THE TIME OF THE PUBLIC BID OPENING. IF YOU DESIRE TO SUBMIT A PROPOSAL, PLEASE DO SO ON THE FORMS PROVIDED AND RETURN TO THIS OFFICE.

Addressed to: BOARD OF EDUCATION
School District No. 205
501 Seventh Street, 6th Fl.
Rockford, Illinois 61104

GENERAL CONDITIONS AND INSTRUCTIONS FOR ALL PROPOSALS

The Board of Education (hereinafter occasionally referred to as Board or District as the context may require) reserves the right to reject any or all prices or bids submitted. One copy of this RFP is enclosed for your convenience.

a.) Please return a copy of the required forms AND an electronic PDF version of the proposal (including all required forms) on a CD or flash drive in a SEALED envelope with the bid number, subject and your firm’s name and address clearly indicated on the envelope. NOTE: FAXED and LATE proposal are not acceptable and will be rejected as non-responsive. Use of the included Bid Label is recommended.

b.) Proposals to be addressed as follows: Rockford Public School District Purchasing Department
501 Seventh St., 6th Floor
Rockford, IL 61104
Attn: Purchasing Department

The Board of Education reserves the right to return any merchandise for full price credit or replacement at the District’s discretion that does not comply with the conditions and specifications. The Board of Education reserves the right to increase or decrease quantities shown on bid.

The Board of Education reserves the right to cancel purchase orders if the delivery or completion is not performed in accordance with the bidding document and the date stated on the purchase order.

The Board of Education reserves the right to have any product analyzed at a laboratory to ascertain compliance with specifications. Expense of such testing shall be by the Board of Education unless such tests prove noncompliance with specifications at which time the expense shall be the responsibility of the Contractor.

Contract will be awarded to the company whose proposal is the best fit with the District and complies with these conditions and specifications. All rights are reserved by the Board of Education to select the proposal that in its judgment is in the best interest of the District and meets the needs or purposes intended. Such decisions shall be final and not subject to recourse.

The Bidder’s signature on the following page of this Form will be construed as acceptance of and willingness to comply with all provisions of the Acts of the General Assembly of the State of Illinois including, without limitation, laws rules and regulations relating to wages of laborers, and discrimination and intimidation of employees. This RFP and the resulting Contract are specifically subject to the Equal Employment Opportunity requirements of the Illinois Human Rights Act, Federal statutes and the policies and procedures of the District. Bidder agrees to comply in all respects with Federal, State, and local laws, ordinances and regulations pertaining to this RFP and the performance of the Contract in the event the Bidder is awarded the contract. Provisions of applicable statutes enacted by governmental bodies having jurisdiction are hereby incorporated by reference as though fully set forth herein and became a part of this RFP and specifications.

Various statutes of the state of Illinois prohibit interest of School Board members in contracts and others prohibit interest of employees in contracts of the District as do District policies. Bidder by submitting a proposal agrees to refrain from entering into any contract with the District where a Board member or employee of the District has a prohibited interest.
Complete, sign and return the following forms: General Conditions and Instructions for all Proposals, Bid-Rigging Certification, Minority and Women-Owned Business Concern Representation, Certificate Regarding Debarment, Suspension, Ineligibility and Exclusion, Certificate Regarding Lobbying, OFAC Compliance, Vendor Conflict of Interest Disclosure Form, and any other required submittals and certifications.

No proposals may be withdrawn after the official opening. All proposals submitted must be valid for a minimum period of sixty (60) days after the date set for the RFP opening. Please check the Terms and Conditions for any variation of this requirement.

All prices are F.O.B., Rockford, Illinois, which is further defined as meaning the price submitted in the proposal is the total price to this school district, including all freight and delivery charges. Under no circumstances may prepaid charges be added to the invoice.

A substitute item will be considered only if it is an item of regular manufacture as evidenced by literature, catalogs, etc. and not a pro-type or first article test item. Substitute or “as equal” items may be submitted with all supporting documents in advance of the bid due date for review and approval or rejection by the District. Such items are to be submitted to the Director of Purchasing for review. Permitted substitutions will be placed in an addendum to the RFP and issued by the District prior to the bid due date.

The successful Bidder must submit a separate invoice for each purchase order. The information on that invoice shall cover ONLY that one purchase order.

Any interested party, including all Bidders, may examine the RFP summary after proposals have been opened and awarded by the Board of Education. RFP summary will be available at the Board of Education Administration Building, Purchasing Department, 8:00 A.M., to 4:30 P.M., Monday through Friday. RFP recaps may also be reviewed by visiting www.DemandStar.Com.

Vendor’s signature on this RFP form must be an actual signature. A stamped, facsimile, or typed signature may disqualify the bid.

Please address all questions relative to any RFP in writing to the Purchasing Department, Director of Purchasing, Board of Education, 501 Seventh Street, Rockford, Illinois 61104 (via email to PurchasingDeptStaff@rps205.com). All request for information must be submitted at least five business days (Monday – Friday) prior to the RFP due date and time. Responses to questions will be reviewed by the Purchasing Department and if a response or clarification to the RFP is issued it will be issued via addendum to the bid and published on the District website and, if applicable, Demand Star. Any request for information submitted after the deadline will not receive a response. Under no circumstances may any bidder or its representative(s) contact any employee or representative of the Rockford Public Schools regarding this bid prior to the closing date, other than in writing to the Purchasing staff provided above. Any violation of this condition may result in a Vendor being considered non-compliant and ineligible for award.

**THIS SECTION BELOW MUST BE COMPLETED IN FULL AND SIGNED. FAILURE TO COMPLY MAY RESULT IN DISQUALIFICATION OF PROPOSAL.**

The undersigned hereby certifies that he/she has read and understands the contents of this solicitation and agrees to furnish at the prices shown any or all of the items and/or services, subject to all Instructions, Terms and Conditions, Specifications and attachments hereto. Failure to have read all the provisions of this solicitation shall not be cause to alter any resulting contract or request additional compensation.

GENERAL CONDITIONS AND INSTRUCTIONS FOR ALL PROPOSALS FORM:

<table>
<thead>
<tr>
<th>Address</th>
<th>Health Improvement Solutions, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical: 3323 South 126th Ave Omaha, NE 68144</td>
<td></td>
</tr>
<tr>
<td>Mailing: PO Box 241434 Omaha, NE 68124-5434</td>
<td></td>
</tr>
<tr>
<td>City &amp; State</td>
<td>Name of Firm</td>
</tr>
<tr>
<td>Zip</td>
<td>Representive</td>
</tr>
<tr>
<td>402</td>
<td>827-3330</td>
</tr>
<tr>
<td>Area Code</td>
<td>Telephone Number</td>
</tr>
</tbody>
</table>

20-1892362
(Federal Employer Identification) Or Social Security Number
(See Specifications for Determination)
ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205

SEALED BID PROPOSAL

BID NO.: 18-15
OPENING DATE: MONDAY, JANUARY 29th, 2018
OPENING TIME: 2:00 PM (CDST or CST)
DESCRIPTION: WELLNESS PROGRAM ADMINISTRATOR
ATTN: PURCHASING DEPT.

DATED MATERIAL-DELIVER IMMEDIATELY

PLEASE CUT OUT AND AFFIX THIS BID LABEL TO THE OUTERMOST ENVELOPE OF YOUR PROPOSAL TO HELP ENSURE PROPER DELIVERY!

LATE OFFERS CANNOT AND WILL NOT BE ACCEPTED!
ROCKFORD PUBLIC SCHOOLS
REQUIRED RFP FORMS CHECK LIST

RFP No.: 18-15 Wellness Program Administrator

Listed below are the REQUIRED forms all bidders are REQUIRED to submit with sealed bids on or before the bid due date and time. Failure to submit ALL required forms may result in bidder being deemed non-responsive.

<table>
<thead>
<tr>
<th>Required Forms</th>
<th>Yes</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bid Rigging Certification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minority and Women Owned Business Concern Representation</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Certificate Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Certificate Regarding Lobbying</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OFAC Compliance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vendor Conflict of Interest Disclosure Form</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bidder’s Certification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certified Cleared Employee List</td>
<td>□</td>
<td>Complete, sign, and notarize the form. If you are uncertain of which employees will be working on the project, note this information on the form that the employee information will be forth coming BEFORE you start on the project, if awarded the contract.</td>
</tr>
<tr>
<td>Certificate of Liability Insurance</td>
<td>□</td>
<td>Document must be submitted prior to starting work, if awarded the contract. Failure to submit forms below may result in project start delay.</td>
</tr>
</tbody>
</table>

Listed below are REQUIRED FORMS/DOCUMENTS that must be submitted prior to starting work, if awarded the contract. Failure to submit forms below may result in project start delay.

- Performance Bond (100% of Contract)
I, Joseph A. Leutzinger, a duly authorized agent of Health Improvement Solutions, Inc., do hereby certify that neither Health Improvement Solutions, Inc., nor any individual presently affiliated with Health Improvement Solutions, Inc., has been barred from bidding on a public contract as a result of a violation of either Section 33E-3 (bid-rigging) or Section 33E-4 (bid rotating) of the Illinois Criminal Code, contained in Chapter 750, Article 5 of the Illinois Compiled Statutes.

Joseph A. Leutzinger, Principal
Authorized Agent

Health Improvement Solutions, Inc.
Contractor
ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205

MINORITY, WOMEN and DISABLED-OWNED BUSINESS CONCERN REPRESENTATION

Minority-Owned Business: a minority-owned business concern means a business concern that: (1) is at least 51 percent unconditionally owned by one or more individuals who are considered to be a member of a minority group; or a publicly owned business having at least 51 percent of its stock unconditionally owned by one or more members of a minority group; and (2) has its management and daily business controlled and operated by one or more such individuals. Individuals who certify that they are members of minority groups (African Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, Asian-Indian Americans, and other minorities) are to be considered minority-owned enterprises.

Women-Owned Business: a business that is at least 51 percent owned by a woman or women who also control and operate it.

Disabled Owned Business: a business that is at least 51 percent owned by a person or persons with severe physical or mental disabilities which substantially limits one or more of the person’s major life activities and which person or persons control and operate such business.

“Control” in this referenced context means exercising the power to make policy decisions. “Operate” means being actively involved in the day-to-day management of the business.

The District shall rely on written representations of concerns regarding their status as minority/women/disabled-owned businesses. Offeror agrees to submit information regarding the minority ownership of its subcontractors on request of District.

COMPLETE THE SECTION BELOW AND RETURN THIS FORM WITH BID. FAILURE TO DO SO MAY RENDER THE OFFEROR’S BID UNACCEPTABLE.

A. Representation. The offeror represents that it is ( ), is not ( X ) a minority-owned business concern.

B. Representation. The offeror represents that it is ( ), is not ( X ) a women-owned business concern.

C. Representation. The offeror represents that it is ( ), is not ( X ) a disabled-owned business concern.

Please Check Appropriate Box/Boxes

☐ African American (AFRAM) ☐ Caucasian (CAUC) ☐ Native American (NAAM)

☐ Hispanic American (HISP)☐ Asian-Pacific American (ASIAP) ☐ Asian Indian (ASIAL) American

☒ Other, please identify: Veteran-owned ☐ Woman Owned (W) ☐ Disabled Owned (D)

The offeror has ☐/has not X used the following procedures in searching for and obtaining suppliers and subcontractors:

- Place Minority-Owned Businesses on solicitation lists.
- Ensure that Minority-Owned are solicited whenever they are potential sources.
- Consider contracting with consortia of Minority-Owned Businesses when an intended contract is too large for any one such firm to handle on its own or, if economically feasible, divide larger requirements into smaller transactions for which such organizations might compete.
- Make information on contracting opportunities available and establish delivery schedules that encourage participation by Minority-Owned Businesses.
- Use the services and assistance of the SBA and Department of Commerce Minority Business Development Agency, as appropriate.

Company Name: Health Improvement Solutions, Inc. Address: PO Box 241434

City: Omaha State: NE Zip: 68124-5434

Phone #: 402-827-3330 Fax #: N/A FEIN #: 

Signature of Company Official: _______________________________ Title: Principal 

Date: 01/25/2018
CERTIFICATE REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit ISBE 85-37, “Disclosure of Lobbying Activities,” in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Health Improvement Solutions, Inc.  RFP 18-15 Wellness Program Administrator
Organization Name  PR/Award Number or Project Name

Joseph A. Leutzinger,  Principal
Name of Authorized Representative  Title

01/25/2018  Date
CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS

This certification is required by the regulations implementing Executive Orders 12549 and 12689, Debarment and Suspension, 2 CFR part 3485, including Subpart C Responsibilities of Participants Regarding Transactions (also see federal guidance at 2 CFR part 180). Copies of the regulations may be obtained by contacting the Illinois State Board of Education.

BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS BELOW.

CERTIFICATION

The prospective lower tier participant certifies, by submission of this Certification, that:

1. Neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency;
2. It will provide immediate written notice to whom this Certification is submitted if at any time the prospective lower tier participant learns its certification was erroneous when submitted or has become erroneous by reason of changed circumstances;
3. It shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated;
4. It will include the clause titled Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transactions, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions;
5. The certifications herein are a material representation of fact upon which reliance was placed when this transaction was entered into; and
6. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this Certification.

Health Improvement Solutions, Inc.  RFP 18-15 Wellness Program Administrator
Organization Name  PR/Award Number or Project Name

Joseph A. Leutzinger  Principal
Name of Authorized Representative  Title

01/25/2018
Date
Instructions for Certification

1. By signing and submitting this Certification, the prospective lower tier participant is providing the certifications set out herein.
2. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue all available remedies, including suspension and/or debarment.
3. Except for transactions authorized under paragraph 3 above, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal government, the department or agency with which this transaction originated may pursue all available remedies, including suspension and/or debarment.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used herein, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549 and Executive Order 12689. You may contact the person to which this Certification is submitted for assistance in obtaining a copy of those regulations.
5. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the “GSA Government-Wide System for Award Management Exclusions” (SAM Exclusions) at http://www.sam.gov.
6. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required herein. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
The undersigned hereby certifies and represents that products and/or services provided under any contract with the Rockford Public Schools resulting from this bid shall be in compliance with economic or trade sanctions or restrictions implemented by the United States government such as those administered by the Office of Foreign Assets Control ("OFAC") of the U.S. Department of the Treasury and shall not utilize or engage, for performance of any activities related to the products and/or services, any persons or entities that, (i) appear on OFAC’s Specially Designated Nationals and Blocked Persons List ("SDN List"), as that list may be updated from time to time or any other similar list maintained by OFAC; (ii) are owned or controlled by any person or entities appearing on OFAC's SDN List, as that list may be updated from time to time or any other similar list maintained by OFAC; or (iii) are located in any country subject to U.S. economic or trade sanctions, such as those administered by OFAC.

Health Improvement Solutions, Inc.
Organization Name

Joseph A. Leutzinger,
Name of Authorized Representative

Principal
Title

Date
01/25/2018
ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205
VENDOR CONFLICT OF INTEREST DISCLOSURE FORM

DISCLOSURE STATEMENT:
All businesses (“Vendors” or “Vendor” or “Vendor’s”) that wish to conduct business with the Rockford Public Schools “RPS” must complete this form. Please note that all contracts with RPS are subject to RPS Code of Ethics which prohibits RPS employees and Board of Education members from having certain relationships with persons or entities conducting (or proposing to conduct) business with RPS and which limits the acceptance of gifts from Vendors. The entire Board Member Conflict of Interest Board Policy 2.100 and Board Policy 5.120 may be viewed at http://www2.rps205.com/District/BOE/Pages/GP-200.aspx. The Code and its definitions are incorporated by reference into this Disclosure Form. If a Vendor has a disclosable relationship, the Vendor should assume the relationship may pose a conflict of interest until notified to the contrary in writing by a RPS administrative staff member authorized to confirm that a determination has been made that a conflict does not exist. A principle of the Code of Ethics is to ensure that relationships do not influence any official decision or judgment of RPS employees or Board of Education members. Accordingly, disclosure also should be made for any person connected with Vendor (e.g., officer, director, partner, shareholder, employee,) that is likely to: (i) materially contribute to Vendor’s preparation, drafting, or presentation of a proposal or bid for services and/or supplies, (ii) materially contribute to Vendor’s negotiation of a contract with RPS, or (iii) perform material services under a contract with RPS. Below, these persons are referred to as “Disclosable Persons.”

CERTIFICATION:
I hereby certify that, except as disclosed below, to Vendor’s knowledge, there is no conflict of interest involving the Vendor named below that would violate the RPS Code of Ethics, including that: (a) after inquiry, neither Vendor nor any Disclosable Person is involved or engaged in any private business venture or enterprise, directly or indirectly, with any RPS employee or Board of Education member or his or her family member; (b) no RPS employee or Board member or his or her family member owns or has a material personal financial interest (directly or indirectly) in Vendor or is engaged in a material personal business transaction with Vendor; and (c) no RPS employee or board of Education member or his or her family is employed by Vendor.

I further certify that neither the Vendor nor anyone acting on its behalf has requested that any RPS employee or RPS Board of Education member exert any influence to secure the award of this bid to the Vendor. Furthermore, no RPS Board of Education member, employee or agent has offered to influence to secure the award of this bid to the Vendor.

VENDOR INFORMATION:
Vendor Name: Health Improvement Solutions. Inc.

Physical: 3323 South 126th Ave Omaha, NE 68144
Mailing: PO Box 241434 Omaha, NE 68124-5434

Vendor Phone Number 402-827-3330
Vendor Email: joe@healthimprovementsolutions.com
Vendor FEIN: ****

18-15 Wellness Program Administrator 11
DISCLOSURE STATEMENT:

I BELIEVE THE VENDOR NAMED ABOVE DOES have a potential conflict(s) of interest with a current RPS employee(s), or RPS Board of Education member(s).

☐ YES, the above statement is true.

☒ NO, the above statement is NOT true.

If you checked “YES” above, please provide the following information:

List all the Name(s) of RPS employee(s), RPS Board of Education member(s), or RPS employees’ or RPS Board of Education’s family member(s) with whom there may be a conflict of interest:

1.________________________________________
2.________________________________________
3.________________________________________

Provide a brief description of the nature of the potential conflict(s) of interest:

SIGNATURE:

By my signature below, I certify that I am the Authorized Representative of the VENDOR named above and that all of the information provided above by signor is true and complete to the best of the signor’s knowledge:

Joseph A. Leutzinger
Principal

Print the Name of the Vendor’s Authorized Representative

Print the Position Title of the Vendor’s Authorized Representative

01-25-2018

Print the Name of the Vendor’s Authorized Representative

Date
ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205

HOLD HARMLESS AGREEMENT

The Board shall not be responsible for the acts or omissions of any Bidder and the Bidder’s employees. The term Board and District, for purposes of this Agreement, shall mean and include the Board of Education and Rockford School District No. 205 Winnebago and Boone Counties, Illinois. The undersigned Bidder agrees to defend, hold harmless and indemnify the Board of Education and every Board member, officer, agent, attorney, servant or employee of the Board from any lawsuit, action, proceeding, liability, judgment, claim, or demand which may arise out of:

a) Any injury to person or damage to property sustained by Bidder, its officers, agents, servants or employees or by any person, firm, or corporation employed directly or indirectly by them upon or in connection with their performance or failure to perform under any bid contract with the Board, except for such injury or damage wherein it is finally determined that the Board, its board members, officers, agents, attorneys, servants or employees were grossly negligent or committed willful misconduct;

b) Any injury to person or damage to property sustained by any person, firm, or corporation, caused by any negligent or intentional act, default, error or omission of Bidder, its officers, agents, representatives, servants, or employees or of any person, firm, or corporation, directly or indirectly employed by them upon or in connection with performance under any bid contract between Bidder and the Board;

c) Fines, penalties, costs and expenses which may be incurred by or levied and assessed against the Board, or any board member, officer, agent, attorney, servant or employee of the Board in connection with Bidder’s performance or failure to perform under any bid contract with the Board.

Bidder at its own expense and risk shall defend any legal proceedings that may be brought against the Board, or any Board member, officer, agent, attorney, servant, or employee of the Board on any such claim or demand, and shall satisfy any judgment, fine or penalty which may be rendered or assessed against the Board, its Board member(s), or any officer, agent, attorney, servant, or employee of the Board arising out of any such claim or demand. The Board has and reserves the right to disapprove any attorney or law firm selected by Bidder to defend any such legal proceeding and to select an attorney or law firm to defend any such legal proceeding. The Board shall have the right to set off against any sums due Bidder under any bid contract with the Board the amount of any indemnity cost, expense and claim under this Agreement.

This indemnification, defense and hold harmless agreement shall apply to any lawsuit, action, proceeding, liability, judgment, claim or demand, of whatever name or nature, arising from or relating to acts or omissions of Bidder and/or its employees or agents with regard to the personnel, services, materials and goods provided to the Board by Bidder under any bid contract with the Board, notwithstanding that Bidder may deem the same to be frivolous or without merit. It is intended that this Indemnity be interpreted in the broadest manner possible so as to insulate all of the entities, parties and individuals named above from any liability, cost or judgment, monetary or otherwise, as the same may relate to the personnel, services, material and goods provided to the Board under any bid contract with Bidder; provided however, this indemnification, defense, and hold harmless agreement shall not apply to any lawsuit, action, proceeding, liability, judgment, claim, demand, fine or penalty to the extent and wherein it is finally determined that the Board, its Board members, officers, agents, servants or employees were grossly negligent or committed willful misconduct which caused damage.

The provisions of this Hold Harmless Agreement shall survive termination of any bid contract with the Board.

Bidder: Health Improvement Solutions, Inc.

_________________________________________  _______________________
Joseph A. Leutzinger                      Principal
Print Name of Bidder’s Authorized Representative  Print Title of Bidder’s Authorized Representative

_________________________________________
Signature of the Bidder’s Authorized Representative

01-25-2018

Date

This Agreement Subscribed and Sworn to before me this____day of__________, 20____.

Notary Public
Commission Expires:
IRS regulations require our School District to have on file appropriate taxpayer identification data concerning you or your firm. This information consists of either a Federal Employer Identification Number (F.E.I.N.) or Social Security Number (S.S.N.) and will have their payments reported to the IRS on form #1099–Misc.

Below is the legal name and address for you or your firm as shown on our official records. Please make any necessary corrections. Space is also provided to enter the appropriate tax identification number and to indicate (by checking a box) the correct legal status. Failure to complete and return this form could result in a $50,000 IRS penalty. In addition, we would be required to withhold 20% of payments due and remit this amount to the IRS until we receive the correct tax data.

For your convenience we request you fax this form back to sender (or to Purchasing at 815-966-3088). Please do this today so we can both fulfill our reporting obligations and ensure prompt payments.

Reminder: If LEGAL STATUS is “Sole Proprietorship”, the Taxpayer Identification Number must be either the Social Security Number of the owner or assigned FEIN.

**LEGAL STATUS: (Check One)**

- [ ] Corporation
- [ ] Limited
- [ ] Partner(s) (one owner)
  - Religious, Charitable, Educational or Governmental Agency (circle one)
- [ ] Sole Proprietorship (legal owner’s name):
- [ ] Individual
- [ ] Other – Please identify: __________________________

**TAXPAYER (federal) ID# – FEIN or Soc Sec**

(use the line corresponding to your legal status line)

FEIN: __________ - __________

FEIN: __________ - __________

FEIN: __________ - __________

FEIN: __________ - __________

FEIN: __________ - __________

FEIN: __________ - __________

© or

SSN: __________ - __________

Owner’s Social Security Number

SSN: __________ - __________

FEIN: __________ - __________

UNDER PENALTIES OF PERJURY, I CERTIFY THE INFORMATION PROVIDED ON THIS FORM IS TRUE, CORRECT, AND COMPLETE.

Signature: __________________________ Title: Principal Date: 01/25/2018

Phone: (______ ) 827-3350 Fax: (____ N/A)

Website & Email address: www.healthimprovementsolutions.com joe@healthimprovementsolutions.com

If minority/women owned business, list here:
Vendor: Enter Name and Address Below

Vendor #: ________________________
School: _________________________

18-15 Wellness Program Administrator 14
ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205

BIDDER’S CERTIFICATIONS

NON-COLLUSION AFFIDAVIT
The undersigned Bidder certifies that it has not, nor has any other member, representative, or agent of the firm, company, corporation or partnership represented by Bidder, entered into any combination, collusion, or agreement with any person relative to the price to be bid by anyone at such letting, nor to prevent any person from bidding, nor to induce anyone to refrain from bidding, and this Bid is made without reference to any other bid and without any agreement, understanding, or combination with any other person in reference to such bidding.

The undersigned Bidder further states that no person, firm, or corporation has, or will receive directly or indirectly, any rebate, fee, gift, commission, or thing of value based upon awarding of the Contract.

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<th>Health Improvement Solutions, Inc.</th>
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<th>01/25/2018</th>
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<tr>
<td>Name of Bidder (Please Print)</td>
<td>Bidder or authorized agent (Signature)/Date</td>
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EQUAL OPPORTUNITY
The undersigned hereby certifies that Bidder is in compliance with the Equal Employment Opportunity Clause and the Illinois Fair Employment Practices Act.

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SEXUAL HARRASSMENT
The undersigned hereby certifies that Bidder has complied and will comply with the requirement of Section 2-105 of the Illinois Human Rights Act (775 ILCS 5/2-105) with respect to sexual harassment policies. The terms of that law, as applicable, are hereby incorporated into the Contract.

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NO SMOKING/NO TOBACCO
District are smoke free facilities. Bidder agrees that it and its employees will abide by the District’s no smoking/no tobacco use policy (including snuff, electronic cigarettes and e-vapor products) at all times while on District grounds.

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DRUG FREE WORKPLACE
Each Bidder, if having twenty-five employees or more, does hereby certify, pursuant to Section 3 of the Illinois Drug-Free Workplace Act (30 ILCS 580/3), that it shall provide a drug-free workplace for all employees engaged in the performance of services under the Contract by complying with the requirements of the Illinois Drug-Free Workplace Act, and further certifies that it is not ineligible for award of this Contract by reason of debarment for a violation of the Illinois Drug-Free Workplace Act.

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ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205

BIDDER’S CERTIFICATIONS

GENERAL BIDDING CERTIFICATIONS
The undersigned further certifies that:

1. Bidder has read, understands, and agrees that the District’s acceptance of Bidder’s offer by issuance of an award will create a binding Contract; subject to any District requirement for a formal written contract.

2. The undersigned is an authorized agent of Bidder, and is expressly authorized to execute this Certification on Bidder’s behalf, to bind Bidder to the terms and conditions contained in this Bid Package, and to execute the Contract immediately upon notification by the District in the event Bidder’s Bid is successful and Bidder is selected by the District to perform the Contract.

3. Bid submission is in compliance with Illinois Compiled Statutes 105 ILCS 5/10-20.21 - Contracts, and 105 ILCS 5/10-22.34c, Third Party Non-instructional Services

4. Bidder is the following type of business entity, in good standing with the State of Illinois:

   Corporation __________________________. Bidder is qualified to conduct business in the State of Illinois and is in good standing.

5. Bidder confirms it operates in compliance with HIPAA, FERPA and all other legal requirements.

6. Bidder has and will at all times fully comply with the requirements of 105 ILCS 5/10-20.21(b) pertaining to the Illinois Use Tax Act.

7. All figures and responses submitted on this Bid Form are true, complete, and accurate. All documents attached to and submitted with this Bid Form are true, complete, and authentic.

8. Bidder’s current financial statement is attached, which has been certified by a Certified Public Accountant or is authenticated by Bidders signature on this form as true, complete and accurate.

9. Bidder hereby offers and agrees to furnish the services and equipment specified in this Bid Package, during the term specified in the Bid Package, at the rates stated in the bid, and subject to the attached General Instructions, General Terms and Conditions, Supplemental Terms and Conditions, Specifications, and the other requirements of the Bid Package, including Addenda, if any.

10. This Bid is firm and irrevocable for a period of sixty (60) days after Bid Opening, as detailed in the attached Instructions for Bidders.

Health Improvement Solutions, Inc. __________________________
Name of Bidder (Please Print) __________________________
Bidder’s Signature __________________________
Date 01/25/2018

18-15 Wellness Program Administrator 16
ROCKFORD PUBLIC SCHOOLS DISTRICT NO. 205

GENERAL TERMS AND CONDITIONS

“IFB” means an Invitation for Bid issued by the District at any time or times, identified by a unique bid number. 
“Bidder” means a person or entity submitting a bid to the District in response to an IFB; including successful Bidders who may also be referred to as “Contractor”.

1. BID OPENING. Sealed bids will be received at the District Purchasing Department until the date and time specified at which time they shall be opened in public. No other bids will be considered after this date and time unless it is evidenced and determined that the bid was in the District’s possession prior to the scheduled bid opening time and date. Late bids shall be rejected and shall remain unopened. The District does not prescribe the method by which bids are to be transmitted; therefore, it cannot be held responsible for any delay, regardless of the reason, in transmission of the bids. All bids delivered in person shall be deposited with the District Purchasing Department, 6th Floor, 501 Seventh Street, Rockford, IL, 61104.

2. BID PREPARATION. Bids must be submitted on this form and all information and certifications called for must be furnished. Bids submitted in any other manner, or which fail to furnish all information or certificates required, may be summarily rejected. Bids may be modified or withdrawn prior to the time specified for the opening of the bids. Bids shall be filled out legibly in ink or typewritten with all erasures, strikeovers and corrections initialed in ink by the person signing the bid. The bid shall include the legal name of the bidder, the complete mailing address, a valid email address, and be signed in ink by a person or persons legally authorized to bind the bidder to a contract. Name of person signing should be typed or printed below the signature. A checklist of required forms is included in the IFB and its use by the Bidder is recommended.

3. BID ENVELOPES. Envelopes containing bids must be sealed and addressed to the District Purchasing Department. The name and address of the Bidder and the bid number must be shown on the envelope. Use of the Bid Label included in the IFB is recommended.

4. ERRORS IN BIDS. Bidders are cautioned to verify their bids before submission. Negligence on the part of the Bidder in preparing the bid confers no right for withdrawal or modification of the bid after it has been opened. In case of error in the extension of prices in the bid, the unit prices will govern and bind Bidder.

5. RESERVED RIGHTS. The District reserves the right at any time and for any reason to cancel an IFB, accept or reject any or all bids or any portion thereof, or to accept an alternate offer which meets all terms and conditions of the IFB. The District reserves the right to waive any minor informalities or defect in any IFB and bid. Unless otherwise specified, the District will award a bid or reject bids within 90 days of the date of bid opening. The District may seek clarification from any Bidder at any time and failure to respond promptly is cause for rejection.

6. INCURRED COSTS. The District will not be liable for any costs incurred by Bidders in responding to an IFB.

7. AWARD. The District will evaluate bids and will award a contract to the lowest responsive and responsible bidder whose bid, conforming to the solicitation and specifications will be most advantageous to the District. Determination of the lowest responsible bidder conforming to the solicitation shall not be restricted to the price quotation alone, but will include such other factors (where applicable) as (a) adherence to all conditions and requirements of the technical specifications; (b) price; (c) qualifications of the bidder, including past performance, financial responsibility, general reputation, experience, service capabilities, and facilities; (d) delivery or completion date; (e) product appearance, workmanship, finish, taste, feel, overall quality, and results of product testing; (f) maintenance costs and warranty provisions; (g) repurchase or residual value; and (h) other such related items. The District is interested in obtaining the best overall value and reserves the right to make a selection based on its judgment of the bid that is best suited for the purpose intended. The District may (1) reject any or all bids, (2) accept other than the lowest bidder, and (3) waive informalities or minor irregularities in bids received. The District may accept any item or group of items of an offer, unless the bidder qualifies the bid by specific limitations. The District reserves the right to determine the lowest responsible bidder on the basis of an individual item, groups of items, or in any way determined to be in the best interests of the District. A written award or acceptance of a bid mailed or otherwise furnished to the successful Bidder within the time for acceptance specified in the bid shall result in a binding contract without further action by either party provided, the District at its discretion may elect to require a formal written contract in which event the
binding contract is not formed until the written contract is signed.

8. PRICING. The price quoted for each item is the full purchase price, including delivery to destination, and includes all transportation and handling charges, premiums on bonds, material or service costs, patent royalties and all other overhead charges of every kind and nature. Unless otherwise specified, prices shall remain firm for the contract period.

If at any time after a contract is awarded, the successful Bidder(s) makes a general price reduction in the comparable price of any material covered by the contract to customers generally, an equivalent price reduction based on similar quantities and/or considerations shall apply to the contract for the duration of the contract period (or until the price is further reduced). Such price reduction shall be effective at the same time and in the same manner as the reduction in the price to customers generally. For the purpose of this provision, a “general price reduction” shall mean any horizontal reduction in the price of an article or service offered (1) to successful Bidder’s customers generally, or (2) in the successful Bidder’s price schedule for the class of customers, i.e., wholesalers, jobbers, retailers, etc., which was used as the basis for bidding on this contract. An occasional sale at a lower price, or sale of distressed merchandise at a lower price, would not be considered a “general price reduction” under this provision. The successful Bidder shall invoice the District at such reduced prices indicating on the invoice that the reduction is pursuant to the “price reduction” provision of this contract. The successful Bidder, in addition, shall within ten (10) days of any general price reduction, notify the Executive Director of Budget and Purchasing of such reduction by letter. Failure to do so may result in termination of the contract.

Option year pricing, if any, may include price increases as stated in the bid specifications.

9. DISCOUNTS. Prices quoted must be net after deducting all trade and quantity discounts.

10. SPECIFICATIONS. Reference to brand names and numbers is descriptive, but not restrictive, unless otherwise specified. Substitute or “as equal” products may be submitted to the Purchasing Department not less than 5 days prior to the opening date of the IFB along with all supporting documentation. If the substitute or “as equal” product is accepted, the District will issue an Addendum approving the product. Bids on equivalent items will be considered, provided the bidder clearly states exactly what is proposed to be furnished, including complete specifications. Bidder by submission of a bid is offering a referenced brand item as specified or is bidding as specified when no brand is referenced, and does not propose to furnish an “equal.” The District reserves the right to determine whether a substitute is equivalent to and meets the standard of quality and salient characteristics indicated by the referenced brand name and number.

11. SAMPLES. Samples of items, when called for, must be furnished free of expense. Individual samples must be labeled with the Bidder’s name, IFB number, item reference, manufacturer’s brand name and number. If samples are requested, they must be sent under separate cover and not included with bid. The District will not be responsible for any bid enclosed with sample boxes.

12. INTERPRETATION OR CORRECTION OF BIDDING DOCUMENTS. Bidders shall promptly notify the Rockford Public School District of any ambiguity, inconsistency or error which they may discover upon examination of the IFB documents. Interpretations, corrections and changes to the IFB may only be made by the issuance of an addendum by the District. Each Bidder shall ascertain prior to submitting a bid that all addenda have been received and acknowledged in the offer.

13. INDEMNIFICATION. The Bidder agrees to indemnify and hold harmless the Board of Education of and Rockford School District No. 205, Winnebago and Boone Counties, Illinois according to the terms and conditions of the Hold Harmless Agreement included in the IFB and signed by Bidder.

14. DEFAULT. If delivery of acceptable items or rendering of services is not completed by the time promised, the District reserves the right, without liability, in addition to its other rights and remedies, to terminate the contract by notice effective when received by Bidder, to stated items not yet shipped or services not yet rendered and to purchase substitute items or services elsewhere and charge the Seller with any or all losses incurred. The District
shall be entitled to recover its attorney fees and expenses in any successful action by the District to enforce this contract.

15. INSPECTION. Materials or equipment purchased are subject to inspection and approval at the District’s destination. The District reserves the right to reject and refuse acceptance of items which are not in accordance with the IFB, instructions, specifications, drawings or data or Bidder’s warranty (express or implied). Rejected materials or equipment shall be removed by, or at the expense of, the Bidder promptly after rejection and if not removed within 10-calendar days after notice, such shall be returned via collect shipping.

16. WARRANTY. Bidder warrants that all goods and services furnished hereunder will conform in all respects to the terms of this proposal, including any drawings, specification or standards incorporated herein, and that they will be free from latent and patent defects in materials, workmanship and title, and will be free from such defects in design to the best of the Bidder’s knowledge. In addition, Bidder warrants that said goods and services are suitable for, and will perform in accordance with, the purposes for which they are purchased, fabricated, manufactured and designed or for such other purposes as are expressly specified in this solicitation. Bidder further warrants, if installation of product or materials is included in the bid, that installation shall comply with manufacturer’s instructions, or if none, in accordance with industry best practice. The District may return any nonconforming or defective items to the Bidder or require correction or replacement of the item at the time the defect is discovered, all at the Bidder’s risk and expense. Acceptance of delivery shall not relieve the Bidder of its responsibility.

17. REGULATORY COMPLIANCE. Bidder represents and warrants that the goods or services furnished hereunder (including all labels, packages and container for said goods) comply with all applicable standards, rules and regulations in effect under the requirements of all Federal, State and local laws, rules and regulations as applicable, including without limitation, the Occupational Safety and Health Act as amended and any regulations of the Illinois State Board of Education and Regional Office of Education, Winnebago-Boone County region, with respect to design, construction, manufacture or use for their intended purpose of said goods or services. Bidder shall furnish “Material Safety Data Sheets” in compliance with the Illinois Toxic Substances Disclosure to Employees Act, if applicable.

18. ROYALTIES AND PATENTS. Bidder shall pay all royalties and license fees. Bidder shall defend all suits or claims for infringement of any patent, copyright or trademark rights and shall hold the District harmless from loss on account thereof.

19. COMPLIANCE WITH LAWS AND REGULATIONS. Bidder represents and warrants that throughout the term of any contract arising from award of a bid and any extension thereof, Bidder and all products shall be and shall remain in compliance with all applicable federal, state, and local laws and regulations.

20. TERMINATION FOR CAUSE.
   a. The District may terminate this contract in whole or in part, without liability:
      • if deliveries are not made at the time and in the quantities specified,
      • if the Bidder fails to perform any of the provisions of the IFB, the bid, and the resulting contract, or so fails to make progress as to endanger performance of the contract in accordance with its terms, and in either of these circumstances does not cure such failure within 30 days or such period of time as the District may direct,
      • if it is determined the successful Bidder knowingly falsified information provided to the District,
      • if it is determined the successful Bidder offered substantial gifts or gratuities to a District official, employee, or agent whether in their official capacity or not,
      • or in the event of a breach or failure of the Contractor to comply with any of the other terms or conditions herein.
   b. The District shall notify the contractor in writing of the specific nature of the breach and shall request that it be cured. If the Contractor does not cure the breach within thirty (30) days of such notice, the District may immediately terminate this contract. To terminate, the District shall give notice to the Contractor in writing, and to the extent specified therein, Contractor shall immediately terminate deliveries under the contract. Termination of the contract
GENERAL TERMS AND CONDITIONS

shall not preclude the District from pursuing any and all remedies available to it at law or at equity.

c. Any termination by the District, whether for default or otherwise, shall be without prejudice to any claims for damages or other rights of the District against Contractor.

d. The District shall have the right to audit all elements of any termination claim and Contractor shall make available to the District on request all books, records, and papers relating thereto. The Contractor shall be paid only for the performance of work up to the date of termination if the District exercises its right to terminate.

21. TERMINATION WITHOUT CAUSE. Unless otherwise specified in the Invitation for Bid, a contract resulting from award of a bid may be unilaterally terminated by the District, for any or no reason, upon sixty (60) days written advance notice to the Bidder. Bidder may submit claims for actual work performed up to and including the day of notice of termination with appropriate documentation supporting such claim for materials, labor, or acquired inventory for equitable adjustment and any such material shall become the property of the District upon settlement.

22. ASSIGNMENT. The Bidder may not assign, subcontract, delegate or otherwise transfer this contract or any of its rights or obligations hereunder, nor may it contract with third parties to perform any of its obligations hereunder except as contemplated in this contract, without the District's prior written consent.

23. FORCE MAJEURE. The obligations of the Bidder to perform under this contract will be excused during each period of delay caused by acts of God or by shortages of power or materials or government orders which are beyond the reasonable control of the Bidder obligated to perform ("Force Majeure Event"). In the event that the Bidder ceases to perform its obligations under any contract formed by award of bid due to the occurrence of a Force Majeure Event, the Bidder shall: (1) immediately notify the District in writing of such Force Majeure Event and its expected duration; (2) take all reasonable steps to recommence performance of its obligations under this contract as soon as possible. In the event that any Force Majeure Event delays Bidder's performance for more than thirty (30) days following notice pursuant to this contract, the District may terminate this contract immediately upon written notice to the Contractor.

24. BID CERTIFICATION. The Bidder’s signature on a bid certifies: (a) The bid is genuine and not made in the interest of, or on the behalf of, any undisclosed persons, firms or corporation and is not submitted in conformity with any agreement or rules of any group association, or organization. (b) Bidder has not directly or indirectly induced or solicited any other Bidder to enter a false or sham bid. (c) Bidder has not solicited or induced any person, firm or group to refrain from bidding. (d) Bidder has not sought by collusion or otherwise to obtain for self-interest any advantage over any other Bidder or the Owner. The Bidder’s signature on the Bid Form certifies that they have read and understand the contents of this solicitation and agree to furnish at the prices shown any and all of the items and/or services, subject to all instructions, conditions, specifications and attachments hereto. Failure to have read all the provisions of the IFB shall not be cause to alter any resulting contract, request additional compensation, or relieve Bidder from obligation to perform under this contract.

25. MODIFICATIONS. This contract can be modified only by written bi-lateral modification signed by the parties or duly authorized agents.

26. ADDENDA. If it becomes necessary to revise any part of the IFB, a written addendum will be issued by the District and posted on the District webpage and may also be posted with Demandstar. If the District issues written addenda, such addenda shall become part of the contract documents. A Bidder who fails to review an addendum and who has previously submitted an offer, shall not be relieved from any obligation in the bid submitted.

27. BINDING EFFECT. The terms, conditions, provisions, and undertakings of any contract formed by award of a bid shall be binding upon and inure to the benefit of each of the parties thereto and their respective successors and assigns.

28. EQUAL OPPORTUNITY EMPLOYER. The Rockford Public School District is an Equal Opportunity Employer and encourages bids or proposals from any company or individual regardless of race, gender, national origin, religion or age.

-END OF GENERAL TERMS AND CONDITIONS-
SUPPLEMENTAL TERMS AND CONDITIONS

1. **INTENT.** It is the intent of these specifications that the Rockford School District No. 205 (herein the “District”) will procure all specified products of first class workmanship to ensure complete and acceptable product performance in all aspects, within the budget limitations, and in accordance with offering procedures as outlined by the Statutes and Regulations of the State of Illinois, applicable Federal Statutes and Regulations, and policies of the Board of Education of Rockford School District No. 205, Winnebago and Boone Counties, Illinois. It is further the intent of these specifications to secure adequate competition from qualified suppliers however standards of quality will not be sacrificed based solely on price.

2. **EVALUATION CRITERIA.** Although price is a consideration in the award of bids, this award will not be based on price alone. This solicitation for bids will evaluated utilizing the following criteria, but not in any prescribed order.
   a. Price
   b. Adherence to these specifications
   c. Ordering and delivery
   d. Quality of services
   e. Contractor past performance
   f. Service
   g. Review of references
   h. Rebate program (if applicable)
   i. Financial Stability of Firm (provide a copy of your firm's most recent annual report, if requested)

   The District reserves the right to reject any or all bids or to accept the bid or any part of bid, including substitutions, which embraces such combination of proposals as may promote its interest.

3. **TAX IDENTIFICATION NUMBER.** The School District is required to have on file appropriate tax identification information concerning Bidder. This information should be a Federal Employer's Identification Number, but in the instance of some independent contractors, this number may be a Taxpayer’s Identification (Social Security) Number.

   **IN ORDER FOR A BID TO BE CONSIDERED BY THE SCHOOL DISTRICT, THE ABOVE REFERENCED TAX IDENTIFICATION NUMBER MUST BE PROVIDED ON THE FACE SHEET IN THE SIGNATURE SECTION. IT IS ALSO REQUESTED THAT YOU IDENTIFY THE LEGAL ORGANIZATIONAL STATUS OF YOUR FIRM IN THE SIGNATURE SECTION. PLEASE IDENTIFY WHETHER YOUR FIRM IS A CORPORATION, PARTNERSHIP, PROPRIETORSHIP, ETC. SHOULD YOU HAVE ANY QUESTIONS CONCERNING THIS TAX IDENTIFICATION NUMBER, PLEASE CONTACT THE PURCHASING DEPARTMENT.**

4. **RESPONSIBILITY TO COLLECT AND REMIT ILLINOIS USE TAX.** The Bidder acknowledges and understands that any bid for goods and services resulting in a contract award to a bidder requires that as a contractor the person or entity and all affiliates of the person or entity will collect and remit Illinois Use Tax on all sales of tangible personal property into the State of Illinois in accordance with the provisions of the Illinois Use Tax Act (35 ILCS 105/1 et seq.) regardless of whether the person/entity or affiliate is a “retailer maintaining a place of business within this State” as defined by the Use Tax Act (35 ILCS 105/2).

5. **TERMINOLOGY.** "Owner", "Board", or "District" shall mean Rockford School District #205, Winnebago County, Illinois, acting through its authorized representative. "Bidder" shall mean the individual, firm, or corporation submitting a bid to the District in response to a public solicitation. “Contractor” shall mean the entity awarded a bid by the District. “Contract” shall mean an awarded bid and resulting contract.

6. **INTERPRETATION OF ERRORS.** Should questions arise that require interpretation, such questions shall be submitted to the Director of Purchasing in writing only (also via email: PurchasingDeptStaff@rps205.com). Verbal inquiry is not accepted. The District decision shall be conclusive and binding for all parties involved. No advantages
shall be taken by any party of manifest clerical errors or omissions in the specifications. All contractors are requested to notify the District immediately of any errors or omissions that may be discovered.

7. **RETURN OF BID INFORMATION.** The District has established that only one copy of a bid will be sent to a vendor. It is imperative that, if bidding, an original signature exists on the bid sheets returned. If additional copies of original bid sheets made on a copy machine or are requested, they must also contain original signatures where applicable. When multiple copies are submitted one copy shall be labeled as “Original” on the face page.

8. **USE OF PREMISES.** The Bidder shall have access to the relevant District grounds and facilities for the purpose of familiarization with the conditions, delivery points for products, and/or sites for performance of service(s), if applicable, in order to fulfill the requirements of the Contract; all subject to compliance with District policies for visitors on school grounds.

9. **OWNERSHIP OF MATERIALS AND EQUIPMENT.** It is clearly understood that all materials and/or equipment supplied by or for the Bidder shall remain the Bidder's property until such time as accepted by the District.

10. **EQUIVALENCY AND SUBSTITUTES.** The District shall be the sole and final judge whether any substitute is of equivalent or better quality. This decision is final and will not be subject to recourse. Substitutions may be submitted with supporting documentation to the Director of Purchasing. Approval of submitted substitutes will appear in an IFB addendum prior to the bid due date. IFB specifications are to be used as identifying those minimum salient characteristics in determining the quality or materials, performance of product(s), and workmanship required, however, the District may purchase equipment and materials that in the District’s judgment will best serve the interests of the school district even if at a higher cost based on features that are considered desirable and exceeding those minimum requirements or that represent a breakthrough technology for that industry; provided that the District will comply with governing laws as to selection of the lowest responsible bidder.

11. **STORAGE OF EQUIPMENT.** The Contractor shall be responsible for the storage and safeguarding of the equipment provided in performing an awarded bid and resulting contract. The Contractor shall have the necessary quantities available at the required time, but shall not make delivery to the premises until agreed upon or requested.

12. **SCOPE OF WORK.** This bid requires that the Contractor provide all necessary services, personnel, labor materials, and equipment; and furnish and deliver said products in accordance with all conditions and specifications.

13. **PROPERTY DAMAGE AND INJURY.** The Contractor shall take all necessary precautions to prevent damage to the premises or properties of others. In case of any damage, resulting from operations under the Contract, Contractor shall make proper restitution. The Contractor shall exercise due caution for the protection of persons, and shall protect the District from expense and hold the District harmless from liability by reason of injury, including death, to any person or persons, or from any damage to the property of others occurring as a result of Contractor’s performance under the Contract in accordance with the signed Hold Harmless Agreement. The Contractor's signature on the Bid Offer Form; certifies to the District that the Contractor has the required insurance coverage for any vehicle that may be utilized in the delivery of products or materials on the District's property.

14. **INSURANCE REQUIREMENTS.** All bidders shall have a certificate of Insurance and provide policy endorsements evidencing specific coverage of the types of insurance in the amounts specified below and deliver to the Purchasing department upon award of a bid such qualifying certificate or certificates of insurance. Coverage shall be placed with a responsible company licensed to do business in the State of Illinois, and with a minimum insurance rating of A.VII as found in the current edition of A M Best’s Key Rating Guide. Each policy shall bear an endorsement precluding the cancellation or reduction of said policies without providing to the District thirty (30) days prior notice thereof in writing. All required insurance shall be maintained by the contractor in full force and effect during the life of the contract, and until such time as all work has been approved and accepted by the District. The Contractor is responsible for all insurance deductibles and Self-Insured Retentions. During the term of the Contract, Contractor
shall maintain insurance at or above the limits specified, and each such policy shall include the District as an additional insured. Such policies shall cover any loss or liability that may be incurred by the District, its board members, administrators, employees, staff members, agents, attorneys, and all other representatives, resulting from Contractor’s maintenance, operation, or use of a Vehicle in performing transportation services pursuant to the attached Contract, or from Contractor’s performance of any other duty under the Contract. Contractor shall furnish all such policies, with proper certification, to the District upon execution of the Contract. All such policies shall contain a cancellation clause requiring the insurer for each respective policy to notify the District at least thirty (30) days in advance of the expiration of that policy or any decreases in the scope of its coverage below the requirements of this Section or the attached Specifications. In the event of such expiration or decrease, the District may withhold money due and owing to Contractor, or which may become due and owing to Contractor, in an amount sufficient to obtain insurance to the levels required by this Section, and may then apply those funds for that purpose. All deductibles required by all such policies shall be paid by Contractor, and the District shall have no obligation to pay them. The insurance required by this section shall cover any loss or liability resulting from Contractor’s transportation of students to and/or from any interscholastic athletic or other interscholastic or school sponsored activity in a van, or any other vehicle designed to transport between not less than seven (7) and not more than fifteen (15) people, as provided in 105 ILCS 5/29-6.3.

The insurance required by this section shall meet the minimum limits established in Section 12-707.01 of the Illinois Vehicle Code, 625 ILCS 5/12-707.01, including a minimum of personal injury liability insurance in the amount of $1,000,000 for any one person in any one accident, and subject to the limit for one person, $5,000,000 for two or more persons injured by reason of the operation of the vehicle in any one accident.

The cost of all policies required by this Section shall be reflected in the prices stated on the Bid Form, and Contractor shall not be entitled to receive from the District any additional compensation for any such insurance costs. At all times during the term of the contract, the Contractor and its independent contractors shall maintain, at their sole expense, insurance coverage for the Contractor, its employees, officers and independent contractors, as follows:

<table>
<thead>
<tr>
<th>INSURANCE TYPE</th>
<th>MINIMUM ACCEPTABLE LIMITS OF LIABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers Compensation</td>
<td>Statutory</td>
</tr>
<tr>
<td>Employers Liability</td>
<td></td>
</tr>
<tr>
<td>A. Each Accident</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>B. Each Employee-disease</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>C. Policy Aggregate-disease</td>
<td>$1,000,000</td>
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<tr>
<td>**Commercial General Liability ****</td>
<td></td>
</tr>
<tr>
<td>A. Per Occurrence</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>B. General Aggregate</td>
<td></td>
</tr>
<tr>
<td>1. General Aggregate - Property</td>
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<tr>
<td>2. General Aggregate – Per project</td>
<td>$3,000,000</td>
</tr>
<tr>
<td>3. General Aggregate - Products/ Completed</td>
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ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205

SUPPLEMENTAL TERMS AND CONDITIONS

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Comprehensive Auto Liability</td>
<td>$5,000,000 bodily injury and property damaged combined $150,000 per person, $500,000 aggregate</td>
</tr>
<tr>
<td>Uninsured Motorist Coverage</td>
<td></td>
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<tr>
<td>Fire Legal Liability (any one fire)</td>
<td>$100,000</td>
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<tr>
<td>General Umbrella Excess Liability</td>
<td>$3,000,000 - $5,000,000*</td>
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<tr>
<td>** Business Auto Liability ****</td>
<td>$1,000,000</td>
</tr>
</tbody>
</table>

* Minimum $3,000,000.00; maximum $5,000,000.00 as prescribed in the Bid documents.
** An Additional Insured Endorsement as well as endorsements for Waiver of Subrogation and Insurance is Primary and Non-Contributory to additional insured insurance coverage in addition to a Certificate of Insurance
**** Garage Liability (combines standard GL & Auto Liability) Garage Keepers Liability

If any policy or coverage is written as "claims made" then coverage must be maintained for 4 years after project completion.

Notwithstanding the existence of required insurance, Contractor agrees it is responsible for injury and damage to persons and property including such damages as may exceed the limits set forth above, resulting from its own negligence and the negligence of its owners, employees, agents and representatives and further for the negligence of others under Contractor’s direction and control when arising from or in any way related to the bid and resulting contract and Contractor’s performance of its contract obligations.

The District and its officers and employees shall be named as additionally insured on all certificates of insurance. Insurance certificates shall also reference project name and BID NUMBER. Certificates should be faxed (and hard copy mailed) to: Rockford Public Schools, Purchasing Department, 501 Seventh Street, Rockford, Illinois 61104.

15. **METHOD OF AWARD.** The District reserves the right to award related items on a group basis if deemed in its best interest, even if not stated as such on the specifications. The District further reserves the right to make an aggregate award if in its best interest.

16. **GENERAL AWARD.** The award on this bid will not be made at the time specified for the receiving and opening of bids. The bid will be awarded at a later date by the Board of Education.

17. **SCHEDULE OF AWARD.** In order that Bidders may more accurately complete a bid, it is anticipated that the Board of Education will consider the award on this IFB within 60 days of the date of bid opening; the successful Bidder(s), if any, will be notified immediately thereafter.

18. **WITHDRAWING OF BIDS.** No bid may be withdrawn by a Bidder after the time and date of the official public opening. All bid prices submitted must be valid for a period of sixty (60) days after the date set for the bid opening. This period of time is reserved to permit the Owner to evaluate bids, conduct tests, make the award and issue either a contract or purchase order(s).

19. **VALIDITY OF PRICES.** All bid prices must remain valid and firm on awarded bids until product(s) is/are delivered or project completed, and until accepted by the District and invoiced by the Contractor.

20. **PERIOD FOR ACCEPTANCE OF BIDS.** In compliance with the solicitation, the bidder agrees, if this bid is accepted within sixty (60) calendar days from the date specified in the solicitation for the receipt of bids, to furnish any or all items upon which prices are bid at the price set opposite each item, delivered at the designated point(s),
within the time specified in the solicitation.

21. COMPLETION DATES. Contractors are to complete projects as required. Unless stated differently in the solicitation, the product(s) and/or service(s) are to be delivered or completed within the dates required. Should a Contractor be unable to comply with the required completion date, the Contractor is to notify the District immediately.

22. INSPECTION AND ACCEPTANCE. At the time the Contractor has completed work in accordance with the specifications, the Contractor shall, with the District, make a final inspection. After the final inspection, if the District and the Contractor are in agreement, the Contractor shall submit invoices for payment in accordance with the payment section of these specifications.

23. SIGNATURES. It is required that the Bidder’s signature appears on ALL the following forms:
   a. Second page of General Conditions and Instructions for All Bids Form
   b. Bid-Rigging Certification
   c. Minority and Women Owned Business Form
   d. Certification Regarding Debarment Form
   e. Certificate Regarding Lobbying Form
   f. OFAC Compliance Form
   g. Vendor Conflict of Interest Disclosure Form
   h. Form W-9 Department of the Treasury Internal Revenue Service
   i. Bidder’s Certifications
   j. Bid Offer Form
   k. Other forms specified in the IFB

24. PAYMENT. Payment on proper invoices submitted by contractor will be made in compliance with the Local Government Prompt Payment Act, 50 ILCS 505/1, et. seq. and District Policy within forty-five (45) days after invoice approval by the District. THE FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER MUST APPEAR ON EACH INVOICE REQUESTING PAYMENT. (See clause entitled, “Tax Identification Number”, for further clarification.) Invoices are to be submitted to the Accounts Payable Department at 501 Seventh St, Rockford, IL 61104.

25. WORK CHANGES. Changes in the Contract or Purchase Order must be agreed upon in writing between the District and the Contractor before execution of any changes involved may be implemented or payment may be withheld pending a determination that such change is required and ratified by the District.

26. SAFETY CODES. It is required that all equipment be in full compliance with any and all Federal and State Statutes, including, without limitation, OSHA Safety Standards, Environmental Protection Agency and Life Safety Codes, Health Codes, the School Code, and any applicable regulations and ordinances of the City of Rockford and County of Winnebago, Illinois.

27. QUANTITIES. After bids have been evaluated, the District reserves the right to increase or decrease quantities as stated on the bid for budgetary reasons. The District further reserves the right to accept or reject any or all alternate offers, or to alter the original solicitation document in order to comply with budgetary requirements.

28. BID. Bidders must return the following when submitting a sealed bid:
   a. Second page of General Conditions and Instructions for All Bids Form
   b. Bid-Rigging Certification
   c. Minority and Women Owned Business Form
   d. Certification Regarding Debarment Form
ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205

SUPPLEMENTAL TERMS AND CONDITIONS

e. Certificate Regarding Lobbying Form
f. OFAC Compliance Form
g. Vendor Conflict of Interest Disclosure Form
h. Form W-9 Department of the Treasury Internal Revenue Service
i. Bidder’s Certification
j. Bid Offer Form
k. Any required literature or information

29. CONTRACT. A response to this Invitation for Bid (IFB) is an offer to contract with the District based upon the terms, conditions, and specifications contained in the District’s IFB and any District issued and published addenda. Bids become contracts upon award to the successful Bidder by the Board of Education and no further documents need be executed; provided, certain IFBs may require, in the discretion of the District, the creation and execution of a separate formal contract in which case no contract is formed until a formal contract is created and until executed by the District. All of the terms and conditions of the contract are contained in the IFB, unless any of the terms and conditions are modified by an IFB Amendment, a Contract Amendment, or by mutually agreed terms and conditions in the contract documents.

30. TERM OF CONTRACT. Resultant contract period shall be from the effective date of award through the termination date specified in the IFB plus any specified option terms. The District exercises an option term by written notice signed by the Director of Purchasing. Notwithstanding, the District’s obligation under this contract is contingent upon the availability of budgeted funds from which payment for contract purposes can be made. No legal liability on the part of the District for any payment may arise until funds are made available for this contract.

31. OPTION TO EXTEND THE TERM OF THE CONTRACT
   a. The District may unilaterally extend the term of this contract for an option year, annually by written notice to the Contractor at least thirty (30) days prior to contract expiration.
   
   b. If the District exercises this option, the extended contract shall be considered to include this option provision. The option is deemed exercised when mailed or otherwise furnished to the contractor.
   
   c. Upon the exercise of any option period(s), the District may add additional facilities or locations to this contract. Supplies/services will be provided for these facilities or locations for the time periods as specified. All contract terms and conditions will apply to these facilities or locations added.
   
   d. The District may exercise the options contained in the "Option to Extend the Term of the Contract" clause of this contract by providing the written notice as required by the clause. Upon the exercise of an option year period, supplies and services will be provided for the time periods as specified in the solicitation.
   
   e. The total duration of this contract, including the exercise of any options under this clause, shall not exceed five (5) years.

32. EVALUATION OF OPTIONS
   a. The District will evaluate bids by determining the lowest base period price. Since option year pricing is based on limits established in the “Pricing” clause, option year pricing is automatically considered when evaluating the base year price. All options are therefore considered to be evaluated. Evaluation of options will not obligate the district to exercise the option(s).
   
   b. The District may reject a bid if exceptions are taken to the price provisions of the “Pricing” clause, unless the exception results in a lower maximum option year price. Such offers will be evaluated without regard to the lower option year(s) maximum. However, if the Bidder offering a lower maximum is awarded a contract, the award will reflect the lower maximum.
ROCKFORD PUBLIC SCHOOL DISTRICT NO. 205

SUPPLEMENTAL TERMS AND CONDITIONS

33. TEMPORARY CONTRACT EXTENSION. The District reserves the right to temporarily extend this contract for an additional ninety (90) calendar days from its original or any exercised option year expiration date without exercising a full option year for any reason and any and all pricing then in effect shall continue through the temporary extension period.

34. ALTERNATE BIDS. Alternate bids are not acceptable and will be rejected by the District. Alternate bids are defined as bids that do not comply with the bid terms, conditions, and specifications. Bidder may submit more than one bid providing that all such bids comply with the bid terms, conditions, and specifications.

35. PREVAILING RATE OF WAGE. It is required on this bid that the Contractor complies with all statutes, both Federal and State, governing payment of wages to employees. The Contractor certifies that by submitting their bid that they will pay the prevailing rate of wage in this area (if applicable) for the particular type of labor, in accordance with State of Illinois statutes and the Illinois Department of Labor. If applicable, the Contractor and each Subcontractor shall keep an accurate record to show names and occupation of all workmen employed by them in connection with this IFB. The actual hourly wage paid to each shall be recorded. These records shall be open for inspection during all working hours to any authorized District’s agent and any authorized agent of the Illinois Dept. of Labor.

The following clause shall be a part of this contract.

“If during the course of this contract the Department of Labor revises the prevailing rate hourly wages to be paid under this contract for any trade or occupation, the prevailing rate of wage is available on the Department of Labor official website. Contractor is directed to such website. Contractor shall have the sole responsibility and duty to ensure that the revised prevailing rate of hourly wage is paid by Contractor and all Subcontractors to each worker to whom a revised rate is applicable. Revisions to the prevailing wage as set forth above shall not result in an increase in the contract sum.”

Should any Contractor need information concerning the prevailing rate of wage, said information is available at the Purchasing Department via email. the Contractor further certifies that all Subcontractors will comply with these same acts. If requested, bidders will submit to the District required information concerning the basic rate of wages per hour that he is either currently or will be paying for the particular type of trade required.

36. PROHIBITED CONTRACTOR EMPLOYEES ON SCHOOL PREMISES. Contractor employees, agents and principals and its consultants and consultants employees and agents shall not perform work within District buildings for more than 30 school days within any school year (July 1 to June 30) unless a criminal history records check has been conducted by Contractor, the individual(s) is found to have not violated any of the drug or criminal offenses listed in the criminal history records check provisions in the School Code 105 ILCS 5/10-21.9(f) (the Act), and the Contractor so certifies the same to be true on the Certified Cleared Employee List.

Contractor employees, agents and principals and its consultants and consultant’s employees and agents shall not be permitted to be present on District grounds unless a Statewide Sex Offender Database check and a Statewide Child Murderer and Violent Offender Against Youth Database check has been conducted regarding all such employees in accordance with and subject to the provisions of the Act. Contractor employees, agents and principals and its consultants and consultant’s employees and agents who are found to have had convictions of the enumerated criminal or drug offenses listed in the Act or who appear in the noted databases shall not be permitted at any time to be present on school grounds.

Not less than 10 days prior to the commencement of work, Contractor shall submit to Owner a written certification on a form provided by Owner (Certified Cleared Employee List), signed by Contractor under oath that the employees listed on the certification have been the subject of a criminal history records check (for employees working more than 30 school days in District buildings), and a Statewide Sex Offender Database check and a Statewide Child Murderer and Violent Offender Against Youth Database check for all employees accessing District grounds. Contractor shall update the certification as and when necessary to keep such certification list current.
37. **EMPLOYEE CONDUCT.** All of Contractor’s employees, agents, principals, and consultants shall abide by Federal, State and Local Laws and Board of Education policy while on District premises. No employee, agent or principal of Contractor and its consultants and vendors shall fraternize with any student of the school district. Any employee whose conduct is judged unfit by District shall not be permitted to work on the project. Contractor agrees to comply with and abide by all rules, regulations and policies of the District relating to access to and conduct upon District Premises.

Contractor employees accessing school grounds are required to have in their possession identification issued by the District. All such persons must check in with the school main office to receive a visitor’s identification at which time the individual must present a government issued photo identification which will be used to verify the individual’s name appears on the Certified Cleared Employee List. At the conclusion of the work day, plastic or hard cover identification must be returned to the school.

The District may from time to time and at multiple times in their discretion and without notice check the identification of all persons accessing school grounds by or through the Contractor to assure such persons appear on the certification list and have in their possession a valid District issued identification. Contractor warrants that it shall immediately notify the District if a certified cleared employee is convicted of an enumerated offense or their name appears on any of the noted Databases. A violation of this section is a material breach of contract.

38. **COMPLIANCE WITH FREEDOM OF INFORMATION ACT.** The District is required by law to comply with the provisions of the Freedom of Information Act, 5ILCS 140/1 et seq., as amended from time to time (“Act”). The Act requires the District to provide, if requested to do so by any person, copies of documents that maybe in your possession and related to this contract. As a condition of this contract, Contractor agrees to and shall provide to the District copies and all such documents when directed to do by the District. All such documents shall be delivered to the District’s Legal Department NO LATER THAN five (5) working days after the date of the District’s direction to provide such documents. Failure of the Contractor to provide documents within said five (5) working days as provided above shall result in the assessment of any and all penalties, damages, and/or costs incurred by the District to the Contractor which shall be paid immediately by the Contractor upon demand of the same by the District.

39. **RECORDS, RETENTION, AUDIT**

a. Records. The Contractor shall have or upon award of bid establish and maintain a reasonable accounting system that enables the District to readily identify Contractor’s assets, expenses, costs of goods and use of funds related to the Project (the Records). Such Records shall include, but not limited to, accounting records, written policies and procedures; subcontractor files (including proposals of successful and unsuccessful bidders, bid recaps, etc.); all paid vouchers, including those for out-of-pocket expenses, other reimbursement supported by invoices; ledgers; cancelled checks; deposit slips, bank statements; journals; original estimates; estimating work sheets; contract amendments and change order files; back-charge logs and supporting documentation; insurance documents, payroll documents; timesheets; memoranda; and correspondence.

b. Retention. The Contractor shall, at all times during its performance of the Project and for a period of seven years after the completion of the Project, maintain Records, together with all supporting or underlying documents and materials. The Contractor shall upon written request by the District at any time or times, whether during or after completion of the Project, and at the Contractor’s expense, produce the Records for inspection, copying and audit (including copies and extracts of records as required) by the District. The Records shall be made available to the District, upon three-day written notice, during normal business hours at Contractor’s principal office if located in Rockford, Illinois or at such other location specified by the District including the District offices. Upon expiration of the retention period specified in this paragraph 44b, prior to destruction of the Records, Contractor shall provide not less than 30 days written notice of its intent to destroy any part or all of the Records, specifying the nature, character and extent of Records to be destroyed and the District may at its discretion and expense obtain all Records or copies of Records intended to be destroyed. The Contractor shall ensure the District’s right to access and audit the Records in the possession, created or maintained by Contractor’s agents, assigns, successors, and subcontractors. Contractor shall notify in writing its agents, assigns, successors and
subcontractors of the requirements of records, retention and audit as set forth in this paragraph 44. Any and all contracts or agreements between Contractor and any other party related to the Project shall expressly include the records, retention and audit provisions of this paragraph 44.

c. The District and its authorized representatives shall have the right to audit, to examine, and to make copies of or extracts from all Records (in whatever form they may be kept, whether written, electronic, or other), including, but not limited to, those kept by the Contractor, its agents, assigns, successors, and subcontractors.

d. Cost of any examination or audit of Records conducted by the District will be borne by the District (excluding any cost to produce Records under paragraph 44b), except where the examination or audit identifies overpricing or overcharges (of any nature) by the Contractor to the District in excess of one-half of one percent (0.5%) of the total contract billings in which event the entire cost of the examination or audit shall be Contractor’s cost and Contractor shall reimburse the District for the total cost of the examination or audit. If the examination or audit reveals substantive findings of fraud, misrepresentation, or non-performance by Contractor, its employees, agents, representatives, assigns, successors or subcontractors, the Contractor shall pay all costs of the examination or audit; and if paid by the District, reimburse the District for all such costs. In the event Contractor fails to pay such costs within 30 days of demand by the District, District may offset any such costs unpaid by Contractor from any balance due Contractor by the District or at the election of the District proceed to collect such costs by any available means including litigation in which event the costs of collection including reasonable attorney’s fees shall also be paid by Contractor.

**QUESTIONS**

During the time the bid is in the open solicitation and unawarded phase, Bidders may not contact any District staff to inquire about the bidding process or any of the details contained in the Bid Package other than in writing directed to the Director of Purchasing (also via email: PurchasingDeptStaff@rps205.com). Verbal inquiries will not be accepted.  

**Communication with District representatives in a manner other than identified herein may result in disqualification.**
Wellness Request for Proposal

General Information

Organizational Overview

The Rockford Public School District #205 is a public entity located in Rockford, Illinois. The District has over 3,100 benefit eligible employees and covers over 7,900 individuals (employee/spouse/children) on the medical and prescription drug plans.

Purpose

The purpose of this RFP is to solicit proposals for and select a vendor to implement and administer a wellness program for the District, including:

- Healthy lifestyle promotion
- Biometric Screenings/Health risk assessments
- Web based tools/Points Tracking
- Educational materials
- Reporting data
- Onsite Support for Certain Wellness Centered Events

The Rockford Public School District currently has an employee wellness program in place. The program is designed to encourage and promote good health for its employees and dependents. It includes, but is not limited to, annual biometric screenings; a health risk assessment, quarterly challenges and a point based incentive/reward system.

It is our goal to have a partner that works closely with The Rockford Public School District’s Human Resource Department. The wellness company should be willing to work with our current vendors to achieve the Districts wellness goals and communicate with our members. Please address all areas of the questionnaire as it relates to your area of expertise. We encourage creativity.

It is intended through this RFP process to select firms as finalists, conduct interviews, (which may be open to the public), and educate the various stakeholders including elected officials and labor leaders in order to award a contract.

The following are critical deliverables:

- HRA – Health Risk Assessments should be flexible including both paper and web based assessments integrated with onsite/independent lab screening data. Reporting back to the client should include reports with number of participants, those who met incentive requirements, newly identified conditions, key indicators for at risk population, at a minimum. All reports should meet HIPAA requirements. (Both Spanish and English are required.)
- Highest level of service to our members and quality of care is required. You must be customer focused and provide our employees with support and communication
Wellness Request for Proposal

options. Prospective vendor services should include an online member portal, online screening scheduler, member help desk, and online or telephonic health coaching.

- The Rockford Public School District requests proof of concept and ROI based on your past experiences. Please provide examples and details of actual cases where the ROI was significant along with client references.

1. Implementation Date and Term

The Rockford Public School District is requesting proposals based on an expected launch date of June 1, 2018. The initial term will be three (3) years.

2. Send response and questions to:

   1. Inez Harris
      Benefits Manager
      501 7th Street
      Rockford, Illinois 61104
      inez.harris@rps205.com
      815-966-3067

2. Estimated timeline

   - RFP due Friday ________ by 3pm to the ____________________________
   - Please provide one (1) original and four (4) copies of your response
   - To make it easier for the evaluation team and if possible, please provide a digital copy either by email, weblink, memory stick, CD/DVD, etc.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
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<tbody>
<tr>
<td>1/4/2018</td>
<td>Distribution of RFP</td>
</tr>
<tr>
<td>1/29/2018</td>
<td>RFP Due Date</td>
</tr>
<tr>
<td>2/7/2018</td>
<td>Evaluation Complete</td>
</tr>
<tr>
<td>2/15/2018</td>
<td>Interviews and Follow-up</td>
</tr>
<tr>
<td>3/21/2018</td>
<td>Anticipated Award of Contract</td>
</tr>
</tbody>
</table>
Wellness Request for Proposal

This section includes questions about your organization, customer service, technology, programs, education and promotion abilities, reporting, Health Risk Assessment “HRA”, outcomes, implementation, financials, and performance guarantees.

1) State the type of company and the location of your home office as well as a brief history of your company including mergers and succession.

Founded in 2005 by Dr. Joseph Leutzinger and located in Omaha, Nebraska - Health Improvement Solutions (HIS) is a leading provider of health and wellness program planning, evaluation, and program services. HIS offers a full range of products and solutions designed for enterprises and small businesses across a variety of industries to improve employee health and productivity. The organization has completed numerous community and industry-specific initiatives targeting various health issues.

The mission of Health Improvement Solutions is to enhance the health of organizations and communities we serve. We accomplish this by assisting with the delivery of comprehensive and integrated solutions ensuring the achievement of individual and population health enhancement, and economic benefit.

Some key differentiators that set us apart:

- Strong focus on business case development: Use data to tell a story
- Tailored evaluation plan and services
- Extensive experience establishing the health and productivity connection
- U.S. and international experience conducting health-related productivity measurement work, program planning, and implementation
- Board of Directors and judge for C. Everett Koop awards since 2003
- North American Judge for the Global Centre for Healthy Workplaces
- Former Chair of Corporate Health and Productivity Management awards (IHPM) 2003-2016

2) If you are submitting this with or as part of an alliance company or strategic partnership, what is the name of that partner? If you have partner alliances to perform duties per your programs, please list them.

Salveo – Tiger Foust – Biometrics screenings
Wellness Request for Proposal

3) Please outline the service model and team members that will be working with the District. (Customer Service Team/Implementation Team/Account Management Team/Others)

Joseph Leutzinger – Account Executive
Kane Miller – Account Manager
Colleen Reilley Customer Service Support
Kerry Juhl – Coach and Lead Coach
Niraj Patkar – IT Support

4) Do you have experience providing wellness programs for municipalities or other units of government? Please describe, e.g. how many clients, years of operation, case studies, # of employees served, average ROI.

We have been in business for over 14 years. Current clients range from 8 – 15. We are unique in that we have clients who use us for a variety of different services. We do not provide the same services to all clients. We also do special project work (work-for-hire type services – i.e. build special population surveys).

We have worked with all stakeholders in this space – large municipalities, Government entities (Department of Homeland Security), health plans, employers of all sizes (including international), mega-churches, NGOs (FRA), Non-Profit groups and grant funding entities (Robert Wood Johnson). We are currently in our fourth year of a government contract (180,000 employees) and second year of a large municipality (60,000+ employees).

The ROI question is difficult to answer. Much of our work is related to program evaluation. As a vendor we do not publish an ROI from our programming simply because platforms do not generate an ROI, rather a clearly defined partnership. We have assisted numerous organizations with achieving behavior change, positive cost outcomes and cultural changes to support positive health behaviors. The organization and vendor have dual responsibility for achieving program and positive cost outcomes. Our proprietary tools described later have been used by competitive vendors and numerous organizations to determine the efficacy of programs. We are providing these proprietary tools as part of our value-added service.

5) How many employer groups are you currently serving in the size category of the District (2,500-4,000+ employees)?

Five. Most of our clients are larger. Also, we have multiple clients that come to us for special services/products/consulting throughout the year.
Wellness Request for Proposal

WELLNESS

6) Do you offer a Health Risk Assessment (HRA)? If Yes,

   a) In what format is your HRA offered?

Health Improvement Solutions has built 15 health assessments since 2003 for employers, health plans, and vendors. The current version is our best health assessment product to date. Our assessment is built in a modular architecture allowing for high-level customization. The following question categories make up our standard assessment:

- Demographics
- Biometrics
- Physical Activity
- Nutrition
- Alcohol Consumption
- Tobacco Use
- Personal Safety
- Stress Management
- Mental Health/Life Satisfaction
- Sleep/Fatigue
- Personal Health History
- Family Health History
- Preventive Health

Additional/Optional Components:

- Depression Screening
- Readiness-to-Change
- Sleep Disorder Screening
- COPD Screening
- Productivity Plus Survey™ (PPS)
- Well-Being Index
- General Items

The HIS Health Assessment has an engaging personal report, provides an overall risk score, and an aggregate report is available through the company administrator function.

Once a participant completes the health assessment and submits their responses, they can use the “what-if scenario” feature to go back and modify his/her answers to see how changing responses, and more importantly risk status, will enhance their overall risk score. This function can be used as often as the participant chooses and all scenarios are saved. The HIS Health Assessment will also provide time-1/time-2 comparisons in the aggregate reporting.
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Participants will be able to access their historical personal reports at any time. The personal report is offered in a full-length version, a condensed version, or the client can offer both options to participants. In addition to being tailored for males or females, the personal report also have a version designed specifically for pregnancy. Personal reports can be printed, saved, and emailed by participants, and are held online under the participant’s profile for access at any time. The HIS Health Assessment has four risk levels (low, moderate, high and very high risk).

Some of the key differentiators of the HIS Health Assessment are noted below.

- Modular format for customization
- Paper version available (different cost structure)
- Three personal report options
- Pregnancy version of personal report
- Ability to email personal report
- Four personal scores available (overall, cancer, mental health and cardiovascular)
- What-if Analyses
- Additional components or stand-alone assessment offerings (WBI and PPS)
- Presenteeism cost report

In addition to the physical assessment, the the District program administrator will have access to aggregate reporting, participation tracking (for use with incentives and/or marketing strategy), and can also use the ad-hoc reporting tool with a wide variety of filters for instant access to real-time company assessment data.

The HIS Health Assessment uses skip logic to reduce the question count per participant and ensure each user is answering relevant questions related to their situation (male, female, pregnancy, age-related preventive screening, tobacco user, etc.). The number of questions is also determined by the sections that are turned on (see above). If all questions are turned on the item count will range from 60-80 depending on age, gender, and response-specific skip logic. The HIS Health Assessment is a morbidity-based tool. Our assessment is built in a modular architecture allowing for high-level customization. HIS uses a science document to guide questions, responses, and scoring.

The HIS Health Assessment provides four scoring categories – low, moderate, high, and very high. Personal scores are based on a 100-point system. All participants start with 100 points – the final personal health score is a result of deducting points due to reported risk levels.

See Appendix A for a sample copy of our health assessment. We can also provide portal access to RFP review representatives to experience the health assessment – if desired, please provide names and email addresses for demo access to health assessment
Wellness Request for Proposal

Formats available:

- Electronic
- Paper
- Portable device-enabled

b) Can you import biometric screening data obtained? YES

c) Will you provide an aggregate report to the District?

YES, assuming a minimum participation of 25 respondents is achieved to ensure personal health information (PHI) confidentiality. Our system also allows administrative access. A designated representative can access the assessment program and generate an aggregate report at any time, track participation, generate ad-hoc reports based on participation, as well as perform other support services. HIS is also available to provide reports and support services. We have found administrative access to the platform is a significant differentiator for us.

7) Do you have a system for reminding participants when their yearly and age appropriate screenings are due? If yes, please outline in detail.

YES. The HIS platform has a sophisticated communication system.

8) Regarding Health Risk Assessments, please attach a copy of one we might utilize.

See Appendix A

9) What are your quality assurance policies? Who in your organization is responsible for oversight of the programs? Will that person be accessible to the District?

We perform periodic quality assurance audits, and conduct reviews upon request. Dr. Joseph Leutzinger is responsible for the oversight of the program and will be accessible to the district.
Wellness Request for Proposal

10) Do you have the ability to perform an audit if requested, and if so, what cost if any?

YES. Our all-inclusive easy-to-understand pricing includes requested services such as audits.

COMMUNICATION

11) What is your overall communication strategy?

The HIS platform has communication tools built in. We also work with clients to identify their communication channels, and then we use our experience to match messaging to the communication mechanism. The message, mechanism cadence and source need to be take into account when devising a comprehensive communication strategy.

12) Please describe how you will assist the District in communicating the Wellness Program to its employees.

We will use the methodology described in response 11 to implement the communication plan in partnership with the District.

13) How do you address communication and language barriers?

A multi-modal communication plan, as described above, is an effective avenue for addressing communication and language barriers. We also work with our clients to identify and address language/special needs.

14) Please provide the mediums used to disseminate information, such as website, direct mail, telephone, etc.

We use platform, email, postal mail, phone and our middle-management training sessions, as well as our peer support program (described under item 25).

15) Do you have a toll-free number for customer use? YES

16) Do you have a website? YES

Is it interactive for employees’ use and do you build websites for employer groups? YES

Do you have a mobile app?
Wellness Request for Proposal

Our platform and assessments are portable device-enabled

The HIS platform contains:

Assessments – Health Assessment, Well-being Index and Resilience Scale

Behavior Change Tools – Digital Health Coaching, Coaching Points Software

Health Assessment – as described in response to item 6.

Additional components or stand-alone assessment offerings:

Well-being Index - The Health Improvement Solutions Well-being Index (WBI) contains 18 questions covering four health determinants – Self, Family, Social, and Work. An overall well-being score is provided to all participants. A good, average or poor message for each assessed determinant noted above makes up the participant feedback report. The WBI can be administered in conjunction with the HIS Health Assessment or as a stand-alone tool, complete with an aggregate summary report for clients, and a personal report with tailored feedback for participants.

HIS was contracted to work with Gallup/Healthways from 2008-2012 to assist with the message development of what is now known as the Gallup/Healthways Well-being Index. We used this knowledge and experience to develop our own version.

Resilience Scale (CD-RISC 10) – is a stand-alone resilience scale. The HIS version is a partnership product between Dr. Davidson – a renowned expert in resilience training at Duke Medical Center – and HIS. This instrument is currently being used by employers and in its fourth year of use by the Department of Homeland Security.

Digital Health Coaching - The overall philosophy of the Digital Health Coaching behavior change product is based on several strategies within and outside of the health field. This program takes the task of changing behavior and breaks it down into easy-to-follow steps that will help the participant accomplish their goal. The Digital Health Coaching product is designed in an intuitive platform that provides unparalleled and instantaneous reporting capabilities.

The Digital Health Coaching product contains clearly defined, yet flexible, risk reducing protocols for the following risk areas:

- Tobacco Use
- Poor Diet
- Overweight
- Physical Inactivity
- Blood Pressure Management
- Cholesterol Management
- Diabetes Management
Wellness Request for Proposal

- Fatigue
- Stress
- Depression
- Musculoskeletal

The Digital Health Coaching product is a low-cost intervention behavior change option. Each risk protocol contains staged-based activities with assigned points. The protocols apply the Transtheoretical model, but then go a step further by breaking down the defined stages into specific activities designed to build self-confidence. The Digital Health Coaching product also contains an activity log to address the behavior change concept of journaling, as well as educational schematics. The schematics address behavioral capability by providing educational content in easy-to-understand, reader friendly and evidenced-based diagrams.

Coaching Points Software

Our Coaching Points software is a unique behavior change web-based application. This is a tool for internal health coaches. It is designed to facilitate more efficient coaching, and also has tools that can be provided to help participants with behavior change efforts. The Coaching Points software contains clearly defined, yet flexible, risk reducing protocols as listed and described above in the Digital Health Coaching product details.

The Coaching Points software is written in a ‘red hat’ philosophy meaning that over time users make the software smarter by adding education content and additional stage-based activities that have been helpful to them for achieving success. The Coaching Points software also contains functionality for scheduling, communications, incentive tracking, biometric and health assessment data import, timing of sessions, goal setting, medication tracking, along with the ability for client-specific notes. Another unique feature of the Coaching Points product is the ability for clients to build, run, and save data queries for extracting and evaluation purposes, and email list generation/targeted communications at their discretion if desired.

17) Please describe how your company coordinates communication among health plan vendors. Detail any specific alliances, contacts, ownership relationships or strategic partnerships with

- PBM
- Networks
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- Utilization Management
- Third Party Administrator
- EAP

As Noted above, HIS has worked with a variety of stakeholders. HIS also has extensive experience organizing and facilitating vendor integration meetings. HIS will bring this experience to assist the District with communication and coordination among health plan vendor partners.

18) Please provide information on your HRA tracking, sample newsletters, and other health promotion and education.

HRA tracking is covered in our Health Assessment reporting section. Our quarterly online newsletter will cover relevant and timely health topics and allow the District to put in some information as well. The health promotion and education content is covered in response to question 19 and are listed in our Topical Presentations as well as our peer support programming, both discussed in response to item 25.

19) Can you provide educational materials, seminars such as lunch and learns, health risk assessments, and team building wellness initiatives like weight loss coordination, smoking cessation and other wellness initiatives? Please give details of all programs offered.

YES, we can offer a variety of health and well-being educational materials in all the various methods and modalities mentioned in the question. We take a comprehensive approach to health and well-being to encompass the whole person, focusing on personal, professional, physical and financial well-being. We offer programs in each well-being dimension in a variety of methods such as lunch n learns, workshops, seminars, onsite/online challenges, programs and coaching modalities. This ensures that the participant can pick the modality that resonates with them and is the most effective for their learning style.

Quarterly onsite and webinars can focus on a variety of topics. For example, physical well-being topics will focus on nutrition, exercise and weight management; Personal well-being topics will focus on mental and emotional topics. The professional well-being sections focus on optimizing one's potential and fulfillment while financial well-being focuses on maximizing company sponsored offerings as well as debt management, saving and building wealth. Tobacco Cessation focuses on the whole person and can be supported by company sponsored aids, such as Chantix. Some sample titles for onsite seminars and webinars include:

- Reading Nutrition Labels,
- Overcoming Weight Loss Plateaus,
Wellness Request for Proposal

- Fitting Exercise in an Overscheduled Life,
- 6-week Step Challenge,
- Living a Mindful Life,
- Emotional Intelligence,
- Finding your WHY at Work,
- Thriving at Work and Home, and
- Financial Freedom.

In addition, we have the ability to customize programs and offerings if needed.

Most importantly, to ensure the District implements the most effective program, we highly recommend the Health Assessment data is used for planning the aforementioned programs. We also recommend sending a needs and interest audit to all employees to understand what they are interested in learning about, participating in, and in what modality. This comprehensive data from the Health Assessment and the voice of the participant provides an effective strategy for implementing a comprehensive program to meet the diverse population and maximize engagement.

20) Please indicate any program accreditation you have or will have earned, and the agency giving the accreditation such as NCQA, URAC, JCAHO.

HIS has developed health assessments that meet the NCQA and URAC certifications, but have not submitted the paperwork to obtain the certification. To date we have developed 15 health assessments and numerous other related instruments.

21) How do you track and monitor complaints regarding service issues? How are those reported back to the District?

HIS will use a call center as well as support email. We are also prepared to set up weekly phone calls and 6-8 onsite meetings to ensure we are meeting the needs of the District and address any operational, programmatic and/or strategic issues. We work in partnership with our clients and are often cited for our responsiveness and attention-to-detail.

22) Does your firm have the ability to assist in the following activities: web casts, seminars, health summits, organizational competitions, and teleconferences?

YES, HIS has the ability and the experience leading web casts, seminars, health summits, organizational competitions and teleconferences. We scheduled, planned, hosted and followed up with participants with online webcasts and teleconferences. We also have extensive experience leading inspiring seminars.
Wellness Request for Proposal

as well as informational, interactive workshops in all areas of health and well-being. Our online tools can manage organizational competitions and individual challenges. We can provide paper programs, although we do not recommend this approach.

We also applaud you for your interest in a health summit. We have led and been a participant in health summits that integrate all vendor partners that touch health and well-being for the employee population. This is an effective strategy to ensure you maximize all your resources and your vendor partners are working together on behalf of your employees. Lastly but critical, this summit can help in creating a comprehensive communication plan that makes it easier for the employees to navigate the program, thus yielding higher engagement and better health. We would be happy to take the role of leading the summit as a value-added service, co-leading the summit, or just being an active participant/partner.

TECHNOLOGY:

23) What is the current system platform used to support your wellness promotion? Do you anticipate changing your current system in the near future? When was your last system change or upgrade?

The HIS platform is described above under item 16. Our assessments, behavior change, and evaluation tools make up our platform. We will create a customized site for the District. We perform frequent updates and upgrades to our system as needed. For example, in 2017 we updated our HRA response options, scoring, and personal feedback to reflect the new blood pressure guidelines. This year (2018) we are applying machine learning to our Digital Health Coaching product, as well as putting our ROI/VOI Calculator online for clients to use. We will continue to enhance the platform which is guided by our strategic plan, as well as client and expert feedback.

24) What are your preferred methods of data delivery and receipt?

File formats accepted include .txt, .csv, .xls, or .xlsx. Files should be tab or comma delimited to show data separation parameters. For file transfers we use secure-encrypted email, or we will reach out to client servers via SFTP to retrieve files if the client provides access details/credentials.

25) Please provide a list of all programs related to wellness promotion. Please also include programs you think would benefit the District, why they would be beneficial and the ROI attached to the program.

HIS is offering seven key differentiators as part of our PEPM pricing. We are offering these as value-added products for internal use at the District. The Peer Support program, Mid Management Training Sessions and topical Presentations
Wellness Request for Proposal

are designed to be peer-led presentations to raise awareness, provide educational opportunities and most importantly enhance participation and engagement. We have used these deliverables among other clients for these reasons. These deliverables could also be delivered during our quarterly onsite meetings. It is part of our strategy to help the District achieve a best-of-class program.

Peer Support Program

- Nine 5-to-10-minute presentations explaining the universal principles for peer support – employees supporting one another with behavior change.
- Presentations addressing the universal topics mentioned above will be delivered to the District for unlimited use within the District employee community.
- A version of the training modules via PowerPoint presentations with speaker notes will be made available to the District.

Universal skills

1. Environmental Support – Living and working in a supportive environment affects all dimensions of our lives. None of us can completely control our environment at all times. Being aware of strategies that can create a supportive environment will assist participants with their own lives and they will be able to apply those skills to fellow employees, family members and friends.

2. Identification and Use of Role Models – When attempting a change in our behavior, dealing with a personal crisis or trying to assist a friend or co-worker, identifying role models can be a powerful tool. This part of the training will discuss identifying and using role models effectively when dealing with life issues.

3. Learning from Each Other – This skill gets at the core of the philosophy behind mentoring. The role of peer support is not to be an expert, rather it is intended to allow a forum for employees, friends and family members to learn from each other. Other universal skills such as resource assistance and identifying role models are related to this skill.

4. Maintaining Success – Once a positive behavior change has been attained, or a critical incident has been managed, the attention then turns to making the behavior change a sustainable habit, or moving beyond the critical incident and possibly even making it a learning or positive growth experience.

5. Open Communications – Communication skills are essential for business and life success. Those who have trouble communicating can be taught useful tips and strategies to enhance their skill. Non-verbal as well as verbal communication will be explored. Active and attentive listening will be covered as key components of communication.

6. Overcoming Barriers - People will always face barriers when making lifestyle changes or dealing with critical incidents. Some are easy to break down, others are more engrained and take additional time and energy. Understanding how to break down barriers is the main focus of this section.
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7. Resource Assistance (finding/exploring) – Supportive peers or mentors are not expected to have all the answers. Knowing where to look for resources, support, and guidance is a critical skill of peer support. Internal resources readily available from the District will be highlighted as well as other appropriate outlets.

8. Setting Achievable Goals – Setting goals is a necessary function for accomplishing anything in life. Realistic and attainable goals are two elements within the S.M.A.R.T. framework that will be explored during this segment.

9. Working Through Relapse – It is often said that if you have not experienced a relapse or setback in life and work then you are not human. It is not the avoidance of relapse that is key, rather it is knowing the skills to work through relapse and come out again on the other side that gives individuals the learning and growth edge in life.

M-SET Training

The M-SET Training Modules are designed to be independent learning courses or peer-led sessions provided to front line supervisors/middle managers.

A version of the training modules via PowerPoint presentations with speaker notes will be made available for the District. A summary of each session is noted below.

Session 1: Health & Productivity Connection
• Human Capital
• Health & Productivity Connection
• Performance Drivers
• How Can I Help?

Session 2: Organizational Change – Safety and Health Connection
• Definition of Culture
• Culture Change Framework
• Your Role
• What Can I Do?

Session 3: Health Improvement Programming and Your Role
• Importance of Health Improvement Programming
• Program Offerings
• Your Role
• How Can I Help?

Session 4: Goal Setting
• Review overall program goals
• Set incremental health improvement leadership goals

Session 5: Sharing the Health Improvement Vision
• Discuss sharing the health improvement vision strategies
• Review health improvement value proposition
• Develop strategies for explaining how to participate in the health
Wellness Request for Proposal

improvement program
• Develop goals for sharing the health improvement vision

Session 6: Serving as a Role Model
• Conduct internal lifestyle inventory
• Discuss opportunities for becoming a better role model
• Set role modeling goals

Session 7: Monitoring and Celebrating Success
• Discuss strategies for tuning into employee progress
• Discuss stages of lifestyle change
• Discuss intrinsic and extrinsic health improvement rewards
• Review strategies for tailoring individual rewards
• Set goals for monitoring and celebrating success

Topical Presentations – Metabolic Syndrome and Energy/Fatigue/Mental Health –
Titles listed below – all designed to be peer-delivered in 5-to-10 minutes.
Deliverable contains slides and full detailed speaker notes.

Metabolic Syndrome titles:
1. What is Metabolic Syndrome
2. Metabolic Risk Factors
3. Abdominal Obesity
4. High Triglycerides
5. High Cholesterol
6. High Blood Pressure
7. Fasting Glucose
8. Tests, Prevention and Treatment
9. Importance of Physical Activity
10. What to Expect from Your Doctor Appointment

Energy, Fatigue and Mental Health titles:
1. What is Fatigue
2. What is Fatigue (continued)
3. Sleep Disorders
4. Acute and Chronic Insomnia
5. Sleep Strategies
6. Treatment for Fatigue – OTCs and Supplements
7. Treatment for Fatigue – Prescriptions and Sleep Aids
8. Treatment for Fatigue – Behavioral Therapy and Certified Sleep Centers
9. Shiftwork and Fatigue
10. Coping with Life Stressors
11. Resilience
12. Depression
13. Diagnosis of Depression
14. Treatment for Depression
15. Effects of Untreated Depression
16. Fatigue and the Family
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26) If you use web based technology or offer to build a website in your delivery of programs, please indicate below where appropriate:

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Included in Package</th>
<th>Additional Cost</th>
<th>Not Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Risk Assessment and the ability to provide comparative data</td>
<td>YES</td>
<td>Included in PEPM</td>
<td></td>
</tr>
<tr>
<td>Health education and information</td>
<td>YES</td>
<td>Included in PEPM</td>
<td></td>
</tr>
<tr>
<td>Health promotion outreach; health newsletters, screening reminders</td>
<td>YES – we do not currently offer a newsletter but could provide content for one, or develop one for the District.</td>
<td>Included in PEPM</td>
<td></td>
</tr>
<tr>
<td>Health coaching</td>
<td>YES</td>
<td>Digital Health Coaching included in PEPM. Lifestyle Coaching -$149/PARTICIPANT DM $189/PARTICIPANT</td>
<td></td>
</tr>
<tr>
<td>Healthy recipes</td>
<td>YES</td>
<td>Included in PEPM</td>
<td></td>
</tr>
<tr>
<td>Self care data and medical or symptom dictionary</td>
<td>YES – through a link</td>
<td>Included in PEPM</td>
<td></td>
</tr>
<tr>
<td>Modules for disease management or healthy lifestyle</td>
<td>YES – part of Digital Health Coaching</td>
<td>Included in PEPM</td>
<td></td>
</tr>
<tr>
<td>Rx information and education</td>
<td>Need more information on what is requested –</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other online tools</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot links available for employee use</td>
<td>YES</td>
<td>Included in PEPM</td>
<td></td>
</tr>
<tr>
<td>E-newsletters available</td>
<td>YES – four per year</td>
<td>Included in PEPM</td>
<td></td>
</tr>
<tr>
<td>Peer Support Program Presentations (Engagement Tool)</td>
<td>YES – Differentiator</td>
<td>Included in PEPM</td>
<td></td>
</tr>
<tr>
<td>Middle Management Trainings (Engagement Tool)</td>
<td>YES – Differentiator</td>
<td>Included in PEPM</td>
<td></td>
</tr>
</tbody>
</table>
### Wellness Request for Proposal

<table>
<thead>
<tr>
<th>Topical Presentations (Engagement Tool)</th>
<th>YES - Differentiator</th>
<th>Included in PEPM</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROI/VOI Calculator (Program Evaluation Tool)</td>
<td>YES – Differentiator</td>
<td>Included in PEPM</td>
</tr>
<tr>
<td>CALCUL8 Report (Program Evaluation Tool)</td>
<td>YES – Differentiator</td>
<td>Included in PEPM</td>
</tr>
<tr>
<td>Presenteeism Report (Program Evaluation)</td>
<td>YES – Differentiator</td>
<td>Included in PEPM</td>
</tr>
<tr>
<td>Culture Audit (Program Evaluation Tool)</td>
<td>YES – Differentiator</td>
<td>Included in PEPM</td>
</tr>
</tbody>
</table>

27) Are you willing to brand a website for our employees use with our logos and materials?

   YES, this is customary with the HIS Platform.

28) Does your technology solution include:

   a. Online personal medical records for participants?

      NO (not included in PEPM). The Digital Health Coaching Tools allows participants to create a personal health diary.

      If yes, please describe

      If yes, will HRA and Biometric data be integrated?

   b. Web-based consumer educational portals?

      NO (Not included in PEPM). We have provided commercial links to clients in the past – this could be an option for the District.
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c. Reporting access for District management?

YES – this is a key differentiator that sets us apart from other vendors. The District will have administrator access and ability to sort data by applying custom filters that are part of the reporting system.

d. Smart Phone application(s) solution for iOS, Android, or other?

YES – Our platform and assessments are portable device enabled.

29) Please describe any plan for technology updates or new services.

We have a strategic plan for HIS platform enhancements which include machine learning capability, continuing to build and add program evaluation tools, and developing a Purpose Survey, as well as other special population assessments.

30) Are you willing to feed data to a third party?

YES – this is a practice we do often for clients.

31) What practices do you have in place to protect the confidentiality of individual information when electronic storing or transferring information?

We have many practices in place to safeguard PHI and other sensitive data. For example, we employ the practice of least privilege access, and maintain a security policy manual and operation practices that cover:

- Working with vendors and third-parties
- Network security
- System security
- Patch management
- Mobile devices
- Data transmission and security, including data breach procedures
- Business continuity

As previously noted under item 24, we use only HIPAA-compliant data transfer procedures including data encryption and secure transfer via secure/encrypted email service, or Secure File Transfer Protocol (SFTP) between servers/secure devices.

Our architecture and procedures have been reviewed and accepted at the federal government level, meeting strict requirements. Our Platform is a cloud-hosted SaaS (Software as a Service) Solution. The HIS Platform adheres to globally accepted standard best practices for web application security, and utilizes advanced security features to protect against data breaches and safeguard data.
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Platform access is controlled through authentication, and authorization governing what can be accessed. Spam and abuse protection programs are also utilized.

Regarding data storage security, we employ restricted server access practices. The production servers are hosted as EC2 instances on Amazon’s HIPAA compliant AWS cloud. The server instances can only be accessed via SSH. The SSH access is restricted to specific trusted IPs and is further protected with SSH keys, where only the keys belonging to specific trusted users are permitted.

Direct HTTP/HTTPS access to the Database Server is disabled. All passwords are hashed while storing into the database. All data is stored on Amazon EBS volumes, which provides seamless support for encryption of data at rest and data in motion security between EC2 instances and EBS volumes. All HTTP requests are routed to HTTPS and all HTTPS traffic is secured using SSL/TLS encryption. CSRF protection has been put in place in the platform to protect user-submitted data against cross-site request forgery, and the platform maintains and follows audit logs which can be used to investigate any possible security breaches and for auditing purposes.

- Platform logs: Activity logs, capturing information about critical user operations
- Webserver logs: Webserver access logs, capturing information about each incoming request
- Database logs: Database access logs, capturing details about critical database write operations

The AWS cloud enables fast disaster recovery of critical IT systems and data. We employ “hot standby” environments that enable rapid failover at scale. AWS maintains data centers in regions all around the world, so a disaster in one area will not result in system or data loss.

32) Do you have any predictive modeling capabilities?

YES – Our ROI/VOI Calculator Tool can take in retrospective or prospective data.

33) What is the maximum number of users for your website?

We do not have a maximum. We have the built-in capability to scale as we add clients and/or users. We currently have over 500,000 participants with access to our platform.
34) Please indicate if you provide information or programs regarding:

<table>
<thead>
<tr>
<th>Service</th>
<th>Direct</th>
<th>Online</th>
<th>Telephone</th>
<th>On Location</th>
<th>Subcontracted</th>
<th>Name of Subcontractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Risk Assessment</td>
<td>X</td>
<td></td>
<td></td>
<td>X – as part of biometric screenings if preferred</td>
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<tr>
<td>Body Mass Index Tracking</td>
<td>X – Part of Digital Health Coaching (DHC)</td>
<td>X</td>
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<tr>
<td>Newsletters</td>
<td>X 4 per year</td>
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<tr>
<td>Health Promotion</td>
<td>? Not sure What is being asked</td>
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<tr>
<td>Back Health</td>
<td>X – 10 minute presentation on topic</td>
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<tr>
<td>Cholesterol Reduction at Risk Levels</td>
<td>X – DHC</td>
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<td></td>
<td>X</td>
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<tr>
<td>Ergonomics</td>
<td>X – 10 minute presentation on topic</td>
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<tr>
<td>Hypertension at Risk Levels</td>
<td>X – DHC</td>
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<td>Nutrition</td>
<td>X- DHC</td>
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<tr>
<td>Physical Activity</td>
<td>X-DHC</td>
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<tr>
<td>Pre-natal</td>
<td>X- Health Assessment</td>
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<td>Smoking Cessation</td>
<td>X-DHC</td>
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<tr>
<td>Hygiene</td>
<td>? Not sure what is being asked</td>
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<td>Wellness Request for Proposal</td>
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<td><strong>Stress Management</strong></td>
<td>X-DCH</td>
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<tr>
<td><strong>Weight Management</strong></td>
<td>X-DHC</td>
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<td>X</td>
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<tr>
<td><strong>Client Specific Programs</strong></td>
<td>Peer Support Middle Management Trainings 10 minute topic-specific presentations Quarterly Onsite educational sessions Onsite 6-8 onsite meetings per year consulting Evaluation Tools – ROI/VOI Calculator, CALCUL8, Presenteeism Report, Culture Audit Report</td>
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<tr>
<td><strong>Health Related Incentive Programs</strong></td>
<td>X</td>
<td>X – need details to build custom module – part of PEPM</td>
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</table>
Wellness Request for Proposal

35) How will you evaluate the effectiveness of your outreach efforts?

Our administrative access and reporting allows us to monitor participation, engagement and activity on a frequent basis. We then use our platform custom communication channel to provide specific messages back to participants that is linked to their most recent activity.

Additionally, we use segmentation questions to help tailor the virtual coaching options to participants.

Our tailored communication strategy divides participants into one of six categories related to use. Relevant motivational messaging is then periodically sent to each group:

1. Participant has opted in, but has not assigned any protocols to self;
2. Participant has opted in and assigned protocol(s) to self, but has not completed any assignments;
3. Participant has opted in, assigned protocol(s), and completed assignments, but has then been inactive for 30 days;
4. Participant opts in, assigns protocol(s), and has completed at least one assignment;
5. Participant opts in, assigns protocol(s), and completes 5-9 points worth of assignments;
6. Participant opts in, assigns protocol(s), and completes assignments, self-test and moves to next stage;

A sample message is provided below corresponding to item one above:

*Congratulations on taking the first step toward better health! You have enrolled in Digital Health Coaching (DHC), and now it is time to choose the area(s), or modules, that may be beneficial to you. Within the DHC there are 10 different health topic areas and you can use any and all of these. To enroll in a module simply log in to the platform and select DHC from the left navigation panel. Next,...*

36) How do you store data? Please give brief highlights of your data disaster recovery plan.

Please refer to item 31 response.
Wellness Request for Proposal

37) Describe required elements of our other vendors such as third party claims administrator to provide efficient transfer of data and links. Please indicate if there are any legal issues, data transfer processes, or other specific data elements.

Please refer to responses under items 24 and 31. Additionally, appropriate data privacy agreements and business associate agreements should be in place prior to transfer of any data.

38) Does your firm have alliance with local health clubs or fitness facilities?

NO, but we are open to a discussion on this topic.

If so, please name them and indicate whether or not you could contract with a facility of our choice.

38) What methods of data are used to indicate or identify individual risks or conditions?

The HIS Health Assessment provides four scoring categories – low, moderate, high, and very high. Personal scores are based on a 100-point system. All participants start with 100 points – the final personal health score is a result of deducting points due to reported risk levels. In addition to the overall risk score, individual responses to specific items and biometric screening data can provide insight regarding the presence of conditions.

39) What incentives do you offer or suggest for member participation on your programs?

We work with each client to customize their incentive program. We can share examples when appropriate. We also build a custom module into our platform to allow for incentive tracking and reporting.

40) Please attach a list of reports that are available and any add hoc reports that may or may not have a cost. Please include a report cost schedule.

Please note that our customized reporting is a main differentiator for HIS. We allow administrative access for the District to run reports, or we are able to provide reports to the District in a timely manner. A partial listing of filters is provided on the following page. There is no additional cost for our reporting.
Wellness Request for Proposal

1. “Participant Details” filters:
   - Login Id
   - Name
   - Email
   - Employee ID
   - Gender
   - Role
   - Status

Column display options in the reports:
   - Name
   - Email
   - Login Id
   - Employee ID
   - Status
   - Contact Number
   - Last Login
   - Member Since
   - Date of Birth
   - Gender
   - Country
   - State
   - City
   - Zip Code
   - Coach
   - Coaching Category
   - Risk Protocols
   - Coaching Points
   - HRA Completion Date

2. “Coaching Points” filters:
   - Login Id
   - Name
   - Email
   - Employee ID
   - Gender
   - Role
   - Status
   - Coach
   - DHC Status
   - Coach is assigned
   - Coaching opt in/enroll date

3. “Health Risk Assessment” filters:
   - Login Id
   - Name
   - Email
   - Employee ID
   - Gender
   - Role
   - Status
   - Coach
   - Risk Protocols
   - Coaching Points
   - HRA Completion Date
   - HRA profile is completed
   - HRA Risk Level (Low, Moderate, High, Very High)
Wellness Request for Proposal

41) What is the report frequency and will the District be able to generate reports independently?

Please see responses to items 6, 6C, and 41

42) Does your firm have an ROI analysis on the services you are suggesting for us?

The following evaluation techniques will be performed annually for the District as part of the PEPM:

- CALCUL8 Analyses
- ROI Calculator Reports
- Presenteeism Report (survey data)
- Culture Audit (survey data)

CALCUL8™ Analysis
CALCUL8 is a high-level claims analysis tool that uses a proprietary algorithm to calculate the costs of modifiable risks and health-related productivity costs. Health Improvement Solutions, Inc. will review a portion of the District’s health care claims data to determine the magnitude of lifestyle-related health care costs compared to the overall cost of health care for the employee population. Specifically, health care claims that are directly related to lifestyle behaviors typically addressed through health improvement interventions will be examined. The CALCUL8 analysis also quantifies health-related productivity loss costs. Tracking lifestyle-related claims over time will allow for trends to be reviewed and the efficacy of program interventions to be determined. Interventions provided through the health improvement program should reduce lifestyle-related health care and health-related productivity loss costs.

*Deliverable:* CALCUL8 analysis reports will be submitted that will outline the cost of lifestyle-related claims and health-related productivity costs for the District for each year data is submitted.

Return-On-Investment (ROI) Calculator
Health Improvement Solutions developed an ROI Calculator in 2013. HIS used our database to develop our tool. Since developing our Calculator, it has been used to evaluate over 100 different programs. Research has demonstrated that properly implemented health improvement programs can realize a positive return-on-investment (ROI). The Health Improvement Solutions (HIS) ROI calculator will be used to determine the effectiveness of the District program by evaluating cost savings from risk reduction and program investment within the organization.
Wellness Request for Proposal

The HIS ROI tool uses medical and productivity risk factor costs identified through a combination of research and an extensive proprietary risk factor cost database. To determine program ROI, HIS will intake risk prevalence, investment, participation, and compensation data to complete a year-over-year analysis. The program ROI will be provided in four outputs: medical only, absenteeism only, presenteeism only, and overall ROI (medical and productivity combined). These figures will be provided in a historical report noting the year-over-year results along with an interpretation of the results.

HIS also uses a VOI methodology with some clients. The District will be able to determine which version they want to use for their program evaluation.

Deliverable: HIS will run year-over year ROI Calculator reports. The ROI calculator results will be used to determine resource recommendations as well as program efficacy.

Corporate Culture Audit

An ideal tool for evaluating and planning health improvement programs is a corporate culture audit. Health Improvement Solutions through our culture assessment instrument, the Health-enhancing Environmental Evaluation (HIS HE3), will examine the root causes of lifestyle-related behaviors by identifying cultural strengths and barriers to health improvement among District staff.

Highly successful organizations create health-enhancing cultures that support self-responsibility, healthy norms, mutual respect, and achieving one’s full potential. The HIS HE3 assesses various aspects of culture (such as values, norms, beliefs and support systems) that can directly affect employee efforts to adopting healthier and more productive lifestyle practices. The HIS HE3 will also examine work climate factors such as sense of community, shared vision, and positive outlook which are related to health norms and health-related outcomes. In addition to assessing cultural dimensions, our culture audit also examines health behavior attempts and success.

Assessing corporate culture, determining health norms, and tracking changes over time should correlate with the other measures that are outlined in the District Scorecard. If unhealthy norms are not changing, or are reversing, there is reason to believe that other program outcomes will not be going in the right direction.

A Culture Audit report will be submitted as well as a ready-made management presentation. Specific details regarding executing recommendations will also be provided through a draft culture change plan.

Deliverable: A Corporate Culture Audit report will be submitted as well as a ready-made management presentation. Specific details regarding executing recommendations will also be provided through a draft culture change plan.
Wellness Request for Proposal

Presenteeism Analysis

Health Improvement Solutions, Inc. has recently developed and validated a new presenteeism tool called the Productivity Plus Survey (PPS). The PPS can be embedded within the health assessment or be used as a stand-alone tool. The presenteeism measure will add to the business case and overall strategic plan. It will help to round out and further clarify the productivity loss costs associated with lifestyle-related health risks. Reviewing presenteeism costs year-over-year will assist with completing the VOI program results.

*Deliverable:* The presenteeism report will quantify health-related productivity costs for The District. Monetized results will also be included in the senior administration/management presentation.

43) Currently a majority of the employees in the District have their payroll contribution toward their health insurance indexed to their participation in wellness events. If they participate, then the employee pays less for his or her benefits. Identify wellness events and activities that can serve as a trigger for employee participation by which the District can credit the employee. What programs or services do you offer by which the District can measure the employees’ participation? How are you HIPAA compliant – what procedures are in place to comply with this statute?

Clients typically use completion of our assessments as well as Digital Health Coaching progress to award incentives. We will work with the District to determine the ideal incentive structure for your employees. We will build a custom module for tracking and reporting.

44) Would you be able to provide services that could track employee participation in wellness activities? Be able to create a reporting mechanism to Human Resources on a regular basis (e.g. quarterly, monthly, etc.)? Please explain in detail how you can deliver this service.

*We are looking for a partner who will assist with a points accumulation tracking system, pursuant to our labor negotiations. We will require an administrative tracking system.*

We have discussed our robust reporting system within our responses above. Prior to the development of our platform we worked mainly in a consulting role to vendors in this space. One common frustration among employers/clients was inflexible reporting. One aspect that distinguishes our platform from others is our robust reporting capability. Please know that if you choose us as your vendor we will meet/exceed your reporting expectations.
Wellness Request for Proposal

45) Describe the cost associated with those programs split out by a per employee per month schedule, per member per month schedule and an annual cost.
   - Please identify any pass-through costs
   - Please estimate potential savings

All Inclusive PEPM - $3.95
   - Online Health Assessment
   - Digital Health Coaching
   - Incentive Management – customized Tracking and reporting module
   - Mid-Management Training modules
   - Peer Support Modules to assist with behavior change
   - Topical Presentations (Metabolic Syndrome, alertness management)
   - Tailored Communications - portal use, virtual coaching,
   - Evaluation Tools - ROI Calculator, CALCUL8, Presenteeism
   - survey and Culture Audit
   - Ongoing consulting/onsite bi-monthly meetings
   - Quarterly Onsite Education Sessions – 2 days/Quarter
   - Call Center/User Voice

   - Implementation Fee - No Charge

   - Biometrics $50/participant - onsite screening – Travel pass-through costs after first trip which is covered by PEPM
   - Coaching Points Software – use by coaches – No Charge
   - $145/Participant - Lifestyle Management
   - $175/Participant – Disease Management

46) Please describe any and all performance guarantees that are available.

We are open to setting some portion of the our PEPM fee to be related to mutually-agreed upon performance metrics.

47) Please indicate if your firm is willing to place fees at risk if performance guarantees are not met?

YES
Wellness Request for Proposal

48) Please outline for the District what sets your company apart and makes your service offering more effective than other wellness vendors.

HIS differentiators described in our proposal are briefly summarized below:

- Program engagement strategies;
- Coaching options and engagement strategies;
- Tailored and ongoing communication protocol;
- Middle Management and Peer Support value-added programs to enhance engagement;
- Proprietary evaluation tools.

HIS is well aware that program engagement is key for the District’s program to be successful. We also realize that participant engagement can a challenge among faculty/staff. The HIS proposal outlines several tools and strategies to address and enhance program engagement. Several of the strategies are noted below.

The HIS site is an engaging platform. There are numerous reasons for the employee to return to this site, some of these features include:

- Work on behavior change through Digital Health Coaching
- Have the ability to review and download personal reports
- Ability to complete What-if scenarios related to the health assessment
- Addresses all aspects of well-being – i.e. social, physical, financial, psychological

The HIS platform also has a sophisticated communications system built in. This tailored communication technology will be applied to the District’s population. During 2018/19 we are implementing machine learning applications into the DHC product. The machine learning will assist participants with activity selection leading to successful behavior change.

Four key engagement differentiators we are offering as value-added products are our middle management modules, peer support training sessions, topic-specific presentations, and quarterly onsite educational seminars. All of these products have been used among similar populations. It is often said that senior management support is needed for a program to be successful. While true, we believe it is middle management that makes or breaks a program. With this in mind we created a middle management training program that is designed to get front line supervisors behind the program and support it among their direct reports. A description of the program is provided in the proposal.
Wellness Request for Proposal

The Peer Support program we have included as a value-added product has been used among various populations. The basic premise behind the program is to help employees understand universal principles so they can assist one another with behavior change attempts. Our Peer Support initiative is also seen as a significant step in changing the organizational culture. The topic-specific presentations are designed to be brief and direct presentations on important health topics. HIS continues to expand this offering. As we do we will make these available to the District at no additional charge. The quarterly onsite educational seminars will raise awareness, provide encouragement and allow for program-related questions to be addressed. We are planning quarterly two-day sessions. All differentiators are part of our PEPM pricing structure.

HIS/Salveo has extensive experience in implementing a biometrics screening program. We are confident our screeners and process will separate us from others.

Another key differentiator for HIS is our proprietary evaluation tools. HIS has extensive evaluation experience and we are often used to evaluate other vendor programs. HIS has also assisted clients with receiving external recognition through awards and publications. We will continue this work as well as part of our value-added service.

Communications and continued engagement is a major differentiator for HIS. We will use our sophisticated and tailored communication strategy to assist with initial and ongoing engagement. There will also be a value-added call center for District employees to use, as well as a user support email system to address programmatic questions and concerns. Our technology is a valued asset, but we realize the culture, engagement, and communications aspects of successful programming is critically important for the District's program to be successful.

REQUEST FOR REFERENCES:

Please provide the names and contact information of three companies of similar size and industry as the District that utilize your services.

Southern Illinois Healthcare – Amy Niemann – amy.niemann@sih.net
St. Anthony’s – Anna Fitzpatrick - afitzpatrick@stanthonyhospital.org
WesleyLife – Heidi Bedier - hbedier@wesleylife.org
Willow Creek – Colby Burke - cburke@willowcreek.org, Dave Meyer - dave@cfmins.com
Cigna – Select Employer Market - Mark Picard - chief.mp@reagan.com

* A sample evaluation matrix can be found at the end of this document.
*Denotes required item

**ID AND DEMOGRAPHICS**

Name: (First, Last, Middle)

*Date of birth:

*Gender: Male, Female

Are you pregnant? Yes, No

Address:

City:

State:

Zip Code:

Primary phone number: (______) - ____-____-____

Secondary phone number: (______) - ____-____-____

Email address:

*Race/Ethnicity:

- American Indian/Alaska Native
- African American/Black
- Asian
- Caucasian
- Latin American
- Hispanic
- Native Hawaiian/Pacific Islander
- Other

Marital status:

- Single
- Married
- Partnered
- Separated
- Divorced
- Widowed

Highest level of education completed:

- Some high school
- High school graduate or equivalent/GED
- Some college
- Associates or trade school degree
- College graduate
- Some post graduate work
- Post-graduate or professional degree
BIOMETRICS

What is your height?

What is your weight?

What is your waist measurement?
You can measure your waist circumference by placing a soft tape measure around your bare stomach at the level of your belly button. Be sure the tape is snug, but not squeezing your skin. Also, make sure the tape is straight and not tilted or twisted. Relax, exhale and read your measurement. Round to the nearest inch.

• Not sure

When did you last have your blood pressure checked?

• Never
• Within the past year
• Within the past 2 years
• Within the past 3 years
• Over 3 years ago
• Don’t know

What is your systolic (top number) blood pressure (mm Hg)?
If you do not know the number, choose the response that best describes your systolic blood pressure:

• Less than 120 (Normal)
• 120-129 (Borderline)
• 130 or greater (High)
• Don’t know

What is your diastolic (bottom number) blood pressure (mm Hg)?
If you do not know the number, choose the response that best describes your diastolic blood pressure:

• Less than 80 (Normal)
• 80 or greater (High)
• Don’t know

When did you last have your cholesterol checked?

• Never
• Within the past year
• Within the past 2 years
• Within the past 3 years
• Within the past 5 years
• Over 5 years ago
• Don’t know
What is your total cholesterol (mg/dL)?
If you do not know the number, choose the response that best describes your total cholesterol:

- Less than 200 (Desirable)
- 200-239 (Borderline)
- 240 or greater (High)
- Don't know

What is your HDL (good cholesterol, mg/dL)?
If you do not know the number, choose the response that best describes your HDL cholesterol:

- 60 or greater (High - Good)
- 40-59 (borderline)
- Less than 40 (Low - High risk)
- Don't know

What is your LDL (bad cholesterol, mg/dL)?
If you do not know the number, choose the response that best describes your LDL cholesterol:

- Less than 100 (Optimal)
- 100-129 (Normal)
- 130-159 (Borderline)
- 160-189 (High)
- 190 or greater (very high)
- Don't know

What is your triglyceride level?
If you do not know the number, choose the response that best describes your triglyceride level:

- Less than 150 (Normal)
- 150-199 (Borderline)
- 200-499 (High)
- 500 or greater (Very high)
- Don't know

When did you last have your blood glucose checked?

- Never
- Within the past year
- Within the past 2 years
- Within the past 3 years
- Over 3 years ago
- Don’t know

Was the test for fasting or non-fasting blood glucose?

- Fasting
- Non-fasting
- Don’t know
From your most recent blood glucose test, what was your fasting glucose (mg/dL)?
If you do not know the number, choose the response that best describes your fasting glucose:

- Less than 70 (Low)
- 70-99 (Normal)
- 100-125 (Borderline)
- 126 or greater (High)
- Don't know

From your most recent blood glucose test, what was your non-fasting glucose (mg/dL)?
If you do not know the number, choose the response that best describes your non-fasting glucose:

- Less than 140 (Normal)
- 140-199 (Borderline)
- 200 or greater (High)
- Don't know

**LIFESTYLE**

**Physical Activity**

**ACTIVITY LEVEL**

Light (like slow walking)

___ days per week
___ minutes per session

Moderate (like brisk walking)

___ days per week
___ minutes per session

Heavy (like jogging, swimming, running, stair climber)

___ days per week
___ minutes per session

How many days a week do you perform strength exercises such as sit-ups, push-ups, or weight training?
___ days per week

How many days a week do you perform stretching exercises?
___ days per week
**Nutrition**

In a typical day, how many servings of fruits do you consume?

In a typical day, how many servings of vegetables do you consume?

In a typical day, how many servings of grains do you consume?

In a typical day, how many servings of proteins do you consume? (Proteins include meats, poultry, seafood, eggs, nuts, seeds, and legumes)

In a typical day, how many servings of dairy do you consume?

In a typical day, how many times do you consume fats, oils, and fried foods?

**Alcohol**

How many alcoholic drinks do you have in a typical week (one drink is equal to one beer, one glass of wine, one shot of liquor, or one mixed drink)?

In the past 30 days, have you had:

- 4 or more drinks on one occasion?  Yes, No **Females only**
- 5 or more drinks on one occasion? Yes, No **Males only**

**Tobacco Use**

Select the option that matches your current cigarette smoking status:

- I have never smoked cigarettes or vapes
- I used to smoke cigarettes or vapes, but have quit
- I currently smoke cigarettes or vapes

If response is "I used to smoke cigarettes, but have quit":

How long has it been since you stopped smoking cigarettes?

- Less than one year
- 1-5 years
- 6-9 years
- 10 or more years

If response is "I currently smoke cigarettes":

How many cigarettes do you smoke per day?

- 1-5
- 6-12
- 13-19
- 20-40 (1-2 packs)
- 41+ (More than 2 packs)
If response is "I used to smoke cigarettes, but have quit" OR "I currently smoke cigarettes":

Have you smoked at least 100 cigarettes in your ENTIRE LIFE? Yes, no

Do you regularly smoke cigars and/or pipes of tobacco? Yes, No

Do you use smokeless tobacco? Yes, No

Are you exposed to second-hand smoke on a regular basis, either at work or at home? Yes, No

**Personal Safety**

How often do you wear your seatbelt when travelling in a car, truck, van, or SUV?

- Never
- Rarely
- Sometimes
- Frequently
- Always

In the next 12 months, how many miles will you likely drive or ride in a car, truck, van, or SUV?

- 0
- 1-1,999
- 2,000-4,999
- 5,000-9,999
- 10,000-14,999
- 15,000-19,000
- 20,000-29,999
- 30,000+

Do you have a working smoke detector in each level of your home? Yes, No

How many times has your skin been severely sunburned (burned to the point of painful redness that may have resulted in your skin peeling within the next week or so)?

- 0 times
- 1-2 times
- 3-4 times
- 5-6 times
- 7 or more times

When in the sun, how often do you protect your skin using at least a 15 SPF sunscreen?

- Never
- Rarely
- Sometimes
- Frequently
- Always
STRESS AND STRESS MANAGEMENT

How often do you experience high levels of stress?

- Never
- Rarely
- Sometimes
- Frequently
- Always

How well do you think you are coping with the stressors in your life?

- Coping very well
- Coping fairly well
- Having trouble coping sometimes
- Having trouble coping often
- I am unable to cope with the stressors in my life

LIFE SATISFACTION/DEPRESSION

In general, how satisfied are you with your personal (non-work related) life?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

In general, how satisfied are you with your job? Very satisfied

- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

Over the past two weeks have you:

Felt down, depressed, or hopeless? Yes, No

Felt little interest or pleasure in doing things? Yes, No
FATIGUE

On average do you sleep less than five (5) hours in a 24-hour period?  Yes, No

Do you have trouble getting to sleep or staying asleep during your normal sleep time?  Yes, No

If Yes: Please mark the most appropriate response:

- I experience difficulty with sleep less than three times a week
- I experience difficulty with sleep three or more times a week.
- Usually it takes more than an hour to get to sleep.
- I only manage less than six hours of sleep a night even if I’m in bed for eight hours.
- I often need medications or alcohol to help me sleep

Do you typically wake up because of shortness of breath, gasping, choking, or excessive snoring?  Yes, No

If Yes: Please mark the most appropriate response:

- My snoring disturbs others.
- I have been told that my breathing stops while I am asleep.
- I often awaken with a gasping or choking sensation.
- I snore, and I am also sleepy during the day. (If this response selected, skip next question about being sleepy during waking hours)

Are you sleepy during your waking hours?  Yes, No

If Yes: Please mark the most appropriate response:

- Sleepiness occurs when I am at rest or not engaged in daily activities (for example; when driving or in conversation).
- I am frequently sleepy when I’m engaging in daily activities.
- I sometimes use medication or drugs to help myself stay awake.

Do you experience unusual sensations in your legs at night, or have a need to move or walk to relieve sensations in your legs? Yes, No
PERSONAL HEALTH STATUS AND HISTORY

How would you rate your physical health?

- Excellent
- Very good
- Good
- Fair
- Poor

How would you rate your emotional/mental health?

- Excellent
- Very good
- Good
- Fair
- Poor

Has a doctor ever told you that you have (currently or in the past) any of the following health conditions? Select all that apply:

- Allergies
- Arthritis/joint pain/stiffness
- Bone loss/osteoporosis
- Melanoma (skin cancer)
- Congestive Heart Failure
- Chronic bronchitis/emphysema
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Frequent headaches (other than migraines)
- High blood pressure
- Irritable bowel syndrome, Crohn’s Disease, or colitis
- Lupus/Multiple Sclerosis/Rheumatoid Arthritis
- Musculoskeletal (except neck or back)
- Stomach ulcer/GERD (Gastro-esophageal reflux or “heartburn”)
- Stroke
- Thyroid problems
- Anxiety
- Asthma
- Cancer (Except skin)
- Chest pain/angina
- Chronic back or neck problems
- Chronic fatigue
- Depression
- Fibromyalgia
- Heart trouble/heart attack
- High cholesterol
- Kidney disease
- Migraines
- Sleep disorder
- Thyroid problems

FAMILY HEALTH HISTORY

Has any member of your birth family (mother, father, sister, brother) had any of the conditions? Select all that apply:

- Heart Attack (before age 60)
- High Blood Pressure
- Diabetes
- Cancer of the colon or rectum
- Obesiry
- Kidney disease
- Stroke
- High cholesterol
- Breast cancer
- Other cancer (not listed above)
- Depression
**PREVENTIVE HEALTH**

Have you had a health checkup/physical exam within the last 12 months?  
Yes, No

Have you received a flu immunization within the last 12 months?  
Yes, No

Have you had a Tetanus/Diphtheria immunization in the last 10 years?  
Yes, No, Not Sure

Have you seen a dentist in the past 12 months?  
Yes, No

**Female only: < age 30:**
Have you had a Pap smear within the last 3 years?  
Yes, No

**Female only: ≥ age 30:**
Have you had a Pap smear within the last 5 years?  
Yes, No

**Female only:**
Do you perform a breast self-exam at least once a month?  
Yes, No

**Female only: ≥ age 40:**
Have you had a mammogram within the last 12 months?  
Yes, No

**Female only: < age 40:**
Have you had a clinical breast exam, performed by a health care provider, within the past 3 years?  
Yes, No

**Female only: ≥ age 40:**
Have you had a clinical breast exam, performed by a health care provider, within the last 12 months?  
Yes, No

**Male only:**
Do you perform a testicular self-exam at least once per month?  
Yes, No

**Male only: ≥ age 45:**
Have you talked with your doctor about the risks and benefits of prostate cancer screening?  
Yes, No

**Males and females > age 50:**
Have you had any of the following tests?

Sigmoidoscopy within the past 5 years  
Yes, No

Barium enema within the past 5 years  
Yes, No

Colonoscopy within the past 10 years  
Yes, No

Is there a medication your physician has prescribed to you, that you are not taking?  
Yes, No
COPD SCREENING

During the past 4 weeks, how much of the time did you feel short of breath?

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

Do you ever cough up any "stuff," such as mucus or phlegm?

- No, never
- Only with occasional colds or chest infections
- Yes, a few days a month
- Yes, most days a week
- Yes, every day

Please select the answer that best describes you in the past 12 months:

I do less than I used to because of my breathing problems.

- Strongly disagree
- Disagree
- Unsure
- Agree
- Strongly agree

Mark the statement that best describes your plans for the following:

- I do not intend to change within the next 6 months
- I intend to change within the next 6 months
- I am committed to making this change in the next 30 days
- I have changed this within the last 6 months
- I changed this more than 6 months ago
- My habits in this area are healthy and I have no need to change
READINESS FOR CHANGE

As asked based on risk being assessed:

- Alcohol use
- All tobacco use
- High blood sugar or Diabetes
- Cholesterol management
- Hypertension management
- Managing Stress
- Medication compliance (blood pressure, cholesterol, other)
- Weight
- Nutrition
- Physical activity

Response options:

- I do not intend to change within the next 6 months
- I intend to change within the next 6 months
- I am committed to making this change in the next 30 days
- I have changed this within the last 6 months
- I changed this more than 6 months ago
- My habits in this area are healthy and I have no need to change
PRODUCTIVITY

How would you rate your overall performance at work?

- Excellent
- Good
- Fair
- Poor

Estimate how many work days you missed due to illness, injury, and medical attention over the past 12 months.

- 0 days
- 1-5 days
- 6-10 days
- 11-14 days
- 15+ days

Estimate how many work days you missed due to illness, injury, and medical attention over the past 2 weeks.

- Days (drop down from 0-14)

How many days were you scheduled to work over the past 2 weeks?

- Days (drop down from 0-14)

To what extent did your overall health affect your performance while at work?

- 1 My overall health had no affect on my work performance
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 My overall health made it very difficult to work
**WELL-BEING**

How do you feel you are currently coping with life in general?

- Coping very well
- Coping fairly well
- Trouble coping at times
- Trouble coping often
- Unable to cope

How often have you felt tired, worn out, used up, or exhausted during the past month?

- Never
- Rarely
- Sometimes
- Frequently
- Always

How satisfied are you with your standard of living?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

How often are you able to use your strengths at work?

- Never
- Rarely
- Sometimes
- Frequently
- Always

Select the most appropriate response to the following statements:

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

I believe I am making a contribution to the world.

My immediate family has been able to achieve financial security.

Where I work, it is normal for people to be treated with respect.

Where I work, employees are able to achieve a balance between work, rest, and play.

There are opportunities where I live to purchase fresh and affordable groceries, such as fruit and vegetables.

I feel safe walking or doing other activities in the area where I live.
**GENERAL ITEMS**

Do you use the Internet to access health resources?  
Yes, No

Do you use mobile applications on a smart cell phone to track health conditions, physical activity, nutrition, or other health topics?  
Yes, No

If "No" NOT selected:
What mobile applications do you use? (Please list)
# RFP Vendor Analysis Scorecard

## Rockford Public Schools 205

**2018**

<table>
<thead>
<tr>
<th>Category/Section</th>
<th>Vendor 1</th>
<th>Vendor 2</th>
<th>Vendor 3</th>
<th>Vendor 4</th>
<th>Vendor 5</th>
<th>Vendor 6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 General Company Information</strong></td>
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<tr>
<td>a Longevity (length in business)</td>
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<tr>
<td>b Number of employees at vendor company</td>
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<td>c Number of clients and total members engaged</td>
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<td>d Account Management Support (ability to be onsite)</td>
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<td>e ACA &amp; HIPAA Compliance</td>
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<td>f Accreditation (NCOA for example)</td>
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<tr>
<td>g Strength of Experience &amp; References</td>
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<tr>
<td><strong>5% Possible Score of Overall Total</strong></td>
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<td><strong>2 Engagement</strong></td>
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<td>a Strong communications campaigns</td>
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<tr>
<td>b Health Coaching (telephonic and/or onsite)</td>
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<tr>
<td>c Lifestyle Programs (smoking cessation, stress management, weight management, nutrition, fitness, etc.)</td>
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<td>d Simplicity of platform/ease of user site</td>
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<td><strong>3 Programs and Services</strong></td>
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<tr>
<td>a Health Assessment</td>
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<tr>
<td>b Biometric Screenings onsite and test at a lab (comprehensive 36 test)</td>
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<td>c DM/Chronic Condition coaching</td>
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<td>d Wellness Challenges (gamification)</td>
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<td>e Education Webinars, Onsite Health Promotion</td>
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<td>f Ability to track healthy activities (points based program)</td>
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<td><strong>25% Possible Score of Overall Total</strong></td>
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<td>Technology</td>
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<tr>
<td>i</td>
<td>Customization/flexibility of portal and program</td>
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<tr>
<td>ii</td>
<td>Mobile Customization</td>
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<tr>
<td>iii</td>
<td>Ability to partner and collaborate with multiple partners internally &amp; externally</td>
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<td>iv</td>
<td>Ability to fax results directly to physician office from portal</td>
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<tr>
<td>v</td>
<td>Integration of other devices &amp; apps</td>
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</tbody>
</table>

15% Possible Score of Overall Total

<table>
<thead>
<tr>
<th></th>
<th>Integration</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Screenings results to CCM vendor (OSF Health)</td>
</tr>
<tr>
<td>b</td>
<td>Medical Claims and RX data (data analysis)</td>
</tr>
</tbody>
</table>

5% Possible Score of Overall Total

<table>
<thead>
<tr>
<th></th>
<th>Measurement and Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>i</td>
<td>Monthly Incentive Tracking</td>
</tr>
<tr>
<td>ii</td>
<td>Outcomes Reporting</td>
</tr>
<tr>
<td>iii</td>
<td>Year Over Year Comparison</td>
</tr>
<tr>
<td>iv</td>
<td>Biometric Screenings Aggregate</td>
</tr>
<tr>
<td>v</td>
<td>Cost Avoidance</td>
</tr>
<tr>
<td>vii</td>
<td>On Demand/Customized Reporting</td>
</tr>
</tbody>
</table>

15% Possible Score of Overall Total

|   | Cost                                                                      |
|---|                                                                          |
| a | Implementation Fee                                                       |
| b | Cost per Screening                                                       |
| c | Website/portal Fee                                                       |
| d | Healthy Activities/Points Tracking Fee                                   |
| e | Performance Guarantees                                                   |

20% Possible Score of Overall Total

100%

Overall Vendor Scores - Out of a Possible 100