

ISABELLA COUNTY REQUEST FOR PROPOSALS



Isabella County Correctional Health Care Services

ISSUED BY ISABELLA COUNTY SHERIFF'S OFFICE

ISSUE DATE: May 10, 2017



ISABELLA COUNTY REQUEST FOR PROPOSALS CORRECTIONAL HEALTH CARE SERVICES

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ISABELLA COUNTY REQUEST FOR PROPOSALS CORRECTIONAL HEALTH CARE SERVICES

Isabella County is accepting proposals from experienced and knowledgeable firms and individuals to provide services related to correctional health care services.

I. INTRODUCTION

1.1 Purpose

Isabella County, hereafter called “County,” maintains a correctional facility and is required to manage health care services for the inmate population who are under the care of the County. The County initiated this Request for Proposals (RFP) to solicit proposals from licensed, experienced, and knowledgeable firms and individuals interested in contracting with the County to perform these required health care services for the inmate population.

1.2 Background

The County operates a correctional facility with an average population of 196 inmates. Under the provisions of the Michigan Constitution, the correctional facility is operated under the authority of the Isabella County Sheriff. Funding for the correctional facility operation is allocated by the Isabella County Board of Commissioners.

1.3 Objective

The primary objective of the work resulting from this RFP is to define the parameters for providing health care services for inmates in the Isabella County Correctional Facility, and to define the cost of these services.

1.4 Minimum Qualifications

Proposals will be accepted from agencies who:

1. Are licensed to do business in the State of Michigan.
2. Are able to provide staffing that includes Board Certified Physicians, Board certified Dentists, Board certified Psychologists, Board certified Pharmacists (Including support staff for mental health, pharmacy and dentistry services) and at least one Registered Nurse (RN).
3. Possess demonstrable experience in the correctional health care services field.
4. Demonstrate a capability to comply with privacy security in compliance with HIPAA, Michigan Department of Corrections, and other applicable state and federal regulations.

Agencies that do not meet these minimum qualifications shall be deemed non-responsive and will not receive further consideration.

1.5 Funding

Any contract awarded as a result of this procurement is contingent upon the availability of funding, as determined by the Board of Commissioners.

1.6 Period of Performance

The period of performance of any contract resulting from this RFP is tentatively scheduled to begin on or about October 1, 2017 and continue for a period of three (3) years.

II. GENERAL INFORMATION FOR CONTRACTORS

2.1 Project Administrator

The Project Administrator is the sole point of contact for this procurement. All communication between prospective proposers and the County upon receipt of this RFP shall be with the Project Administrator, as follows:

Lt. Kevin F. Dush
207 N. Court St.
Mt. Pleasant, MI 48858

Telephone: (989) 772-3328
Facsimile: (989) 774-9412
E-mail: kfdush@isabellacounty.org

Prospective proposers are to rely on written statements issued by the Project Administrator. Any other communication will be considered unofficial and non-binding on the County. Communication directed to parties other than the Project Administrator may result in disqualification of the prospective bidder.

2.2 Estimated Schedule of Procurement Activities

Issue request for proposals	May 10, 2017
Mandatory site visit and pre-proposal meeting at 10:00am at the Isabella County Building, room 320	June 1, 2017
Proposals due	June 26, 2017
Criminal Justice and County Affairs Committee evaluates proposals	July 11, 2017
Board of Commissioners approves contract	July 18, 2017
Begin contract work	October 1, 2017

A mandatory site visit and pre-proposal meeting will be held on June 1, 2017 at 10:00am in Room 320 at the Isabella County Building, 200 North Main Street, Mt. Pleasant, MI 48858. This meeting will be the only opportunity for prospective proposers to ask questions regarding proposals.

2.3 Submission of Proposals

Responding companies are required to submit three (3) copies of their proposal. One copy must have original signatures and the other copies can have photocopied signatures. Each copy of the proposal should be bound or contained in a single volume. All documentation submitted with the proposal should be contained in that single volume. The proposal, whether mailed or hand delivered, must arrive at the Jail Administration Office no later than 11:00 a.m., local time, on Monday June 26th, 2017.

The proposal is to be sent to the Project Administrator at the address noted in Section 2.1, above. The envelope should be clearly marked "CORRECTIONAL HEALTH CARE SERVICES" and addressed to the attention of the Project Administrator.

Proposers who mail proposals should allow normal mail delivery time to ensure timely receipt of their proposals by the Project Administrator. Respondents assume the risk for the method of delivery chosen. The County assumes no responsibility for delays caused by any delivery service. *Proposals may not be transmitted using electronic media such as facsimile transmission or electronic mail.*

Late proposals will not be accepted and will be automatically disqualified from further consideration. All proposals and any accompanying documentation become the property of Isabella County and will not be returned.

Respondents are requested to be brief in response. The inclusion of extraneous information beyond the description of service and project approach is discouraged.

2.4 Proprietary Information and Public Disclosure

Materials submitted in response to this competitive procurement shall become the property of Isabella County. All proposals received shall remain confidential until the deadline for submission of proposals has expired, as defined by Michigan statute (MCL 15.243(i), the Freedom of Information Act).

2.5 Revisions to the RFP

In the event it becomes necessary to revise any part of this RFP, addenda will be reduced to writing and submitted to all prospective proposers known to the County. For this purpose, the published questions and answers and any other pertinent information will be considered an addendum to the RFP and will be provided to prospective bidders.

The County reserves the right to cancel or to reissue the RFP in whole or in part, prior to execution of a contract.

2.6 Acceptance Period

Proposals must provide one hundred twenty (120) days for acceptance by County from the due date for receipt of proposals.

2.7 Responsiveness

All proposals will be reviewed by the Project Administrator to determine compliance with administrative requirements and instructions specified in this RFP. Failure to comply with any part of the RFP may result in rejection of the proposal as non-responsive. The County also reserves the right, at its sole discretion, to waive minor administrative irregularities.

2.8 Most Favorable Terms

The County reserves the right to make an award without further discussion of the proposal submitted. Therefore, the proposal should be submitted initially on the most favorable terms which the Respondent can propose. The County does reserve the right to contact a Respondent for clarification of its proposal.

The Respondent should be prepared to accept this RFP for incorporation into a contract resulting from this RFP. Contract negotiations may incorporate some of, or the respondent's entire proposal. It is understood that the proposal will become a part of the official procurement file on this matter without obligation to the County.

2.9 Costs of Proposal

The County will not be liable for any costs incurred by the Respondent in preparation of a proposal submitted in response to this RFP, in conduct of a presentation, or any other activities related to responding to this RFP.

2.10 No Obligation Contract

This RFP does not obligate the Isabella County Board of Commissioners to contract for services specified herein.

2.11 Rejection of Proposals

The County reserves the right at its sole discretion to reject any and all proposals received without penalty and not to issue a contract as a result of this RFP.

2.12 Failure to Comply

The Respondent is specifically notified that failure to comply with any part of the RFP may result in rejection of the proposal as non-responsive.

2.13 Commitment of Funds

The Board of Commissioners or its delegate(s) are the only individuals who may legally commit the County to the expenditures of funds for a contract resulting from this RFP. No cost chargeable to the proposed contract may be incurred before receipt of a fully executed contract.

2.14 Signatures

The Letter of Submittal and the Certifications and Assurances form must be signed and dated by a person authorized to legally bind the respondent to a contractual relationship, e.g., the President or Executive Director of a corporation, the managing partner of a partnership, or the proprietor of a sole proprietorship.

III. SCOPE OF WORK

3.1 Overview

The purpose of this project is to assure proper health care of the inmate population of the Isabella County Correctional Facility.

Work associated with this program will be defined in the “Scope of Work” section of this document. It is expected that the contractor selected to perform services will maintain total compliance with HIPAA, Michigan Department of Corrections, and other applicable state and federal regulations. Failure to maintain compliance will be grounds for immediate termination of any agreement that may result from this RFP.

3.2 Work Definitions

Bidders will be expected to provide the following services as part of the health services program:

A. Health Appraisals

A health appraisal examination must be completed by a qualified health care professional for each inmate within five (5) day’s after arrival at the Isabella County Correctional Facility.

B. Sick Call

Sick call shall be held on a regularly scheduled basis one day a week by a licensed physician. If an inmate’s custody status precludes attendance at a sick call session, arrangements must be made to provide sick call services at the place of the inmate’s confinement.

C. Triaging of Complaints

Health complaints from inmates must be processed at least daily by qualified health care personnel.

D. Specialty Services of Care

Health Care Provider and County recognize the security risk, as well as the cost involved when transporting inmates off-site for specialty services. In order to reduce both risk and cost, Health Care Provider will arrange for specialty clinics to be conducted on site at the Isabella County Correctional Facility when reasonably possible. If these clinics cannot be conducted on-site, the Health Care Provider and

the County (or the designee of either), when deemed necessary, shall make arrangements for the transportation and care of inmates at the Health Care Provider of another mutually accepted medical care facility or specialty clinic. The name and location of such facilities, and dates and times of appointments, will not be divulged to inmates, their family or friends or others for security purposes.

The Health Care Provider will attempt to arrange hospital rooms that are secure for prisoners separate from hospital patients. Secondly, develop policies and procedures with outpatient providers.

E. Emergency Services and Treatment

Emergency treatment will be provided by medical staff when appropriate through predetermined arrangements with the Health Care Provider.

The Health Care Provider will provide the following:

1. In-service education on first aid and emergency procedures.
2. Written policies and procedures concerning emergency transfer and transportation of inmates,
3. Arrangements for emergency on-call twenty-four (24) hour physician;
4. Coordination with Jail staff for arrangements when the immediate transfer of an inmate is required by ambulance or other vehicle;
5. Cardiopulmonary Resuscitation (CPR) Basic Training and first respondent first aid for all Isabella County Correctional Facility staff members;
6. Treatment for visitors and staff consisting of stabilization and referral to personal physician or local hospital.

F. Ancillary Services

Bidders shall be responsible for the provision of all laboratories, x-ray, ambulance and other ancillary services as required and indicated. Bidder is required to report and comply with all CDC reportable diseases and to comply with hazardous waste removal protocol.

G. Dental Care

Dental services shall be provided to Isabella County Inmates. Dental treatment shall not be limited to extractions when the health of the inmate would otherwise be adversely affected as determined by the dentist.

H. Laboratory and Radiological Services

For diagnostic purposes, Health Care Provider will be responsible for collecting specimens and coordinating necessary laboratory work. Health Care Provider will

coordinate and monitor all laboratory tests.

Apart from diagnostic laboratory testing, Health Care Provider shall provide services from drawing blood specimens from consenting inmates as requested by the County or from inmates pursuant to Court Order in compliance with “Chain of Evidence” requirements.

Radiology requirements will be provided by the Health Care Provider or a referral laboratory.

I. Medical Records

Health Care Provider shall maintain medical records for Isabella County Inmates in compliance with HIPPA guidelines.

Medical records will be consistent with the recommendations contained in the health record format and consistent with state and federal guidelines to maintain health professional/patient relationship confidentiality. The medical record shall be maintained separately from the individual’s confinement record. Medical records, including a patient’s diagnosis or condition, will not be released to any person without proper authorization. Health Care Provider will also establish a policy regarding the transfer of health records.

Informed consent procedures shall comply with applicable law. Forms for consent and refusal of treatment will be provided by the Health Care Provider staff when necessary, the signature of the patient shall be obtained, and the form placed in the inmate’s medical record.

J. Pharmaceutical and Medical Supplies

All writing of prescription and non-prescription medications, medical supplies, forms, office supplies, medical records, supplies, books and periodicals will be the responsibility of the Health Care Provider.

The Health Care provider will provide a Registered Nurse to execute and manage medication packaging. This task requires the RN to manage the preparation of medications for their later distribution to inmates by staff of the correctional facility. The Health Care Provider shall assume no responsibility for services beyond the specified coordination and/or preparation of inmate medications. The Health Care Provider shall maintain a resource document that includes information about all medications distributed to inmates. Drug information fact sheets, as provided by the pharmacy, shall be placed in a designated binder at the correctional facility for official reference.

K. Special Medical Program

For inmates with special medical conditions requiring close medical supervision, including chronic and convalescent care, diet, etc., a written individualized treatment plan shall be developed by the responsible physician. The plan should include direction to health care and other personnel regarding their roles in the care and supervision of the patient. Health care counseling such as pre-and post-HIV testing will be performed by certified counselors.

L. Mental Health Program

The Health Care Provider will coordinate mental health services with Isabella County Community Mental Health or the inmates existing mental health provider. The Health Care Provider will be responsible to provide mental health services to inmates that do not qualify for services through CMH. This care shall include and is not limited to crisis intervention, suicide prevention, counseling, medication review and administration of psychotropic medications. Mental health care shall be coordinated with health care staff. The Health Care Provider shall provide up to twenty (20) hours of mental health services per week.

M. Administration

Health care services shall be the responsibility of the Health Care Provider and where provided by law, a physician provided by the Health Care Provider.

The Health Care Provider shall be responsible for planning, implementing, directing and controlling operational functions of health care services of the Isabella County Corrections facility. Health care services including coordinating information between health care providers and the Isabella County Corrections officials, recruiting, orienting and scheduling all medical personnel and assisting in arranging in-service training sessions will also be the responsibility of the Health Care Provider in conjunction with the Isabella County Correctional officials.

N. Payment for Services Rendered

Objective: Maintain a system of accounting for services rendered.

The provider shall prepare a monthly invoice for services rendered under any agreement that may result from this RFP.

Isabella County will provide locked medication carts and other supplies deemed appropriate and approved by the Jail Administrator and in consultation with the service provider. Isabella County will also assure that the prescription medications which are prepackaged by the service provider are distributed to inmates in a timely

manner according to the orders of the healthcare provider. Medications prescribed by a healthcare provider for an inmate between visits by the service provider will be the responsibility of the jail provider.

The service provider will be responsible for communicating issues related to the proper and safe packaging of medication to the Jail Administrator, Undersheriff, Sheriff, or other County personnel as necessary.

IV. PROPOSAL CONTENT

Proposals must be submitted on eight and one-half by eleven (8½ x 11) inch paper, typed in Times New Roman twelve (12) point font, and separated into four (4) major sections. The four (4) major sections shall include:

1. Letter of Submittal, including signed Certifications and Assurances (Exhibit A of this RFP).
2. Statement of Work.
3. Management Proposal.
4. Related Information.
5. Cost Proposal.

Proposals must provide information in the same order as presented in this document with the same headings. This will not only be helpful to the evaluators of the proposal, but should assist the Respondent in preparing a thorough response.

4.1 Letter of Submittal

The Letter of Submittal, the attached Certifications and Assurances form (Exhibit A of this RFP), and all RFP amendments must be signed and dated by a person authorized to legally bind the Respondent to a contractual relationship, e.g., the President or Executive Director of a corporation, the managing partner of a partnership, or the proprietor of a sole proprietorship. Along with introductory remarks, the Letter of Submittal is to include by attachment the following information about the Respondent and any proposed subcontractors:

1. Name, address, principal place of business, telephone number, and fax number/e-mail address of legal entity or individual with whom contract would be written.
2. Name, address, and telephone number of each principal officer (President, Vice President, and Treasurer).
3. Legal status of the respondent (sole proprietorship, partnership, corporation, etc.) and the year the entity was organized to do business as the entity now

- substantially exists.
4. Federal Employer Tax Identification number or Social Security number.
 5. Location of the facility from which the respondent would operate.
 6. Identify any Isabella County employees or former County employees employed or on the firm's governing board as of the date of the proposal. Include their position and responsibilities within the respondent's organization. If following a review of this information, it is determined by the County that a conflict of interest exists, the respondent may be disqualified from further consideration for the award of a contract.

4.2 Statement of Work

The Statement of Work must contain a comprehensive description of services including the following elements:

1. Project Approach/Methodology – Include a complete description of the proposed approach and methodology to perform the services in the Statement of Work (Section III) of this RFP. This section should convey the understanding of the proposed project.
2. Work Plan – Include all project requirements and the proposed tasks, services, activities, etc. necessary to accomplish the scope of the project defined in this RFP. This section of the technical proposal must contain sufficient detail to convey to members of the evaluation team the Respondent knowledge of the subjects and skills necessary to successfully complete the project. Include any required involvement of County staff. The Respondent may also present any creative approaches that might be appropriate and may provide any pertinent supporting documentation.
3. Project Schedule – Include a project schedule indicating when the elements of the work will be completed and when deliverables will be provided.

4.3 Management Proposal

1. Project Team Structure/Internal Controls - Provide a description of the proposed project team structure and internal controls to be used during the course of the project, including any subcontractors. Provide an organizational chart of your firm indicating lines of authority for personnel involved in performance of this potential contract and relationships of this staff to other programs or functions of the firm. This chart must also show lines of authority to the next senior level of management. Include who within the firm will have prime responsibility and final authority for the work.
2. Staff Qualifications/Experience - Identify staff, including subcontractors, who

will be assigned to the potential contract, indicating the responsibilities and qualifications of such personnel, and include the amount of time each will be assigned to the project. Provide resumes' for the named staff, which include information on the individual's particular skills related to this project, education, experience, certificates, licenses, significant accomplishments and any other pertinent information. The Respondent must commit that staff identified in its proposal will actually perform the assigned work. Any staff substitution must have the prior approval of the County.

3. References - List names, addresses, telephone numbers, and fax numbers/e-mail addresses of three public agency references for which similar work has been accomplished and briefly describe the type of service provided. The Respondent must grant permission to the County to contact the references. Do not include current Isabella County staff as references. References will be contacted for the top-scoring proposal(s) only.

4.4 Related Information

1. If the Respondent or any subcontractor contracted with Isabella County during the past 24 months, provide a project description and/or other information available to identify the contract.
2. If the Health Care Provider staff or subcontractor's staff was an employee of Isabella County during the past 24 months, or is currently an Isabella County employee, identify the individual by name, the department previously or currently employed by, job title or position held and separation date.
3. If the Health Care Provider has had a contract terminated for default in the last five years, describe such incident. Termination for default is defined as notice to stop performance due to the Respondent's non-performance or poor performance and the issue of performance was either (a) not litigated due to inaction on the part of the Proposer, or (b) litigated and such litigation determined that the Proposer was in default.
4. Submit full details of the terms for default including the other party's name, address, and phone number. Present the Health Care Provider's position on the matter. The County will evaluate the facts and may, at its sole discretion, reject the proposal on the grounds of the past experience. If no such termination for default has been experienced by the Respondent in the past five years, so indicate.

4.5 Cost Proposal

The evaluation process is designed to award this procurement not necessarily to the respondent of least cost, but rather to the Health Care Provider whose proposal best meets the requirements of this RFP.

Identify all costs including expenses to be charged for performing the services necessary to accomplish the objectives of the contract. The respondent is to submit a fully detailed budget including staff costs and any expenses necessary to accomplish the tasks and to produce the deliverables under the contract.

Costs for subcontractors are to be broken out separately.

V. EVALUATION AND CONTRACT AWARD

5.1 Evaluation Procedure

This document is a Request for Proposal. It differs from Request for Proposal/Quote in that the County is seeking a solution not a bid/quote for the lowest price. As such, the lowest price proposal will not guarantee an award. Proposals will be evaluated based around features of service, qualifications, experience, timeliness and what is determined by the Isabella County Board of Commissioners to be the best solution for the County.

The County may select a limited number of respondents with whom to schedule interviews. Recommendation for a selection will be made to the Isabella County Board of Commissions and final approval lies with the Commission.

Responsive proposals will be evaluated strictly in accordance with the requirements stated in this solicitation and any addenda issued. The evaluation of proposals shall be accomplished by an evaluation team, to be designated by the County, which will determine the ranking of the proposals.

EXHIBIT A
CERTIFICATIONS AND ASSURANCES

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL
FAILURE TO SUBMIT THIS COMPLETED FORM MAY RESULT IN DISQUALIFICATION

Firm Name: _____

I/we make the following statement of assurances as a required element of the proposal to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract(s):

1. The prices and/or data have been determined independently, without consultation, communication, or agreement with other proposers for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single proposal.
2. The attached proposal is a firm offer for a period of one hundred twenty (120) days following receipt, and it may be accepted by the Isabella County without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the one hundred twenty (120) day period.
3. In preparing this proposal, I/we have not been assisted by any current or former employee of Isabella County whose duties relate (or did relate) to this proposal or prospective contract, and who was assisting in other than his or her official, public capacity. Neither does such a person nor any member of his or her immediate family have any financial interest in the outcome of proposal. (Any exceptions to these assurances are described in full detail on a separate page and attached to this document.)
4. I/we understand that Isabella County will not reimburse me/us for any costs incurred in the preparation of this proposal. All proposals become the property of Isabella County, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this proposal.
5. Unless otherwise required by law, the prices and/or cost data which have been submitted have not been knowingly disclosed by the proposer and will not knowingly be disclosed by him/her prior to opening, in the case of a proposal directly or indirectly to any other proposer or to any competitor.
6. No attempt has been made or will be made by the proposer to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.
7. I/we agree that submission of the attached proposal constitutes acceptance of the solicitation contents and the attached sample contract and general terms and conditions. If there are any exceptions to these terms, I/we have described those exceptions in detail on a page attached to this document.
8. I/we acknowledge communication of any kind regarding my/our proposal directed to parties other than the Project Administrator may result in my/our disqualification.
9. I/we warrant that no conflict of interest knowingly exists for any member of the project team that contributed to this proposal or prospective contract.

Signature

Date

Title

EXHIBIT B
CHECKLIST FOR RESPONSIVENESS

- _____ Proposal was submitted on or before June 26, 2017 at 11:00am.
- _____ Required number of proposal copies (3) were submitted.
- _____ Proposal was formatted into four major sections: letter of submittal, technical proposal, management proposal and cost proposal.
- _____ Proposer meets minimum qualifications:
1. Are licensed or will obtain a license to do business in the State of Michigan.
 2. Will comply with the Certificate of Assurances set forth in Exhibit A.
 3. Are able to provide staffing that includes Board certified Physicians, Board certified Dentists, Board certified Psychologists, Board certified Pharmacists, (Including support staff for mental health, pharmacy and dentistry services) and at least one Registered Nurse (RN).
 4. Possess demonstrable experience in the correctional health care services field.
 5. Demonstrate a capability to comply with privacy security in compliance with HIPPA, Michigan Department of Corrections, and other applicable state and federal regulations.
 6. Submit proposals as specified in this RFP.
- _____ Statement of Work is essentially responsive to core requirements of the RFP.
- _____ Management Proposal is essentially responsive to core requirements of the RFP.
- _____ Letter of Submittal and Certifications and Assurances were signed by an individual authorized to bind the Proposer to a contractual relationship, e.g., the President or Executive Director of a corporation, the managing partner of a partnership, or the sole proprietor of a sole proprietorship.
- _____ Three public agency business references were provided.

NOTE: "Yes" answers must be given to each element above for the proposal to be considered responsive.