



County of San Diego

JOHN M. PELLEGRINO
DIRECTOR

DEPARTMENT OF PURCHASING AND CONTRACTING
5560 OVERLAND AVENUE, SUITE 270, SAN DIEGO, CALIFORNIA 92123-1204
Phone (858) 505-6367 Fax (858) 715-6452

ALLEN R. HUNSBERGER
ASSISTANT DIRECTOR

August 16, 2021

REVISED NOTICE OF INTENT TO AWARD

REQUEST FOR BID (RFB) 10956 – TEMPORARY PHARMACY STAFFING

The County of San Diego evaluation of bids received in response to RFB 10956 has resulted in a revised list of bidders, see list.

Upon completion of a pre-award survey, the County intends to award a contract to:

INFO WAY SOLUTIONS
46520 Fremont Blvd, Suite 614
Fremont, CA 94538

REVISED LIST

Imperial Locum
Tri-Force
22nd Century
UNI
Infojini
Staff Today Inc.
Healthcare Staffing
Hire Up Staffing
PeopleSolutions
R.L. Klein & Associates
Platinum

This notice shall remain posted for five business days, from August 16, 2021 through August 23, 2021, and no award will be made during this period.

If you have any questions, please contact, Kristen N. McEachron, Senior Procurement Contracting Officer at (858) 505-6360, or by email at kristen.mceachron@sdcounty.ca.gov.

CORRECTED ABSTRACT:	OPENING DATE: FRIDAY, May 28, 2021
SOLICITATION NO: RFB 10956	SUPPLIES OR SERVICES: TEMPORARY PHARMACY STAFFING

OFFEROR / BIDDER	TOTAL PRICE
Info Way Solutions	\$1,732,608.00
Imperial Locum	\$2,024,636.93
Tri-Force	\$2,025,358.17
22nd Century	\$2,044,224.00
UNI	\$2,080,185.60
Infojini	\$2,193,668.92
Staff Today, Inc.	\$2,212,991.57
Healthcare Staffing	\$2,259,360.00
Hire Up Staffing	\$2,352,468.00
PeopleSolutions	\$2,405,772.95
R.L. Klein & Associates	\$2,446,056.00
Platinum	\$4,053,579.68

This corrected abstract replaces the abstract issued on May 28, 2021. This corrected abstract ONLY indicates the APPARENT low bidder. Conditions that may displace an apparent low bidder include, but are not limited to: math errors, conditioning of bid, mistake in bid, failing pre-award Survey, and the bid being non responsive.

SOLICITATION: RFB 10956	OPENING DATE: FRIDAY, May 28, 2021
PROJECT: TEMPORARY PHARMACY STAFFING - REBID	

BIDDER	BASIS OF AWARD
22 nd Century	\$2,044,224.00
Healthcare Staffing	\$2,259,360.00
Hire Up Staffing	\$2,352,468.00
Imperial Locum	\$2,024,636.93
Infojini	\$2,193,668.92
Infoway Solution	\$2,433,024.00
PeopleSolutions	\$2,405,772.95
Platinum	\$4,053,579.68
R. L. Klein & Associates	\$2,446,056.00
Staff Today Inc.	\$2,212,991.57
Tri-force	\$2,025,358.17
UNI	\$2,080,185.60

Date: 05/28/2021

Bid Officer: 

Bid Clerk: Diane Padilla

This Notice of Intent to Award / Abstract ONLY indicates the APPARENT low bidder. Conditions that may displace an apparent low bidder include, but are not limited to: math errors, conditioning of bid, mistake in bid, failing pre-award Survey, and the bid being non responsive.

Bids
Received



22nd Century Technologies, Inc.

Predict, Prevent & Protect

Response to

County of San Diego – Request for Bids (RFB) 10956
Department of Health and Human Services
Temporary Pharmacy Staffing

Due by: 5/28/2021 at 11:00 AM



Submitted to:
The County of San Diego (County)

Submitted by:
22nd Century Technologies, Inc.
818 W Seventh ST STE 930 Los Angeles CA 90017
Phone: 888-99-TSCTI (87284) | Fax: 732-537-0888
Email: sledproposals@tscti.com

TSCTI claims that information contained in our proposal, such as, contact information of proposed staff, technical and management approach, subcontractor details and price quote is confidential and proprietary. Disclosure of this information can be used by our competitors to underprice us on future bids, reverse-engineer aspects of TSCTI's approach, lure away subcontractors or key employees. Thereby we request the Government to provide us the opportunity to provide a redacted copy of our response for FOIA and protecting the undue advantage of FOIA disclosure.



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Transmittal Letter

May 26, 2021

Attn: The County of San Diego (**County**)

Thank you for providing the opportunity to conduct business with The County of San Diego (**County**). 22nd Century Technologies, Inc. (**TSCTI**) is pleased to respond to County of San Diego – Request for Bids (RFB) 10956, Department of Health and Human Services – Temporary Pharmacy Staffing where the County is looking for a qualified vendor to provide Temporary Pharmacy Staffing.

Incorporated in 1997 in the State of New Jersey, TSCTI provides medical staffing services to various government health departments, educational institutes, airports, local offices, hospitals, health systems, pharmacies, ambulatory surgery centers, clinical laboratories, physician offices, and medical research centers. Our 24 years of immense experience will assist the County to fulfill set program goals. We have access to the greatest number of highly qualified medical professionals in the industry. With D&B Rating score of 93, we have been successfully serving a huge customer base with a high level of customer satisfaction. TSCTI has successfully delivered more than \$50M of medical staffing services with over 600,000 hours of medical staffing in the last five years. Our contract management approach to deliver such contracts is based on proven life-cycle methodologies and integrates the **HCSS, ASA, HIPPA & OSHA** compliance criteria. We take a collaborative approach to help our clients in providing medical staffing services, ensuring high performance, flexibility, and seamless services to enable better business value. TSCTI has a team of more than 250 domain-specific recruiters to source, recruit and select the best available medical staff for the County. For this program, TSCTI will setup a dedicated team of staff to provide 24x7 support to the County.

Official Name: 22nd Century Technologies, Inc.
Type of Ownership: S – Corporation
Month and Year established: Mar 1997
Size of the Company: 10000
Website: <https://www.tscti.com/healthcare>
HQ Address: 220 Davidson Avenue, Suite 118
Somerset, NJ 08873
Local Address: 818 W Seventh ST STE 930 Los
Angeles CA 90017
Telephone No: 888-998-7284
E-Mail: sledproposals@tscti.com

Our Vision

Client satisfaction through motivated staff

Our Commitment

Right People, on Right Time, at Right Price

Strengths

- ✓ ISO 9001 compliant recruitment process
- ✓ Resume database of 5M+ candidates
- ✓ 300+ contracts with public sector agencies
- ✓ 250+ domain-specific recruiters
- ✓ D&B Open Customer Score 93
- ✓ DNB Financial Score 80

TSCTI is partnering with MaF Healthcare Solutions to fulfil the 3% DVB Subcontractor Participation goal. MaF Healthcare Solutions is a DVBE certified: 2018901 firm located at: 1080 SANDWICK WAY FOLSOM CA 95630.

TSCTI has a huge clientele in medical industry including but not limited to the *State of West Virginia, Calhoun Community College AL, State of Massachusetts, State of Nebraska, Minnesota Department of Administration, Arlington Public Schools, Utah Department Of Health, Pima County Arizona, Somerset County, Middlesex County Improvement Authority, Shelby County, Hawaii Health Systems Corporation, Jackson Health System, Maryland Health Benefits Exchange, Office of Temporary and Disability Assistance, State of Colorado, State of Missouri, State of New York, Kalamazoo Psychiatric Hospital, Grady Hospital, Department of Health Social Services (DHSS) Delaware, State of New Jersey, The College of New Jersey, State of Delaware, State of New Hampshire (Department of Health and Human Services), John Hopkins University, State of Mississippi, University of Massachusetts Medical School, Minnesota Department of Corrections, New Jersey Department of Education, Marie Katzenbach School for the Deaf, Walter P. Reuther Psychiatric Hospital, NFPHC- United Medical Center.*

TSCTI possess immense experience working with the State of California with clients such as: *Alameda-Contra Costa Transit District, City of Anaheim, County of San Bernardino, County of Santa Barbara, County of Santa Clara Social Services, County of Ventura, Judicial Council of California, Los Angeles County Metropolitan Transportation Authority, State of California, County of Orange, Oakland Housing Authority, Orange County Sanitation District, Sacramento Housing and Redevelopment Agency, Peninsula Corridor Joint Powers Board and San Mateo County Transit District (SamTrans), San Diego Association of Governments (SANDAG), Santa Clara Valley Water District, Sierra Joint Community College District, Superior Court of Los Angeles, The City of Sunnyvale, County of Orange, The County of Sacramento, The Los Angeles County Office of Education (LACOE),*

The Metropolitan Water District of Southern California, The Superior Court of California to name a few.

TSCTI is actively providing and overseeing disease investigation activities (including case investigation, contact tracing, safe isolation and quarantine, and both clinical and social referrals) for multiple government agencies. With our extensive experience and a strong pool of qualified staff, TSCTI was quickly able to provide prevention services for COVID-19 to our various government customers. Our services includes: Registered Nurse, Certified Nursing Assistant, Health Advocate Administrator, Clinic Nurse, Health Assistant, Public Health Nurse, Medical Support Personnel, Epidemiologist, Medical Assistants, Physicians, RN Supervisor, Licensed Practical Nurse (LPN), Certified Nursing Assistant (CNA), Pharmacy Manager, Pharmacist, Case Investigation, Laboratory Scientist, Medical Technologist, Physical Therapist, Contact Tracing, Occupational Therapist Assistant, Occupational Therapist, Communicable Disease Investigator, Safeisolation and Quarantine, Social Support Connector, Clinical and social referrals.

In the last 3 months, we have placed and provided over 5000 health staff to handle the COVID-19 pandemic. With COVID-19 related experience supporting mentioned government clients, over two decades of experience supporting government clients and a strong pool of highly qualified medical professionals, TSCTI will assist the County to fulfill set program goals. TSCTI possess team of trained medical staff, proficient team consisting of more than 250 domain-specific recruiters, data miners, and research analysts, proprietary resume database of more than 5M which makes us capable to provide the medical professionals for County program within the minimal timeline. To augment the capability of our recruiters, we have a premium account of all the popular job websites, such as CareerVitals, HealthcareSource, Health eCareers, HealthJobsNationwide.com, LinkedIn, Monster, Dice, Indeed, CareerBuilder, etc.

Our largest contract with similar scope is with the State of New Jersey where have placed over 5000 healthcare, clinical, nursing, medical professionals to support State's Healthcare facilities. In addition, TSCTI has recently been awarded the Statewide Temporary Staffing Services Contract for the entire Commonwealth of Virginia. TSCTI is the Primary Vendor and till now we have provided over 900 temporary employees on this contract and the count is increasing each day. Virginia Department of Health is the biggest department we cater to on this contract with over 300 healthcare staff currently active and working at different sites across VA.

To ensure the success of this contract we will assign a dedicated Account Manager, Mr. Sandeep Singh having extensive experience in managing similar temporary staff augmentation contracts within the scope as outlined in solicitation. In addition, our account management team has extensive experience in leading all phases of the staffing services life cycle and is particularly adept in facilitating and leading resource need gathering to delivering the right resources within given time line and budget. With Mr. Sandeep Singh combined management, technical and staffing subject matter expertise, we are confident that he will lead the proposed team in delivering paramount quality services to the County on time and within budget. The attached TSCTI response addresses all requirements identified in the solicitation and comply with applicable statutes, regulations and policies related to this procurement and all applicable Federal, State, local laws, rules, and regulations. ***We acknowledge the issued addendum #1 dated May 21, 2021 and addendum #2 dated May 26, 2021*** and We have limited our response to the specific items described in the solicitation and if any additional information or clarification is required or if the response is deficient in any manner, we respectfully request that we be provided an opportunity to respond to it. Should you have any questions regarding this proposal, please feel free to contact me. We look forward to a mutually rewarding partnership.

Sincerely



Eva Gaddis-McKnight, Administrator

22nd Century Technologies, Inc.

220 Davidson Avenue, Suite 118 Somerset, NJ 08873

Telephone No: 888-998-7284 | **Fax No:** 732-537-0888 | **E-Mail:** sledproposals@tscti.com



P&C 600 FORM

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - P&C 600 FORM

COUNTY OF SAN DIEGO
SECTION A-P&C 600 FORM
This is not an order

Issued: 05/11/2021

MAIL OR DELIVER TO:

COUNTY OF SAN DIEGO, RFB No. 10956
DEPARTMENT OF PURCHASING & CONTRACTING
5560 OVERLAND AVE., SUITE 270
SAN DIEGO, CA 92123

FOR INFORMATION, PLEASE CONTACT:

JESSICA TRAN, PCS
JESSICA.TRAN@SDCOUNTY.CA.GOV

AWARD WILL BE MADE TO THE LOWEST RESPONSIVE.

BID OPENING DATE: MAY 25, 2021
BIDS MUST BE RECEIVED AT THE ABOVE ADDRESS
PRIOR TO 11:00 A.M. ON DATE OF BID OPENING.

RESPONSIBLE BIDDER BASED ON:

- ALL OR NONE
- EACH LOT
- TOTAL PRICE

PLEASE STATE YOUR LOWEST PRICE
F.O.B. DESTINATION AND BRAND NAME
OR TRADE NAME IF APPLICABLE.
(Please use typewriter or black ink)
YOUR ENVELOPE MUST INCLUDE RFB NO. 10956

UNSPSC commodity code: 801116.0600

DESCRIPTION

THE COUNTY OF SAN DIEGO (COUNTY), DEPARTMENT OF HEALTH AND HUMAN SERVICES HAS A REQUIREMENT FOR TEMPORARY PHARMACY STAFFING IN ACCORDANCE WITH THE TERMS & CONDITIONS AND THE STATEMENT OF WORK REFLECTED HEREIN.

INITIAL TERM:	ESTIMATED DATE OF AWARD – JUNE 30, 2022
1ST COUNTY OPTION:	ESTIMATED JULY 1, 2022 – JUNE 30, 2023
2ND COUNTY OPTION:	ESTIMATED JULY 1, 2023 – JULY 1, 2024
3RD COUNTY OPTION:	ESTIMATED JULY 1, 2024 – JULY 1, 2025

PRICING SUBMITTED IS TO REMAIN FIRM FOR THE TERM PERIOD IDENTIFIED ABOVE. ALL ITEMS WITHIN EACH TERM PERIOD MUST BE PRICED TO BE CONSIDERED RESPONSIVE.

ARE YOU ABLE TO COMPLY WITH ALL ITEMS SPECIFIED WITHIN THE SCOPE OF WORK? YES OR NO

BIDDER ACKNOWLEDGES ADDENDUM NO. 1 2 3 4 5

<u>SUBJECT TO ACCEPTANCE WITHIN 90 DAYS</u>		<u>PAYMENT TERMS NET 30 DAYS OR % DAY</u>	
NAME AND ADDRESS OF BIDDER		NAME AND TITLE OF PERSON AUTHORIZED	
22nd Century Technologies, Inc. 220 Davidson Avenue, Suite 118		TO SIGN OFFER:	
STREET, CITY, STATE, ZIP		<i>Eva Gaddis-McKnight</i> May 26, 2021	
Somerset, New Jersey, 08873		SIGNATURE OFFEROR DATE	
TELEPHONE: NUMBER (888) 998-7284		PRINTED NAME: Eva Gaddis-McKnight	
FAX TELEPHONE: (732) 537-0888		PRINTED TITLE: Administrator	
E-MAIL: sledproposals@tsctl.com		-----	
NOTIFICATION OF AWARD -		(THIS SECTION FOR COUNTY USE ONLY)	
ACCEPTANCE AS TO ITEM(S) NUMBERED:		COUNTY OF SAN DIEGO	
(VC No.)		BY: _____ DATE: _____	
		JOHN M. PELLEGRINO, DIRECTOR	
		DEPT OF PURCHASING & CONTRACTING	
TOTAL AMOUNT	AWARD No.	NAME AND TITLE OF CONTRACTING OFFICER	
P&C 600 Form			

SUBMIT THIS COMPLETED FORM AS PAGE 1 OF THE BID



Representations and Certifications Form

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - REPRESENTATIONS AND CERTIFICATIONS FORM

County of San Diego
Department of Purchasing and Contracting
REPRESENTATIONS AND CERTIFICATIONS

The following representations and certifications are to be completed, signed and returned with the offer (the term "offer" includes a bid, proposal, quote, statement of qualifications, or any other submission to provide goods and/or services).

1. **BUSINESS TYPE**
 For-profit Non-profit Government
2. **INTERLOCKING DIRECTORATE**
 In accordance with Board of Supervisors Policy A-79, if Offeror is a non-profit and will be subcontracting with a related for-profit entity where an interlocking directorate, management or ownership relationship exists, Offeror must list all such entity(ies) on an attached separate sheet, and authorization must be sought from Board of Supervisors. If Offeror is a non-profit and does not submit such a list, Offeror certifies it has not entered into a subcontract relationship with a related for-profit entity.
 List Attached? Yes
3. **BUSINESS REPRESENTATION**
 Offeror represents as a part of this offer the following information regarding the ownership, operation, and control of its business:
 - 3.1. Are you a local business with a physical address within the County of San Diego? Yes No
 - 3.2. Are you certified by the State of California as a:
 - Disabled Veteran Business Enterprise(DVBE)
Certification #: N/A
 - Small Business Enterprise (SBE)
Certification #: N/A
 - 3.3. Are you certified by the U.S. Dept Of Veterans' Affairs as:
 - Veteran Owned Small Business (VOSB)
Certification # N/A
 - Service Disabled Veteran Owned Small Business (SDVOSB)
Certification # N/A
 - 3.4. Estimated percentage of work in this offer to be performed or fulfilled locally (within the geographic boundaries of the County of San Diego): 100 %
4. **DEBARMENT, SUSPENSION, AND RELATED MATTERS**
 - 4.1. Offeror certifies to the best of its knowledge that neither it nor any of its officers:
 - 4.1.1. Are presently debarred, suspended, declared ineligible, or voluntarily excluded from covered transactions by any state, local, or federal department or agency.
 - 4.1.2. Have within a three (3) year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 4.2. Except as allowed for in Section 4.2.5, Offeror hereby certifies to the best of its knowledge that neither it nor any of its officers:
 - 4.2.1. Are presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state, or local) with the commission of any of the offenses enumerated in paragraph 4.1.2 of this certification;
 - 4.2.2. Have within a three (3) year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default;
 - 4.2.3. Are presently the target or subject of any investigation, accusation or charges by any federal, state or local agency or law enforcement, licensing, certification, ethics, or compliance body;
 - 4.2.4. Are proposed for debarment by any state, local, or federal department or agency.
 - 4.2.5. If Offeror is unable to certify Sections 4.2.1, 4.2.2, 4.2.3, or 4.2.4, it certifies that it has disclosed and attached to this Representations and Certifications the reason(s) it cannot do so. The disclosure must include the Section(s), specific relevant facts including dates, contracts, individuals involved, status of actions, and any other relevant information that prevent it from making the requested certification(s). The County reserves the right to disqualify an Offeror based upon information disclosed.
 Disclosure Attached? Yes
5. **RELATED WORK**
 Offeror certifies to the best of its knowledge that, other than as disclosed in an attached separate sheet, it and its proposed subcontractors, agents, and consultants have not previously contracted with the County to perform work on or related to this project (e.g. preparing related studies or recommendations, components of the statement of work, or plans and specifications).
 Disclosure Attached? Yes
6. **CURRENT COST OR PRICING**
 Offeror certifies to the best of its knowledge that cost and/or pricing data submitted with this offer, or specifically identified by reference if actual submission of the data is impracticable, are accurate, complete, and current as of the date signed below.
7. **INDEPENDENT PRICING**
 Offeror certifies that in relation to this offer:
 - 7.1. The prices in this offer have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with other offerors, with any competitors, or with any County employee(s) or consultant(s) involved in this or related procurements;
 - 7.2. Unless otherwise required by law, the prices that have been quoted in this offer have not been knowingly disclosed by the Offeror and will not knowingly be disclosed by the Offeror prior to opening, in the case of a bid, or prior to award, in the case of a proposal, directly or indirectly to any other Offeror or to any competitor or with any County employee(s) or consultant(s) involved in this or related procurements; and
 - 7.3. No attempt has been made or will be made by the Offeror to induce any other person or firm to submit or not to submit an offer for the purpose of restricting competition.
8. **ADDITIONAL DISCLOSURES**
 Offeror shall report in writing to the County Department of Purchasing and Contracting within five business days of discovering or having any reason to suspect any change in status as certified in the preceding paragraphs. Upon County's request, Offeror shall provide additional information supporting Offeror's Representations and Certifications. Offeror's obligations under this Section 8 shall continue until Offeror is no longer under consideration for award of a contract, or until termination or expiration of any resulting contract(s).

CERTIFICATION

The information furnished in Paragraphs 1 through 8 and in the accompanying offer is certified to be factual and correct as of the date submitted and this certification is made under penalty of perjury under the laws of the State of California.

Name: Eva Gaddis-McKnight Signature: *Eva Gaddis-McKnight*
Title: Administrator Date: May 26, 2021

Company/Organization: 22nd Century Technologies, Inc.

SUBMIT THIS FORM AS DIRECTED IN THE REQUEST FOR SOLICITATION DOCUMENTS OR WITH THE OFFER

Revised 05-02-17

SUBMIT THIS COMPLETED FORM AS PAGE 2 OF THE BID

Indemnification Agreement

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - NONDISCLOSURE INDEMNIFICATION AGREEMENT

IF OFFEROR SUBMITS EXHIBIT CONFIDENTIAL/PROPRIETARY, THE FOLLOWING NONDISCLOSURE INDEMNIFICATION AGREEMENT MUST BE COMPLETED, SIGNED AND RETURNED WITH THE OFFER

This indemnification agreement ("Agreement") is made and entered into by and between the County of San Diego ("County") and Offeror Company/Organization Name: 22nd Century Technologies, Inc. ("Offeror") with reference to the following facts:

WHEREAS the County may receive a request for disclosure of Offeror's submission under the California Public Records Act, Government Code Section 6250, et seq.; and

WHEREAS, Offeror has included in its submission an exhibit entitled "*EXHIBIT - CONFIDENTIAL/PROPRIETARY*" containing records that Offeror has determined to constitute trade secrets or other proprietary information exempt from disclosure under the California Public Records Act; and

WHEREAS the County requires defense and indemnity from Offeror for the County's ongoing non-disclosure of Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*;

NOW, THEREFORE, for good and valuable consideration and the mutual promises contained herein, the parties agree to the following:

1. The above recitals are incorporated herein by this reference.
2. Except as otherwise provided herein, the County will not release Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY* based on Offeror's representation that the records contained therein are proprietary and exempt from disclosure under the California Public Records Act and/or are trade secrets as that term is defined in Government Code Section 6250, et seq. Notwithstanding the foregoing, however, the County may release Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY* in the event of any of the following:
 - a. Offeror fails to comply with the terms and conditions of this Agreement; or
 - b. Offeror provides the County with written notice that some or all of the records may be released; or
 - c. A court of competent jurisdiction orders the County to release the records and the County has exhausted or waived its appeal rights.
3. To the fullest extent allowed by law, the County shall not be liable for, and Offeror shall defend and indemnify County and its Board of Supervisors, officers, directors, employees and agents of County (collectively "County Parties"), against any and all claims, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees (whether incurred by County attorneys or attorneys employed by County) and court costs (hereinafter collectively referred to as "Claims"), related to Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*.
4. Offeror waives any and all claims in law or equity and hereby releases the County Parties from any and all claims, deductibles, self-insured retentions, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees and court costs, which arise out of or are in any way connected to Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*.

TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE OFFEROR	
Offeror Company/Organization Name:	<u>22nd Century Technologies, Inc.</u>
Authorized Representative Name:	<u>Eva Gaddis-McKnight</u>
Authorized Representative Title:	<u>Administrator</u>
Signature: <u><i>Eva Gaddis-McKnight</i></u>	Date: <u>May 26, 2021</u>

SUBMIT THIS COMPLETED FORM AS PAGE 3 OF THE BID

Pricing Schedule

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - PRICING SCHEDULE

Pricing shall remain fixed during each separately priced initial year and option period(s). Each hourly rate shall be all inclusive meaning that no additional or extra costs will be paid to Contractor for temporary staffing. Hourly rate is the only pricing allowed on any invoices submitted to County. Estimated annual averages of hours are based on historical data and there is no guarantee of hours for requested services under this contract. Contractor payments will be reimbursed according to the following Payment Schedule:

1. RATES FOR INITIAL TERM: EST. JULY 1, 2021– JUNE 30, 2022

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manger	80	\$70.00	30%	\$91.00	\$7,280.00
2.	Pharmacist	280	\$57.00	30%	\$74.10	\$20,748.00
2.	Pharmacy Technician	560	\$20.00	30%	\$26.00	\$14,560.00
Monthly Total						\$42,588.00
Initial Term July 1, 2021- June 30, 2022 Total (Multiply Monthly Total by 12)						\$5,11,056.00

2. RATES FOR OPTION YEAR 1: EST. JULY 1, 2022-JUNE 30, 2023

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manager	80	\$70.00	30%	\$91.00	\$7,280.00
2.	Pharmacist	280	\$57.00	30%	\$74.10	\$20,748.00
3.	Pharmacy Tech	560	\$20.00	30%	\$26.00	\$14,560.00
Monthly Total						\$42,588.00
Year 1: July 1, 2022-June 30, 2023 Total (Multiply Monthly Total by 12)						\$5,11,056.00

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

3. RATES FOR OPTION YEAR 2: EST. JULY 1, 2023-JUNE 30, 2024

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manger	80	\$70.00	30%	\$91.00	\$7,280.00
2.	Pharmacist	280	\$57.00	30%	\$74.10	\$20,748.00
3.	Pharmacy Tech	560	\$20.00	30%	\$26.00	\$14,560.00
Monthly Total						\$42,588.00
YEAR 2: JULY 1, 2023-JUNE 30, 2024 Total (Multiply Monthly Total by 12)						\$5,11,056.00

4. RATES FOR OPTION YEAR 3: EST. JULY 1, 2024-JUNE 30, 2025

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manager	80	\$70.00	30%	\$91.00	\$7,280.00
2.	Pharmacist	280	\$57.00	30%	\$74.10	\$20,748.00
3.	Pharmacy Tech	560	\$20.00	30%	\$26.00	\$14,560.00
Monthly Total						\$42,588.00
YEAR 3: JULY 1, 2024-JUNE 30, 2025 Total (Multiply Monthly Total by 12)						\$5,11,056.00

*Estimated annual hours: The estimated annual hours listed are provided solely for evaluation of bids. They represent approximate anticipated annual hours based on historical data and there is no guarantee of hours for requested services under this contract.



COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

5. CONTRACT TERMS

EST. CONTRACT TERM	TOTAL AMOUNT
INITIAL TERM TOTAL JULY 1, 2021-JUNE 30, 2022	\$ 5,11,056.00
FIRST OPTION YEAR TOTAL JULY 1, 2022-JUNE 30, 2023	\$ 5,11,056.00
SECOND OPTION YEAR TOTAL JULY 1, 2023- JUNE 30, 2024	\$ 5,11,056.00
THIRD OPTION YEAR TOTAL JULY 1, 2024- JUNE 30, 2025	\$ 5,11,056.00
GRAND TOTAL (BASIS OF AWARD)	\$ 20,44,224.00

COMPANY: 22nd Century Technologies, Inc.
 Authorized Representative: Eva Gaddis-McKnight
 Authorized Representative Signature: *Eva Gaddis-McKnight*
 Phone: 888-998-7284
 Email: sledproposals@tscti.com

6. INVOICES SUBMITTED SHALL CONTAIN THE FOLLOWING:

a. Certification:
I certify that the above deliverables and/or services were delivered and/or performed specifically for this Agreement in accordance with the terms and conditions set forth herein.

I further certify, under penalty of perjury under the laws of the State of California, that no employee or entity providing services under the terms and conditions of this Agreement is currently listed as debarred, excluded, suspended, or ineligible on the Federal System for Award Management (SAM: <http://SAM.gov>), the Federal Health and Human Services Office of Inspector General List of Excluded Individuals/Entities (LEIE: <http://exclusions.oig.hhs.gov>), or the State of California Medi-Cal Suspended and Ineligible list (www.medical.ca.gov).

Eva Gaddis-McKnight *Eva Gaddis-McKnight* May 26, 2021
 Printed Name Signature Date

SUBMIT THIS COMPLETED FORM AS PAGE 4 OF THE BID

DVB Requirements and Forms

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - DVE SUBCONTRACTOR PARTICIPATION SUMMARY

This DVB Subcontractor Participation Summary is required to document Bidder's/Offeror's (Offeror) compliance with the DVB participation goals set forth in Board Policy B-39a.

All Offerors must complete this section
Offeror: 22nd Century Technologies, Inc.
Offeror's Representative: Eva Gaddis-McKnight

Exemptions (complete only if Offeror qualifies for one of the exemptions below)
Offeror is exempt from DVB Subcontractor Participation Requirements in accordance with Board Policy B-39a because Offeror is a:
<input type="checkbox"/> Government Agency
<input type="checkbox"/> Nonprofit Organization
<input type="checkbox"/> Small Business Enterprise (SBE), pursuant to Board Policy B-53 State of California SBE Certification #: _____
<input type="checkbox"/> Veteran Owned Business (VOB), pursuant to Board Policy B-39a VOB status due to certification as a: <input type="checkbox"/> DVB - State of California Certification #: _____ <input type="checkbox"/> VOSB - U.S. VA Certification #: _____ <input type="checkbox"/> SDVOSB - U.S. VA Certification #: _____

DVB Compliance (complete if Offeror claimed no exemption above)

- Offeror will self-perform 100% of the services.
- Complete and attach DVB Subcontractor Participation Plan
- Complete and attach Documentation of Good Faith Effort (Optional if Offeror has met or exceeded the 3% DVB Subcontractor Participation goal)

Offeror must provide additional supporting documentation upon request.

THIS FORM SHALL BE SUBMITTED WITH BID



COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - DVE SUBCONTRACTOR PARTICIPATION PLAN

Offeror: 22nd Century Technologies, Inc. Offeror Representative: Eva Gaddis-McKnight

Project Title: Temporary Pharmacy Staffing

ITEM NO.	DESCRIPTION OF WORK, SERVICE OR MATERIAL	NAME, ADDRESS, TELEPHONE NUMBER AND CERTIFICATION NUMBER OF CERTIFIED DVB TO BE USED	DOLLAR AMOUNT TO BE PAID THIS DVB
1	Temporary Pharmacy Staffing	Name: MaF Healthcare Solutions Address: 1080 SANDWICK WAY FOLSOM CA 95630 Telephone #: 916.397.2771 Certification #: 2018901	3% of the total contract value
		Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
TOTAL AMOUNT TO CERTIFIED DVB			\$ 3% of the total contract value

Use additional sheets if necessary. Compute utilization on last sheet.

Sheet ___ of ___ (complete if submitting more than one sheet)

COMPUTATION OF UTILIZATION AND COMPARISON WITH THE SUBCONTRACTOR PARTICIPATION GOAL	
$\frac{\text{Total Amount to Certified DVB}}{\text{Total Bid/Proposal}} \times 100 = \text{Percent of Utilization}$	Goal = 3%
$\frac{3\% \text{ of the total contract value}}{\text{Total Bid/Proposal}} \times 100 = 3\%$	Submit Documentation of Good Faith Effort if goal is not met.

THIS FORM SHALL BE SUBMITTED WITH BID ON THE DUE DATE

DVB “Good Faith Effort” Package

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - DOCUMENTATION OF GOOD FAITH EFFORT- Page 1 of 2

A. List potential DVBs that the Offeror solicited for participation in this contract along with dates. Use additional sheets if necessary.

	Certified DVB Firm	Date of Contact (Mail, Fax, Telephone, etc)	Responded (Yes/No)
1.	Not Applicable		
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Sheet ____ of ____ (complete if submitting more than one sheet)

B. DVB Solicitations

Solicitation Sample:

Offeror must attach a sample of the solicitation sent to certified DVB firms. If phone contact was made, document conversation: date, time, contact person, and business opportunities discussed.

THIS FORM SHALL BE SUBMITTED WITH BID ON THE DUE DATE



COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

DOCUMENTATION OF GOOD FAITH EFFORT- Page 2 of 2

Identification of: (1) All DVBs that submitted bids/proposals, (2) The qualifying certification (DVB or SDVOSB), (3) Nature of work/supplies/services offered that are not accepted, (4) Dollar amounts of the DVBs bids/proposals not accepted, (5) Subcontractors and/or suppliers that will be used instead of the DVBs, (6) Dollar amounts of these subcontractors and/or suppliers' bids/proposals, and (7) The reason for the bidder/offeror not accepting the DVB's bid/proposal. Use additional sheets if necessary.

Name of DVB (1)	Certification (DVB/SDVOSB) (2)	Nature of Work (3)	DVB Bids/Offer(S) (4)	Subcontractor/ Supplier to be used (5)	Bid/Proposal Amount Accepted (6)	Reason Not Accepted (7)
Not Applicable						

Sheet ____ of ____ (complete if submitting more than one sheet)

THIS FORM SHALL BE SUBMITTED WITH BID ON THE DUE DATE



Certificate of Insurance

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY)
05/13/2021

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

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

PRODUCER InsureYourCompany.com An ISU Network Member 225 Gordons Corner Road Suite 1H Manalapan NJ 07726	CONTACT NAME: Benjamin Levenson PHONE (A/C No. Ext): (888) 242-4675 FAX (A/C No.): (732) 862-1177 E-MAIL ADDRESS: Ben@insureyourcompany.com																					
INSURED 22nd Century Technologies Inc 220 Davidson Avenue, Suite 118 Somerset NJ 08873	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Atlantic Specialty Insurance Company</td> <td>27154</td> </tr> <tr> <td>INSURER B:</td> <td>Wesco Insurance Company</td> <td>25011</td> </tr> <tr> <td>INSURER C:</td> <td>Hartford Insurance</td> <td>30104</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Atlantic Specialty Insurance Company	27154	INSURER B:	Wesco Insurance Company	25011	INSURER C:	Hartford Insurance	30104	INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
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INSURER C:	Hartford Insurance	30104																				
INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES CERTIFICATE NUMBER: 125349 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CGL/Auto Deductible \$2500 <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER	X X	711016584-0002	02/07/2021	02/07/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED <input checked="" type="checkbox"/> AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X X	711016584-0002	02/07/2021	02/07/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ 50,000 Deductible \$ 1,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X X	711016584-0002	02/07/2021	02/07/2022	EACH OCCURRENCE \$ 12,000,000 AGGREGATE \$ 12,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A X	WWC3483989	07/31/2020	07/31/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability/E&O	X X	760010565-0001	02/07/2021	02/07/2022	\$10,000,000 Each Claim / \$10,000,000 Aggregate
C	3rd Party Fidelity Crime Bond	X X	13TP0322385	02/07/2021	02/07/2022	\$5,000,000 Each Loss / \$5,000,000 Aggregate
A	Cyber Liability	X X	760010565-0001	02/07/2021	02/07/2022	\$5,000,000 Each Claim / \$5,000,000 Aggregate
C	EPL-Employment Practices Liab.	X X	13KB0343846	11/18/2020	11/18/2021	\$1,000,000 Each Claim / \$1,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder named as additional insured only if there is a written contract.

CERTIFICATE HOLDER County of San Diego 5580 Overland Avenue, Suite 270 San Diego CA 92123	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <div style="text-align: right;"><i>Benjamin Levenson</i></div>
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ACORD 25 (2016/03)
CERT NO:125349

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Benjamin Levenson 05/13/2021



Acknowledgement of Addendum



County of San Diego

JOHN M. PELLEGRINO
DIRECTOR

DEPARTMENT OF PURCHASING AND CONTRACTING
5560 OVERLAND AVENUE, SUITE 270, SAN DIEGO, CALIFORNIA 92123-1204
Phone (858) 505-6367 Fax (858) 715-6452

Allen R. Hunsberger
Assistant Director

05/21/2021

ADDENDUM No. 1

TEMPORARY PHARMACY STAFFING - RFB 10956

Addendum No. 1 forms a part of the contract documents and changes the original documents only in the manner and to the extent stated.

BID DUE DATE HAS BEEN CHANGED:

BID OPENING: May 27, 2021; 11:00AM

If you have any questions, please contact Jessica Tran, Procurement Contracting Specialist at (858) 505-6821, or by email at Jessica.Tran@sdcounty.ca.gov.



County of San Diego

JOHN M. PELLEGRINO
DIRECTOR

DEPARTMENT OF PURCHASING AND CONTRACTING
5560 OVERLAND AVENUE, SUITE 270, SAN DIEGO, CALIFORNIA 92123-1204
Phone (858) 505-6367 Fax (858) 715-6452

Allen R. Hunsberger
Assistant Director

05/26/2021

ADDENDUM No. 2

TEMPORARY PHARMACY STAFFING - RFB 10956

Addendum No. 1 forms a part of the contract documents and changes the original documents only in the manner and to the extent stated.

BID DUE DATE HAS BEEN CHANGED:

BID OPENING: May 28, 2021: 11:00AM

QUESTIONS AND ANSWERS:

- Q1.** What is the estimated budget for this RFB?
A1. Lowest bid
- Q2.** What is the average length of the assignment?
A1. Assignment varies depending on Pharmacy need.
- Q3.** Is there any preference to local vendor?
A1. No, this is Federally Funded.
- Q4.** Kindly provide all the required forms that are need to be submitted with response in word format or clear/editable pdf format.
A1. The County only provides the PDF format as is. The Reps and Certs form will be uploaded.
- Q5.** Kindly clarify mode of RFB submission?
A1. Electronic through BuyNet
- Q6.** Please provide checklist or specific format required to submit the response so to avoid compliance.
A1. Section B of Solicitation
- Q7.** Kindly provide evaluation criteria?
A1. Low-bid
- Q8.** Is it mandatory to take a Disabled Veterans Businesses (DVB) as a sub-contractor? If yes, is 3% is the participation goal to suffice this requirement? Will there be any advantage in evaluation if we take DVB as a sub-contractor?
A1. No requirement, but encouraged in good faith for services over \$1 million per B 39a (2) (a)

- Q9.** Do we need to submit forms mentioned on Page 17 under Section F. Tax Information with the proposal? Or are these after award requirements?
A1. These can be submitted after award.
- Q10.** Do we need to submit certificate of insurance with the proposal?
A1. Yes.
- Q11.** Kindly change the method of submission to email or portal only as due to COVID-19 its very tough to send response via hard copy.
A1. BuyNet Portal only.
- Q12.** Can you please share the no. of positions served in previous years under this contract? how many years do you want me to check? I'm not sure if Rosecrans utilized the same number of pharmacists/pharm techs for each year.
A1. FY 2019-2020 -Rosecrans Pharmacy had 2.5 pharmacists and 1 pharmacy tech. Edgemoor had 2 pharmacy tech.
- Q13.** Can you please share the amount of business each vendor did under this contract in previous years? FY 2017-2018-\$558,811.27, FY 2018-2019-\$450,707.49, FY 2019-2020-\$356,375.33, FY 2020-2021-\$310,811.02 +
- Q14.** Please share the historical spend of this contract since it has been started what year do you want me to start?
A1. FY 2017-2018-\$558,811.27, FY 2018-2019-\$450,707.49, FY 2019-2020-\$356,375.33, FY 2020-2021-\$310,811.02 +
- Q15.** Please share the historical spend for year 2020. I am thinking they are not aware we go from July 1, 2019-June 30 2020.
A1. January 1, 2020-present \$375,382.31
- Q16.** How many vendors agency is planning to select?
A1. One.
- Q17.** What scorecard criteria will be utilized to evaluate bidders?
A1. Low-bid
- Q18.** Please let us know how much is the weightage given to pricing schedule while evaluating the proposal.
A1. 100%
- Q19.** Do we need to submit filly-burdened hourly rate for the given positions?
A1. Yes.
- Q20.** Is it hard copy submission or portal (buyNet)?
A1. BuyNet portal.
- Q21.** For Sub contracting do we need to sub contract only with county based DVB certified firm or we can sub contract with any CA based DVB firm.
A1. Per Section A
- Q22.** Do we need to submit sample COI in the proposal.
A1. Yes.
- Q23.** We are VA based organization so can we bid on this RFB?
A1. Yes.
- Q24.** Is local office required in San Diego County in order to bid for this RFB please confirm.
A1. No.
- Q25.** Do we need to submit the signature (page no 45 & 46 of RFB) at the time of proposal submission?
A1. No, this is only a sample contract.
- Q26.** So Statement of Work section number of professional required are not matching up with the number of hours mentioned in Pricing Sheet.
A1. Pricing Schedule reflects the monthly estimated hours.



Q27. Please share the actual number of candidates required for these 3 positions.

A1. This number can varies depending on the pharmacy needs. However, estimates have been provided.

Q28. Are these number of hours mentioned on Pricing Schedule be allocated to the number of individuals mentioned in SOW section. Does each individual need to work for these much hours mentioned on pricing schedule?

A1. Yes, the individual are estimated to work these number of hours mentioned on the pricing schedule.

If you have any questions, please contact Jessica Tran, Procurement Contracting Specialist at (858) 505-6821, or by email at Jessica.Tran@sdcounty.ca.gov.

Next

Bid



**Healthcare
Staffing
Professionals, Inc.**
Working Harder for You

ORIGINAL

DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING
RFP # 10956

Headquarter
6914 Canby Ave, Suite 109
Reseda, CA 91335

Michigan Office
400 Renaissance Ctr, Ste 2600
Detroit, MI 48243

North Carolina Office
4509 Creedmoor Rd, Suite 201
Raleigh, NC 27612

Texas Office
3730 Kirby Dr., Suite 1200
Houston, TX 77098

Phone: (818) 936-3394

www.hsp-inc.com

Fax: (818) 936-0158

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - P&C 600 FORM

COUNTY OF SAN DIEGO
SECTION A-P&C 600 FORM
This is not an order

Issued: 05/11/2021

MAIL OR DELIVER TO:

COUNTY OF SAN DIEGO, RFB No. 10956
DEPARTMENT OF PURCHASING & CONTRACTING
5560 OVERLAND AVE., SUITE 270
SAN DIEGO, CA 92123

AWARD WILL BE MADE TO THE LOWEST RESPONSIVE,

RESPONSIBLE BIDDER BASED ON:

- ALL OR NONE
 EACH LOT
 TOTAL PRICE

UNSPSC commodity code: 801116.0600

FOR INFORMATION, PLEASE CONTACT:

JESSICA TRAN, PCS
JESSICA.TRAN@SDCOUNTY.CA.GOV

BID OPENING DATE: MAY 25, 2021
BIDS MUST BE RECEIVED AT THE ABOVE ADDRESS
PRIOR TO 11:00 A.M. ON DATE OF BID OPENING.

PLEASE STATE YOUR LOWEST PRICE
F.O.B. DESTINATION AND BRAND NAME
OR TRADE NAME IF APPLICABLE.
(Please use typewriter or black ink)
YOUR ENVELOPE MUST INCLUDE RFB NO. 10956

DESCRIPTION

THE COUNTY OF SAN DIEGO (COUNTY), DEPARTMENT OF HEALTH AND HUMAN SERVICES HAS A REQUIREMENT FOR TEMPORARY PHARMACY STAFFING IN ACCORDANCE WITH THE TERMS & CONDITIONS AND THE STATEMENT OF WORK REFLECTED HEREIN.

INITIAL TERM: ESTIMATED DATE OF AWARD – JUNE 30, 2022
1ST COUNTY OPTION: ESTIMATED JULY 1, 2022 – JUNE 30, 2023
2ND COUNTY OPTION: ESTIMATED JULY 1, 2023 – JULY 1, 2024
3RD COUNTY OPTION: ESTIMATED JULY 1, 2024 – JULY 1, 2025

PRICING SUBMITTED IS TO REMAIN FIRM FOR THE TERM PERIOD IDENTIFIED ABOVE. ALL ITEMS WITHIN EACH TERM PERIOD MUST BE PRICED TO BE CONSIDERED RESPONSIVE.

ARE YOU ABLE TO COMPLY WITH ALL ITEMS SPECIFIED WITHIN THE SCOPE OF WORK? YES ___ OR ___ NO

BIDDER ACKNOWLEDGES ADDENDUM NO. 1 2 3 4 5

SUBJECT TO ACCEPTANCE WITHIN 90 DAYS	PAYMENT TERMS NET 30 DAYS OR % DAY
NAME AND ADDRESS OF BIDDER Healthcare Staffing Professionals, Inc.	NAME AND TITLE OF PERSON AUTHORIZED
STREET, CITY, STATE, ZIP 6914 Canby Ave, Suite 109 Reseda, CA 91335	TO SIGN OFFER:
TELEPHONE: NUMBER (818) 921-3126	 05-26-2021
FAX TELEPHONE: (818) 921-3126	SIGNATURE OFFEROR DATE
E-MAIL: corneliusm@hsp-inc.com	PRINTED NAME: Cornelius Mamboleo
	PRINTED TITLE: Vice President of Staffing

NOTIFICATION OF AWARD - ACCEPTANCE AS TO ITEM(S) NUMBERED: (VC No.)	(THIS SECTION FOR COUNTY USE ONLY) COUNTY OF SAN DIEGO By: _____ DATE: _____ JOHN M. PELLEGRINO, DIRECTOR
--	--

TOTAL AMOUNT	AWARD NO.	DEPT OF PURCHASING & CONTRACTING
P&C 600 Form		NAME AND TITLE OF CONTRACTING OFFICER

SUBMIT THIS COMPLETED FORM AS PAGE 1 OF THE BID

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 TEMPORARY PHARMACY STAFFING

SECTION A - REPRESENTATIONS AND CERTIFICATIONS FORM

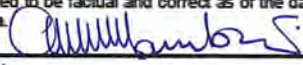
County of San Diego
 Department of Purchasing and Contracting
REPRESENTATIONS AND CERTIFICATIONS

The following representations and certifications are to be completed, signed and returned with the offer (the term "offer" includes a bid, proposal, quote, statement of qualifications, or any other submission to provide goods and/or services).

1. **BUSINESS TYPE**
 For-profit Non-profit Government
2. **INTERLOCKING DIRECTORATE**
 In accordance with Board of Supervisors Policy A-79, if Offeror is a non-profit and will be subcontracting with a related for-profit entity where an interlocking directorate, management or ownership relationship exists, Offeror must list all such entity(ies) on an attached separate sheet, and authorization must be sought from Board of Supervisors. If Offeror is a non-profit and does not submit such a list, Offeror certifies it has not entered into a subcontract relationship with a related for-profit entity.
 List Attached? Yes
3. **BUSINESS REPRESENTATION**
 Offeror represents as a part of this offer the following information regarding the ownership, operation, and control of its business:
 - 3.1. Are you a local business with a physical address within the County of San Diego? Yes No
 - 3.2. Are you certified by the State of California as a:
 - Disabled Veteran Business Enterprise(DVBE)
 Certification #: _____
 - Small Business Enterprise (SBE)
 Certification #: 1769272
 - 3.3. Are you certified by the U.S. Dept Of Veterans' Affairs as:
 - Veteran Owned Small Business (VOSB)
 Certification # _____
 - Service Disabled Veteran Owned Small Business (SDVOSB)
 Certification # _____
 - 3.4. Estimated percentage of work in this offer to be performed or fulfilled locally (within the geographic boundaries of the County of San Diego): 95 %
4. **DEBARMENT, SUSPENSION, AND RELATED MATTERS**
 - 4.1. Offeror certifies to the best of its knowledge that neither it nor any of its officers:
 - 4.1.1. Are presently debarred, suspended, declared ineligible, or voluntarily excluded from covered transactions by any state, local, or federal department or agency.
 - 4.1.2. Have within a three (3) year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 4.2. Except as allowed for in Section 4.2.5, Offeror hereby certifies to the best of its knowledge that neither it nor any of its officers:
 - 4.2.1. Are presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state, or local) with the commission of any of the offenses enumerated in paragraph 4.1.2 of this certification;
 - 4.2.2. Have within a three (3) year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default;
 - 4.2.3. Are presently the target or subject of any investigation, accusation or charges by any federal, state or local agency or law enforcement, licensing, certification, ethics, or compliance body;
 - 4.2.4. Are proposed for debarment by any state, local, or federal department or agency.
 - 4.2.5. If Offeror is unable to certify Sections 4.2.1, 4.2.2, 4.2.3, or 4.2.4, it certifies that it has disclosed and attached to this Representations and Certifications the reason(s) it cannot do so. The disclosure must include the Section(s), specific relevant facts including dates, contracts, individuals involved, status of actions, and any other relevant information that prevent it from making the requested certification(s). The County reserves the right to disqualify an Offeror based upon information disclosed.
 Disclosure Attached? Yes
5. **RELATED WORK**
 Offeror certifies to the best of its knowledge that, other than as disclosed in an attached separate sheet, it and its proposed subcontractors, agents, and consultants have not previously contracted with the County to perform work on or related to this project (e.g. preparing related studies or recommendations, components of the statement of work, or plans and specifications).
 Disclosure Attached? Yes
6. **CURRENT COST OR PRICING**
 Offeror certifies to the best of its knowledge that cost and/or pricing data submitted with this offer, or specifically identified by reference if actual submission of the data is impracticable, are accurate, complete, and current as of the date signed below.
7. **INDEPENDENT PRICING**
 Offeror certifies that in relation to this offer:
 - 7.1. The prices in this offer have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with other offerors, with any competitors, or with any County employee(s) or consultant(s) involved in this or related procurements;
 - 7.2. Unless otherwise required by law, the prices that have been quoted in this offer have not been knowingly disclosed by the Offeror and will not knowingly be disclosed by the Offeror prior to opening, in the case of a bid, or prior to award, in the case of a proposal, directly or indirectly to any other Offeror or to any competitor or with any County employee(s) or consultant(s) involved in this or related procurements; and
 - 7.3. No attempt has been made or will be made by the Offeror to induce any other person or firm to submit or not to submit an offer for the purpose of restricting competition.
8. **ADDITIONAL DISCLOSURES**
 Offeror shall report in writing to the County Department of Purchasing and Contracting within five business days of discovering or having any reason to suspect any change in status as certified in the preceding paragraphs. Upon County's request, Offeror shall provide additional information supporting Offeror's Representations and Certifications. Offeror's obligations under this Section 8 shall continue until Offeror is no longer under consideration for award of a contract, or until termination or expiration of any resulting contract(s).

CERTIFICATION

The information furnished in Paragraphs 1 through 8 and in the accompanying offer is certified to be factual and correct as of the date submitted and this certification is made under penalty of perjury under the laws of the State of California.

Name: Cornelius Mamboleo Signature: 
 Title: Vice President of Staffing Date: 05-24-2021
 Company/Organization: Healthcare Staffing Professionals, Inc.

SUBMIT THIS FORM AS DIRECTED IN THE REQUEST FOR SOLICITATION DOCUMENTS OR WITH THE OFFER

Revised 05-02-17

SUBMIT THIS COMPLETED FORM AS PAGE 2 OF THE BID

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - NONDISCLOSURE INDEMNIFICATION AGREEMENT

IF OFFEROR SUBMITS EXHIBIT CONFIDENTIAL/PROPRIETARY, THE FOLLOWING NONDISCLOSURE INDEMNIFICATION AGREEMENT MUST BE COMPLETED, SIGNED AND RETURNED WITH THE OFFER

This indemnification agreement ("Agreement") is made and entered into by and between the County of San Diego ("County") and Offeror Company/Organization Name: Healthcare Staffing Professionals, Inc.
("Offeror") with reference to the following facts:

WHEREAS the County may receive a request for disclosure of Offeror's submission under the California Public Records Act, Government Code Section 6250, et seq.; and

WHEREAS, Offeror has included in its submission an exhibit entitled "*EXHIBIT – CONFIDENTIAL/PROPRIETARY*" containing records that Offeror has determined to constitute trade secrets or other proprietary information exempt from disclosure under the California Public Records Act; and

WHEREAS the County requires defense and indemnity from Offeror for the County's ongoing non-disclosure of Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*;

NOW, THEREFORE, for good and valuable consideration and the mutual promises contained herein, the parties agree to the following:

1. The above recitals are incorporated herein by this reference.
2. Except as otherwise provided herein, the County will not release Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY* based on Offeror's representation that the records contained therein are proprietary and exempt from disclosure under the California Public Records Act and/or are trade secrets as that term is defined in Government Code Section 6250, et seq. Notwithstanding the foregoing, however, the County may release Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY* in the event of any of the following:
 - a. Offeror fails to comply with the terms and conditions of this Agreement; or
 - b. Offeror provides the County with written notice that some or all of the records may be released; or
 - c. A court of competent jurisdiction orders the County to release the records and the County has exhausted or waived its appeal rights.
3. To the fullest extent allowed by law, the County shall not be liable for, and Offeror shall defend and indemnify County and its Board of Supervisors, officers, directors, employees and agents of County (collectively "County Parties"), against any and all claims, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees (whether incurred by County attorneys or attorneys employed by County) and court costs (hereinafter collectively referred to as "Claims"), related to Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*.
4. Offeror waives any and all claims in law or equity and hereby releases the County Parties from any and all claims, deductibles, self-insured retentions, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees and court costs, which arise out of or are in any way connected to Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*.

TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE OFFEROR

Offeror Company/Organization Name: Healthcare Staffing Professionals, Inc.

Authorized Representative Name: Cornelius Mamboleo

Authorized Representative Title: Vice President of Staffing

Signature:  Date: 05-24-2021

SUBMIT THIS COMPLETED FORM AS PAGE 3 OF THE BID

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - PRICING SCHEDULE

Pricing shall remain fixed during each separately priced initial year and option period(s). Each hourly rate shall be all inclusive meaning that no additional or extra costs will be paid to Contractor for temporary staffing. Hourly rate is the only pricing allowed on any invoices submitted to County. Estimated annual averages of hours are based on historical data and there is no guarantee of hours for requested services under this contract. Contractor payments will be reimbursed according to the following Payment Schedule:

1. RATES FOR INITIAL TERM: EST. JULY 1, 2021– JUNE 30, 2022

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manger	80	\$57.00	50%	\$85.50	\$6,840.00
2.	Pharmacist	280	\$55.00	55%	\$84.70	\$23,716.00
2.	Pharmacy Technician	560	\$18.00	52%	\$27.36	\$15,321.60
Monthly Total						\$45,877.60
Initial Term July 1, 2021- June 30, 2022 Total (Multiply Monthly Total by 12)						\$550,531.20

2. RATES FOR OPTION YEAR 1: EST. JULY 1, 2022-JUNE 30, 2023

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manager	80	\$57.00	50%	\$85.50	\$6,840.00
2.	Pharmacist	280	\$55.00	55%	\$84.70	\$23,716.00
3.	Pharmacy Tech	560	\$18.00	52%	\$27.36	\$15,321.60
Monthly Total						\$45,877.60
Year 1: July 1, 2022-June 30, 2023 Total (Multiply Monthly Total by 12)						\$550,531.20

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

3. RATES FOR OPTION YEAR 2: EST. JULY 1, 2023-JUNE 30, 2024

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manger	80	\$59.00	50%	\$88.50	\$7,080.00
2.	Pharmacist	280	\$58.00	55%	\$89.32	\$25,009.60
3.	Pharmacy Tech	560	\$19.00	52%	\$28.88	\$16,172.80
Monthly Total						\$48,262.40
YEAR 2: JULY 1, 2023-JUNE 30, 2024 Total (Multiply Monthly Total by 12)						\$579,148.80

4. RATES FOR OPTION YEAR 3: EST. JULY 1, 2024-JUNE 30, 2025

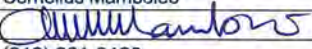
Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manager	80	\$59.00	50%	\$88.50	\$7,080.00
2.	Pharmacist	280	\$58.00	55%	\$89.32	\$25,009.60
3.	Pharmacy Tech	560	\$19.00	52%	\$28.88	\$16,172.80
Monthly Total						\$48,262.40
YEAR 3: JULY 1, 2024-JUNE 30, 2025 Total (Multiply Monthly Total by 12)						\$579,148.80

*Estimated annual hours: The estimated annual hours listed are provided solely for evaluation of bids. They represent approximate anticipated annual hours based on historical data and there is no guarantee of hours for requested services under this contract.

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 TEMPORARY PHARMACY STAFFING

5. CONTRACT TERMS

EST. CONTRACT TERM	TOTAL AMOUNT
INITIAL TERM TOTAL JULY 1, 2021-JUNE 30, 2022	\$ 550,531.20
FIRST OPTION YEAR TOTAL JULY 1, 2022-JUNE 30, 2023	\$ 550,531.20
SECOND OPTION YEAR TOTAL JULY 1, 2023- JUNE 30, 2024	\$ 579,148.80
THIRD OPTION YEAR TOTAL JULY 1, 2024- JUNE 30, 2025	\$ 579,148.80
GRAND TOTAL (BASIS OF AWARD)	\$ 2,259,360.00

COMPANY:	Healthcare Staffing Professionals, Inc.
Authorized Representative:	Cornelius Mamboleo
Authorized Representative Signature:	
Phone:	(818) 921-3126
Email:	comeliusm@hsp-inc.com

6. INVOICES SUBMITTED SHALL CONTAIN THE FOLLOWING:

a. Certification:
I certify that the above deliverables and/or services were delivered and/or performed specifically for this Agreement in accordance with the terms and conditions set forth herein.

I further certify, under penalty of perjury under the laws of the State of California, that no employee or entity providing services under the terms and conditions of this Agreement is currently listed as debarred, excluded, suspended, or ineligible on the Federal System for Award Management (SAM: <http://SAM.gov>), the Federal Health and Human Services Office of Inspector General List of Excluded Individuals/Entities (LEIE: <http://exclusions.oig.hhs.gov>), or the State of California Medi-Cal Suspended and Ineligible list (www.medical.ca.gov).

Cornelius Mamboleo		05-24-2021
Printed Name	Signature	Date

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - DVB REQUIREMENTS AND FORMS

The County, as a matter of policy, encourages the participation of Disabled Veterans Businesses (DVB) through DVB Subcontractor Participation goals. County of San Diego, Board of Supervisors Policy B-39a Veteran Owned Business (VOB) and Disabled Veterans Business Enterprise (DVB) Program is found at <http://www.sdcountry.ca.gov/cob/policy/index.html#>. The County DVB program recognizes the State of California DVB certification, which may be found at <http://www.dgs.ca.gov/PD> and the federal SDVOSB certification, which may be found at <https://www.va.gov/osdbu/verification/>.

For this solicitation:

Bidder/Offeror (Offeror) must meet or exceed a 3% DVB Subcontractor Participation goal or show a good faith effort to do so. Offeror must submit a DVB Subcontractor Participation Summary and DVB Subcontractor Participation Plan based on total pricing/payment schedule of its submittal. Only contractors that will perform a commercially useful function as defined by California Military and Veterans Code Section 999 or successor statute shall be used in the calculation of DVB Subcontractor Participation.

If the DVB Subcontractor Participation Plan does not show that Offeror has met or exceeded the 3% DVB Subcontractor Participation goal, Offeror must provide Documentation of a Good Faith Effort. Offerors are encouraged to submit the Documentation of Good Faith Effort even if they have met or exceeded the 3% DVB Subcontractor Participation goal in the event that all or part of the DVB Subcontractor Participation Plan is determined to be ineligible. County reserves the right to request a Documentation of Good Faith Effort from any Offeror regardless of utilization calculated on the DVB Subcontractor Participation Plan. Offeror's failure to provide adequate evidence of meeting or exceeding the 3% DVB Subcontractor Participation goal or adequate evidence of showing a good effort to do so, either in response to this RFP or if the County makes a subsequent request for evidence, may be grounds for disqualification from Contract award.

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - DVE SUBCONTRACTOR PARTICIPATION SUMMARY

This DVB Subcontractor Participation Summary is required to document Bidder's/Offeror's (Offeror) compliance with the DVB participation goals set forth in Board Policy B-39a.

All Offerors must complete this section
Offeror: Healthcare Staffing Professionals, Inc.
Offeror's Representative: Cornelius Mamboleo, Vice President of Staffing

Exemptions (complete only if Offeror qualifies for one of the exemptions below)
Offeror is exempt from DVB Subcontractor Participation Requirements in accordance with Board Policy B-39a because Offeror is a:
<input type="checkbox"/> Government Agency
<input type="checkbox"/> Nonprofit Organization
<input checked="" type="checkbox"/> Small Business Enterprise (SBE), pursuant to Board Policy B-53 State of California SBE Certification #: <u>1769272</u>
<input type="checkbox"/> Veteran Owned Business (VOB), pursuant to Board Policy B-39a VOB status due to certification as a: <input type="checkbox"/> DVB - State of California Certification #: _____ <input type="checkbox"/> VOSB - U.S. VA Certification #: _____ <input type="checkbox"/> SDVOSB - U.S. VA Certification #: _____

DVB Compliance (complete if Offeror claimed no exemption above)

- Offeror will self-perform 100% of the services.
- Complete and attach DVB Subcontractor Participation Plan
- Complete and attach Documentation of Good Faith Effort (Optional if Offeror has met or exceeded the 3% DVB Subcontractor Participation goal)

Offeror must provide additional supporting documentation upon request.

THIS FORM SHALL BE SUBMITTED WITH BID

Printed on: 5/26/2021 3:13:44 PM

To verify most current certification status go to: <https://www.caleprocure.ca.gov>



Office of Small Business & DVBE Services

Certification ID: 1769272

Legal Business Name:
HEALTHCARE STAFFING PROFESSIONALS, INC.

Doing Business As (DBA) Name 1:

Doing Business As (DBA) Name 2:

Address:
19528 VENTURA BLVD., #632
TARZANA
CA 91356

Email Address:
corneliusm@hsp-inc.com

Business Web Page:
<http://www.hsp-inc.com>

Business Phone Number:
818/936-3394

Business Fax Number:
818/936-0158

Business Types:
Service

Certification Type	Status	From	To
SB	Approved	03/13/2019	03/31/2022

Stay informed! KEEP YOUR CERTIFICATION PROFILE UPDATED!
-LOG IN at [CaleProcure.CA.GOV](https://www.caleprocure.ca.gov)

Questions?
Email: OSDSHELP@DGS.CA.GOV
Call OSDS Main Number: 916-375-4940
707 3rd Street, 1-400, West Sacramento, CA 95605

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 TEMPORARY PHARMACY STAFFING

SECTION A - DVE SUBCONTRACTOR PARTICIPATION PLAN

Offeror: Healthcare Staffing Professionals, Inc. Offeror Representative: Cornelius Mamboleo

Project Title: Temporary Pharmacy Staffing

ITEM NO.	DESCRIPTION OF WORK, SERVICE OR MATERIAL	NAME, ADDRESS, TELEPHONE NUMBER AND CERTIFICATION NUMBER OF CERTIFIED DVB TO BE USED	DOLLAR AMOUNT TO BE PAID THIS DVB
	N/A - Exempt	Name:	
		Address:	
		Telephone #: Certification #:	
		Name:	
		Address:	
		Telephone #: Certification #:	
		Name:	
		Address:	
		Telephone #: Certification #:	
		Name:	
		Address:	
		Telephone #: Certification #:	
		Name:	
		Address:	
		Telephone #: Certification #:	
		Name:	
		Address:	
		Telephone #: Certification #:	
TOTAL AMOUNT TO CERTIFIED DVB			\$

Use additional sheets if necessary. Compute utilization on last sheet.

Sheet ____ of ____ (complete if submitting more than one sheet)

COMPUTATION OF UTILIZATION AND COMPARISON WITH THE SUBCONTRACTOR PARTICIPATION GOAL	
$\frac{\text{Total Amount to Certified DVB}}{\text{Total Bid/Proposal}} \times 100 = \text{Percent of Utilization}$	Goal = 3%
$\frac{\quad}{\quad} \times 100 = \underline{\quad} \%$	Submit Documentation of Good Faith Effort if goal is not met.

THIS FORM SHALL BE SUBMITTED WITH BID ON THE DUE DATE

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 TEMPORARY PHARMACY STAFFING

SECTION A - DOCUMENTATION OF GOOD FAITH EFFORT- Page 1 of 2

A. List potential DVBs that the Offeror solicited for participation in this contract along with dates. Use additional sheets if necessary.

	Certified DVB Firm	Date of Contact (Mail, Fax, Telephone, etc)	Responded (Yes/No)
1.	N/A - Exempt		
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Sheet ____ of ____ (complete if submitting more than one sheet)

B. DVB Solicitations

Solicitation Sample:

Offeror must attach a sample of the solicitation sent to certified DVB firms. If phone contact was made, document conversation: date, time, contact person, and business opportunities discussed.

THIS FORM SHALL BE SUBMITTED WITH BID ON THE DUE DATE

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

DOCUMENTATION OF GOOD FAITH EFFORT- Page 2 of 2

Identification of: (1) All DVBs that submitted bids/proposals, (2) The qualifying certification (DVB or SDVOSB), (3) Nature of work/supplies/services offered that are not accepted, (4) Dollar amounts of the DVBs bids/proposals not accepted, (5) Subcontractors and/or suppliers that will be used instead of the DVBs, (6) Dollar amounts of these subcontractors and/or suppliers' bids/proposals, and (7) The reason for the bidder/offeror not accepting the DVB's bid/proposal. Use additional sheets if necessary.

Name of DVB (1)	Certification (DVB/SDVOSB) (2)	Nature of Work (3)	DVB Bids/Offer(\$) (4)	Subcontractor/ Supplier to be used (5)	Bid/Proposal Amount Accepted (6)	Reason Not Accepted (7)

Sheet ____ of ____ (complete if submitting more than one sheet)

THIS FORM SHALL BE SUBMITTED WITH BID ON THE DUE DATE

Next

Bid



Hire Up Staffing Services

155 E Shaw Ave ., Suite 300 Fresno, Ca
93710

Leah Perez

leah@hireupss.com

559-931-9011

559-679-4678

County of San Diego

Temporary Pharmacy Staffing

RFB# 10956

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 TEMPORARY PHARMACY STAFFING

SECTION A - P&C 600 FORM

COUNTY OF SAN DIEGO
 SECTION A-P&C 600 FORM
This is not an order

Issued: 05/11/2021

MAIL OR DELIVER TO:

COUNTY OF SAN DIEGO, RFB No. 10956
 DEPARTMENT OF PURCHASING & CONTRACTING
 5560 OVERLAND AVE., SUITE 270
 SAN DIEGO, CA 92123

AWARD WILL BE MADE TO THE LOWEST RESPONSIVE,

RESPONSIBLE BIDDER BASED ON:

- ALL OR NONE
- EACH LOT
- TOTAL PRICE

UNSPSC commodity code: 801116.0600

FOR INFORMATION, PLEASE CONTACT:

JESSICA TRAN, PCS
JESSICA.TRAN@SDCOUNTY.CA.GOV

BID OPENING DATE: MAY 25, 2021
BIDS MUST BE RECEIVED AT THE ABOVE ADDRESS
PRIOR TO 11:00 A.M. ON DATE OF BID OPENING.

PLEASE STATE YOUR LOWEST PRICE
 F.O.B. DESTINATION AND BRAND NAME
 OR TRADE NAME IF APPLICABLE.
(Please use typewriter or black ink)
YOUR ENVELOPE MUST INCLUDE RFB NO. 10956

DESCRIPTION

THE COUNTY OF SAN DIEGO (COUNTY), DEPARTMENT OF HEALTH AND HUMAN SERVICES HAS A REQUIREMENT FOR TEMPORARY PHARMACY STAFFING IN ACCORDANCE WITH THE TERMS & CONDITIONS AND THE STATEMENT OF WORK REFLECTED HEREIN.

INITIAL TERM:	ESTIMATED DATE OF AWARD – JUNE 30, 2022
1ST COUNTY OPTION:	ESTIMATED JULY 1, 2022 – JUNE 30, 2023
2ND COUNTY OPTION:	ESTIMATED JULY 1, 2023 – JULY 1, 2024
3RD COUNTY OPTION:	ESTIMATED JULY 1, 2024 – JULY 1, 2025

PRICING SUBMITTED IS TO REMAIN FIRM FOR THE TERM PERIOD IDENTIFIED ABOVE. ALL ITEMS WITHIN EACH TERM PERIOD MUST BE PRICED TO BE CONSIDERED RESPONSIVE.

ARE YOU ABLE TO COMPLY WITH ALL ITEMS SPECIFIED WITHIN THE SCOPE OF WORK? YES OR NO

BIDDER ACKNOWLEDGES ADDENDUM NO. 1 2 3 4 5

<u>SUBJECT TO ACCEPTANCE WITHIN 90 DAYS</u>	<u>PAYMENT TERMS NET 30 DAYS OR % DAY</u>
NAME AND ADDRESS OF BIDDER RSP, LLC dba Hire Up Staffing Service	NAME AND TITLE OF PERSON AUTHORIZED
STREET, CITY, STATE, ZIP 155 E. Shaw Ave suite 300 Fresno CA 93710	TO SIGN OFFER: <u>Leah Perez</u> 5-18-21
TELEPHONE: NUMBER (559) 579-1332	SIGNATURE OFFEROR DATE
FAX TELEPHONE: () 559-283-8246	PRINTED NAME: <u>Leah Perez</u>
E-MAIL: <u>Leah@hireupss.com</u>	PRINTED TITLE: <u>VP of Major Accounts</u>

NOTIFICATION OF AWARD -	(THIS SECTION FOR COUNTY USE ONLY)
ACCEPTANCE AS TO ITEM(S) NUMBERED:	COUNTY OF SAN DIEGO
(VC No.)	By: _____ DATE: _____
	JOHN M. PELLEGRINO, DIRECTOR
	DEPT OF PURCHASING & CONTRACTING

TOTAL AMOUNT	AWARD No.	NAME AND TITLE OF CONTRACTING OFFICER
P&C 600 Form		

SUBMIT THIS COMPLETED FORM AS PAGE 1 OF THE BID

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - REPRESENTATIONS AND CERTIFICATIONS FORM

County of San Diego
Department of Purchasing and Contracting
REPRESENTATIONS AND CERTIFICATIONS

The following representations and certifications are to be completed, signed and returned with the offer (the term "offer" includes a bid, proposal, quote, statement of qualifications, or any other submission to provide goods and/or services).

1. **BUSINESS TYPE**
 For-profit Non-profit Government
2. **INTERLOCKING DIRECTORATE**
In accordance with Board of Supervisors Policy A-79, if Offeror is a non-profit and will be subcontracting with a related for-profit entity where an interlocking directorate, management or ownership relationship exists, Offeror must list all such entity(ies) on an attached separate sheet, and authorization must be sought from Board of Supervisors. If Offeror is a non-profit and does not submit such a list, Offeror certifies it has not entered into a subcontract relationship with a related for-profit entity.
List Attached? Yes
3. **BUSINESS REPRESENTATION**
Offeror represents as a part of this offer the following information regarding the ownership, operation, and control of its business:
 - 3.1. Are you a local business with a physical address within the County of San Diego? Yes No
 - 3.2. Are you certified by the State of California as a:
 Disabled Veteran Business Enterprise (DVBE)
Certification #: _____
 Small Business Enterprise (SBE)
Certification #: _____
 - 3.3. Are you certified by the U.S. Dept Of Veterans' Affairs as:
 Veteran Owned Small Business (VOSB)
Certification # _____
 Service Disabled Veteran Owned Small Business (SDVOSB)
Certification # _____
 - 3.4. Estimated percentage of work in this offer to be performed or fulfilled locally (within the geographic boundaries of the County of San Diego): _____ %
4. **DEBARMENT, SUSPENSION, AND RELATED MATTERS**
 - 4.1. Offeror certifies to the best of its knowledge that neither it nor any of its officers:
 - 4.1.1. Are presently debarred, suspended, declared ineligible, or voluntarily excluded from covered transactions by any state, local, or federal department or agency.
 - 4.1.2. Have within a three (3) year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 4.2. Except as allowed for in Section 4.2.5, Offeror hereby certifies to the best of its knowledge that neither it nor any of its officers:
 - 4.2.1. Are presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state, or local) with the commission of any of the offenses enumerated in paragraph 4.1.2 of this certification;
 - 4.2.2. Have within a three (3) year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default;
 - 4.2.3. Are presently the target or subject of any investigation, accusation or charges by any federal, state or local agency or law enforcement, licensing, certification, ethics, or compliance body;
 - 4.2.4. Are proposed for debarment by any state, local, or federal department or agency.
 - 4.2.5. If Offeror is unable to certify Sections 4.2.1, 4.2.2, 4.2.3, or 4.2.4, it certifies that it has disclosed and attached to this Representations and Certifications the reason(s) it cannot do so. The disclosure must include the Section(s), specific relevant facts including dates, contracts, individuals involved, status of actions, and any other relevant information that prevent it from making the requested certification(s). The County reserves the right to disqualify an Offeror based upon information disclosed.
Disclosure Attached? Yes
5. **RELATED WORK**
Offeror certifies to the best of its knowledge that, other than as disclosed in an attached separate sheet, it and its proposed subcontractors, agents, and consultants have not previously contracted with the County to perform work on or related to this project (e.g. preparing related studies or recommendations, components of the statement of work, or plans and specifications).
Disclosure Attached? Yes
6. **CURRENT COST OR PRICING**
Offeror certifies to the best of its knowledge that cost and/or pricing data submitted with this offer, or specifically identified by reference if actual submission of the data is impracticable, are accurate, complete, and current as of the date signed below.
7. **INDEPENDENT PRICING**
Offeror certifies that in relation to this offer:
 - 7.1. The prices in this offer have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with other offerors, with any competitors, or with any County employee(s) or consultant(s) involved in this or related procurements;
 - 7.2. Unless otherwise required by law, the prices that have been quoted in this offer have not been knowingly disclosed by the Offeror and will not knowingly be disclosed by the Offeror prior to opening, in the case of a bid, or prior to award, in the case of a proposal, directly or indirectly to any other Offeror or to any competitor or with any County employee(s) or consultant(s) involved in this or related procurements; and
 - 7.3. No attempt has been made or will be made by the Offeror to induce any other person or firm to submit or not to submit an offer for the purpose of restricting competition.
8. **ADDITIONAL DISCLOSURES**
Offeror shall report in writing to the County Department of Purchasing and Contracting within five business days of discovering or having any reason to suspect any change in status as certified in the preceding paragraphs. Upon County's request, Offeror shall provide additional information supporting Offeror's Representations and Certifications. Offeror's obligations under this Section 8 shall continue until Offeror is no longer under consideration for award of a contract, or until termination or expiration of any resulting contract(s).

CERTIFICATION

The information furnished in Paragraphs 1 through 8 and in the accompanying offer is certified to be factual and correct as of the date submitted and this certification is made under penalty of perjury under the laws of the State of California.

Name: Leah Perez Signature: Leah Perez
Title: VP of major accounts Date: 5-18-21
Company/Organization: HITE UP staffing services

SUBMIT THIS FORM AS DIRECTED IN THE REQUEST FOR SOLICITATION DOCUMENTS OR WITH THE OFFER

Revised 05-23-17

SUBMIT THIS COMPLETED FORM AS PAGE 2 OF THE BID

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - NONDISCLOSURE INDEMNIFICATION AGREEMENT

IF OFFEROR SUBMITS EXHIBIT CONFIDENTIAL/PROPRIETARY, THE FOLLOWING NONDISCLOSURE INDEMNIFICATION AGREEMENT MUST BE COMPLETED, SIGNED AND RETURNED WITH THE OFFER

This indemnification agreement ("Agreement") is made and entered into by and between the County of San Diego ("County") and Offeror Company/Organization Name: RSB, LLC dba Hire Up Staffing Service ("Offeror") with reference to the following facts:

WHEREAS the County may receive a request for disclosure of Offeror's submission under the California Public Records Act, Government Code Section 6250, et seq.; and

WHEREAS, Offeror has included in its submission an exhibit entitled "*EXHIBIT - CONFIDENTIAL/PROPRIETARY*" containing records that Offeror has determined to constitute trade secrets or other proprietary information exempt from disclosure under the California Public Records Act; and

WHEREAS the County requires defense and indemnity from Offeror for the County's ongoing non-disclosure of Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*;

NOW, THEREFORE, for good and valuable consideration and the mutual promises contained herein, the parties agree to the following:

1. The above recitals are incorporated herein by this reference.
2. Except as otherwise provided herein, the County will not release Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY* based on Offeror's representation that the records contained therein are proprietary and exempt from disclosure under the California Public Records Act and/or are trade secrets as that term is defined in Government Code Section 6250, et seq. Notwithstanding the foregoing, however, the County may release Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY* in the event of any of the following:
 - a. Offeror fails to comply with the terms and conditions of this Agreement; or
 - b. Offeror provides the County with written notice that some or all of the records may be released; or
 - c. A court of competent jurisdiction orders the County to release the records and the County has exhausted or waived its appeal rights.
3. To the fullest extent allowed by law, the County shall not be liable for, and Offeror shall defend and indemnify County and its Board of Supervisors, officers, directors, employees and agents of County (collectively "County Parties"), against any and all claims, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees (whether incurred by County attorneys or attorneys employed by County) and court costs (hereinafter collectively referred to as "Claims"), related to Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*.
4. Offeror waives any and all claims in law or equity and hereby releases the County Parties from any and all claims, deductibles, self-insured retentions, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees and court costs, which arise out of or are in any way connected to Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*.

TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE OFFEROR	
Offeror Company/Organization Name:	<u>RSB LLC dba Hire Up Staffing Service</u>
Authorized Representative Name:	<u>Leah Perez</u>
Authorized Representative Title:	<u>VP of major accounts</u>
Signature: <u>Leah Perez</u>	Date: <u>5-18-21</u>

SUBMIT THIS COMPLETED FORM AS PAGE 3 OF THE BID

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 TEMPORARY PHARMACY STAFFING

SECTION A - PRICING SCHEDULE

Pricing shall remain fixed during each separately priced initial year and option period(s). Each hourly rate shall be all inclusive meaning that no additional or extra costs will be paid to Contractor for temporary staffing. Hourly rate is the only pricing allowed on any invoices submitted to County. Estimated annual averages of hours are based on historical data and there is no guarantee of hours for requested services under this contract. Contractor payments will be reimbursed according to the following Payment Schedule:

1. RATES FOR INITIAL TERM: EST. JULY 1, 2021– JUNE 30, 2022

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manger	80	58.00	60%	\$92.80	\$7,424
2.	Pharmacist	280	53.00	60%	\$84.80	\$23,744
2.	Pharmacy Technician	560	17.50	60%	\$28.00	\$15,680
Monthly Total						\$46,848
Initial Term July 1, 2021- June 30, 2022 Total (Multiply Monthly Total by 12)						\$562,176

2. RATES FOR OPTION YEAR 1: EST. JULY 1, 2022-JUNE 30, 2023

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manager	80	\$59.74	60%	\$95.58	\$7,647
2.	Pharmacist	280	\$54.59	60%	\$87.34	\$24,456
3.	Pharmacy Tech	560	\$18.03	60%	\$28.85	\$16,155
Monthly Total						\$48,258
Year 1: July 1, 2022-June 30, 2023 Total (Multiply Monthly Total by 12)						\$579,096

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

3. RATES FOR OPTION YEAR 2: EST. JULY 1, 2023-JUNE 30, 2024

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manger	80	61.53	60%	98.45	\$7,876
2.	Pharmacist	280	56.23	60%	90.06	\$25,217
3.	Pharmacy Tech	560	18.57	60%	29.71	\$16,639
Monthly Total						\$49,732
YEAR 2: JULY 1, 2023-JUNE 30, 2024 Total (Multiply Monthly Total by 12)						\$596,784

4. RATES FOR OPTION YEAR 3: EST. JULY 1, 2024-JUNE 30, 2025

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manager	80	63.38	60%	101.41	\$8,113
2.	Pharmacist	280	57.92	60%	92.67	\$25,948
3.	Pharmacy Tech	560	19.13	60%	30.61	\$17,140
Monthly Total						\$51,201
YEAR 3: JULY 1, 2024-JUNE 30, 2025 Total (Multiply Monthly Total by 12)						\$614,412

*Estimated annual hours: The estimated annual hours listed are provided solely for evaluation of bids. They represent approximate anticipated annual hours based on historical data and there is no guarantee of hours for requested services under this contract.

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 TEMPORARY PHARMACY STAFFING

5. CONTRACT TERMS

EST. CONTRACT TERM	TOTAL AMOUNT
INITIAL TERM TOTAL JULY 1, 2021-JUNE 30, 2022	\$ 562,176
FIRST OPTION YEAR TOTAL JULY 1, 2022-JUNE 30, 2023	\$ 579,096
SECOND OPTION YEAR TOTAL JULY 1, 2023- JUNE 30, 2024	\$ 596,784
THIRD OPTION YEAR TOTAL JULY 1, 2024- JUNE 30, 2025	\$ 614,412
GRAND TOTAL (BASIS OF AWARD)	\$ 2,352,468

COMPANY:

Authorized Representative:

Authorized Representative Signature:

Phone:

Email:

RSB, LLC dba Hire Up Staffing Services
Leah Perez
Leah Perez
559-931-9011 or 559-579-1332
Leah@hireupss.com

6. INVOICES SUBMITTED SHALL CONTAIN THE FOLLOWING:

a. Certification:

I certify that the above deliverables and/or services were delivered and/or performed specifically for this Agreement in accordance with the terms and conditions set forth herein.

I further certify, under penalty of perjury under the laws of the State of California, that no employee or entity providing services under the terms and conditions of this Agreement is currently listed as debarred, excluded, suspended, or ineligible on the Federal System for Award Management (SAM: <http://SAM.gov>), the Federal Health and Human Services Office of Inspector General List of Excluded Individuals/Entities (LEIE: <http://exclusions.oig.hhs.gov>), or the State of California Medi-Cal Suspended and Ineligible list (www.medical.ca.gov).

Leah Perez
Printed Name

Leah Perez 5-18-21
Signature Date

SUBMIT THIS COMPLETED FORM AS PAGE 4 OF THE BID

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - DVE SUBCONTRACTOR PARTICIPATION SUMMARY

This DVB Subcontractor Participation Summary is required to document Bidder's/Offeror's (Offeror) compliance with the DVB participation goals set forth in Board Policy B-39a.

All Offerors must complete this section	
Offeror:	RSB, LLC dba Hire Up Staffing Services
Offeror's Representative:	Leah Perez

Exemptions (complete only if Offeror qualifies for one of the exemptions below)
Offeror is exempt from DVB Subcontractor Participation Requirements in accordance with Board Policy B-39a because Offeror is a:
<input type="checkbox"/> Government Agency
<input type="checkbox"/> Nonprofit Organization
<input type="checkbox"/> Small Business Enterprise (SBE), pursuant to Board Policy B-53 State of California SBE Certification #: _____
<input type="checkbox"/> Veteran Owned Business (VOB), pursuant to Board Policy B-39a VOB status due to certification as a: <input type="checkbox"/> DVB - State of California Certification #: _____ <input type="checkbox"/> VOSB - U.S. VA Certification #: _____ <input type="checkbox"/> SDVOSB - U.S. VA Certification #: _____

DVB Compliance (complete if Offeror claimed no exemption above)

- Offeror will self-perform 100% of the services.
- Complete and attach DVB Subcontractor Participation Plan
- Complete and attach Documentation of Good Faith Effort (Optional if Offeror has met or exceeded the 3% DVB Subcontractor Participation goal)

Offeror must provide additional supporting documentation upon request.

THIS FORM SHALL BE SUBMITTED WITH BID

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 TEMPORARY PHARMACY STAFFING

SECTION A - DVE SUBCONTRACTOR PARTICIPATION PLAN

Offeror: RSB, LLC dba Hire Up Staffing Offeror Representative: Leah Perez

Project Title: RFB 10956: Temp Pharmacy Staffing

ITEM NO.	DESCRIPTION OF WORK, SERVICE OR MATERIAL	NAME, ADDRESS, TELEPHONE NUMBER AND CERTIFICATION NUMBER OF CERTIFIED DVB TO BE USED	DOLLAR AMOUNT TO BE PAID THIS DVB
	n/A	Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
TOTAL AMOUNT TO CERTIFIED DVB			\$

Use additional sheets if necessary. Compute utilization on last sheet.
 Sheet ____ of ____ (complete if submitting more than one sheet)

COMPUTATION OF UTILIZATION AND COMPARISON WITH THE SUBCONTRACTOR PARTICIPATION GOAL	
$\frac{\text{Total Amount to Certified DVB}}{\text{Total Bid/Proposal}} \times 100 = \text{Percent of Utilization}$	Goal = 3%
<hr style="width: 80%; margin: 0 auto;"/> $\times 100 = \underline{\hspace{2cm}}\%$	Submit Documentation of Good Faith Effort if goal is not met.

THIS FORM SHALL BE SUBMITTED WITH BID ON THE DUE DATE

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 TEMPORARY PHARMACY STAFFING

SECTION A - DOCUMENTATION OF GOOD FAITH EFFORT- Page 1 of 2

A. List potential DVBS that the Offeror solicited for participation in this contract along with dates. Use additional sheets if necessary.

	Certified DVB Firm	Date of Contact (Mail, Fax, Telephone, etc)	Responded (Yes/No)
1.	n/A		
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Sheet ____ of ____ (complete if submitting more than one sheet)

B. DVB Solicitations

Solicitation Sample:

Offeror must attach a sample of the solicitation sent to certified DVB firms. If phone contact was made, document conversation: date, time, contact person, and business opportunities discussed.

THIS FORM SHALL BE SUBMITTED WITH BID ON THE DUE DATE

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 TEMPORARY PHARMACY STAFFING

DOCUMENTATION OF GOOD FAITH EFFORT- Page 2 of 2

Identification of: (1) All DVBs that submitted bids/proposals, (2) The qualifying certification (DVB or SDVOSB), (3) Nature of work/supplies/services offered that are not accepted, (4) Dollar amounts of the DVBs bids/proposals not accepted, (5) Subcontractors and/or suppliers that will be used instead of the DVBs, (6) Dollar amounts of these subcontractors and/or suppliers' bids/proposals, and (7) The reason for the bidder/offeror not accepting the DVB's bid/proposal. Use additional sheets if necessary.

Name of DVB (1)	Certification (DVB/SDVOSB) (2)	Nature of Work (3)	DVB Bids/Offer(\$) (4)	Subcontractor/ Supplier to be used (5)	Bid/Proposal Amount Accepted (6)	Reason Not Accepted (7)
n/A						

Sheet ____ of ____ (complete if submitting more than one sheet)

THIS FORM SHALL BE SUBMITTED WITH BID ON THE DUE DATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/09/2020

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

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

PRODUCER James G Parker Insurance Associates License #0554959 P O Box 3947 Fresno CA 93650		CONTACT NAME: Meredith McCaleb CISR Elite PHONE (A/C, No, Ext): (559) 222-7722 FAX (A/C, No): (559) 222-1724 E-MAIL ADDRESS: mmccaleb@jgparker.com	
INSURED RSB LLC. DBA: Hire Up Staffing Services 155 E Shaw Ave #108 Fresno CA 93710		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Zurich American Insurance Co	NAIC # 16535
		INSURER B: American Guarantee & Liability Insurance Company	26247
		INSURER C: State Compensation Ins Fund	35076
		INSURER D: Certain Underwriters at Lloyds	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 20-21 GL BA UMB WC

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PRA099098302	05/01/2020	05/01/2021	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 Professional Liability \$ 5,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PRA099098302	05/01/2020	05/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UMB036978601	05/01/2020	05/01/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	1887458-2020	07/01/2020	07/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Cyber Liability/3rd Party Breach			ESI004632723	11/18/2019	11/18/2020	Each Claim \$5,000,000 Aggregate \$5,000,000 Deductible \$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Operations: Professional Staffing Agency.

CERTIFICATE HOLDER**CANCELLATION**

FOR INFORMATION PURPOSES

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



“Changes” proposed to terms by RSB, LLC dba Hire Up Staffing Services

RFB: 10956

Section 4.1

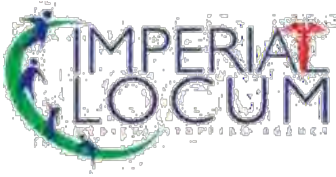
HOLD HARMLESS: Client agrees to indemnify, defend, and hold Company harmless for claims, damages or penalties arising out of any violation of any state or federal laws, including, but not limited to, civil rights laws, meal/rest breaks per wage and hour laws, the Occupational Safety and Health Act of 1970, or any other employment-related law in any way relating to employment, including, but not limited to, the workplace and working environment, as well as any claims for bodily injury including death, or property damage arising from use or operation of any Client vehicle, machinery, or equipment owned, leased, or non-owned by Company employee, and for any incident related to a breach of this agreement, or as a result of any intentional or negligent act of Client, or Company employee while rendering service for Client. Client understands that Company holds a general liability policy, an automobile liability policy, and a workers’ compensation policy; any additional professional liability policy that is required by law for Client’s specific business needs to name Hire Up Staffing Services as an additional insured to cover any Company employees for such professional claims.

PAYMENT: Hire Up Staffing Services agrees to the net (30) day payment terms. After 30 days, an additional 30-day grace period will be granted before late fee is applied. Any payments received after grace period will be considered in default and will accrue interest at 3% of the invoice value for each 30-day increment past the invoice date. Invoices that are charged off after 90 days of non-payment from the invoice date will incur a Charge Off Fee which is 10% of the charged off balance in addition to any accumulated interest. Interest will continue to accrue on the delinquent balance for each 30-day increment until all past due invoices are paid. Payment methods include Checks and ACH payments which are accepted at no additional charge, as long as the payments are received prior to the default date.

INVOICING/PAYROLL: Payroll is processed after the week ending, with is each Sunday. Temporary employees are required to electronically submit timecards via the Company timecard system. The Company timecard system will list the Timecard Supervisor that has been reported to the Company by the Client. Client understands that it is their responsibility to review each weekly timecard timely and submit an approval or rejection no later than the close of the business day on Monday (or sometimes earlier due to Company holiday schedule). Timecards that are not reviewed by the Timecard Supervisor will be automatically approved each week by the Company. Invoices are submitted electronically via email the day that the timecard is processed and emailed to the billing contact given at the time of the placement, no later than Wednesday. Client has 3 business days from the date of the invoices to report any discrepancies and may incur a \$25 invoice change processing fee should a timecard be approved incorrectly by the Client Timecard Approver or Supervisor.

Next

Bid



IMPERIAL LOCUM SERVICES A.P.C

RFB # 10956

Company Information

IMPERIAL LOCUM SERVICES A.P.C

www.imperiallocum.com

RFB # 10956

FEIN: 46-4769270

Contact Information

Abdul Rashid

Contract Manager

(559) 799-8344 – Direct

(559) 572-6088 – Fax

Email: imperiallocum@imperiallocum.com

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COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - P&C 600 FORM

Issued: 05/11/2021

COUNTY OF SAN DIEGO
SECTION A-P&C 600 FORM
This is not an order

MAIL OR DELIVER TO:

COUNTY OF SAN DIEGO, RFB No. 10956
DEPARTMENT OF PURCHASING & CONTRACTING
5560 OVERLAND AVE., SUITE 270
SAN DIEGO, CA 92123

AWARD WILL BE MADE TO THE LOWEST RESPONSIVE,

RESPONSIBLE BIDDER BASED ON:

- ALL OR NONE
 EACH LOT
 TOTAL PRICE

UNSPSC commodity code: 801116.0600

FOR INFORMATION, PLEASE CONTACT:

JESSICA TRAN, PCS
JESSICA.TRAN@SDCOUNTY.CA.GOV

BID OPENING DATE: MAY 25, 2021
BIDS MUST BE RECEIVED AT THE ABOVE ADDRESS
PRIOR TO 11:00 A.M. ON DATE OF BID OPENING.

PLEASE STATE YOUR LOWEST PRICE
F.O.B. DESTINATION AND BRAND NAME
OR TRADE NAME IF APPLICABLE.
(Please use typewriter or black ink)
YOUR ENVELOPE MUST INCLUDE RFB NO. 10956

DESCRIPTION

THE COUNTY OF SAN DIEGO (COUNTY), DEPARTMENT OF HEALTH AND HUMAN SERVICES
HAS A REQUIREMENT FOR TEMPORARY PHARMACY STAFFING IN ACCORDANCE WITH THE TERMS &
CONDITIONS AND THE STATEMENT OF WORK REFLECTED HEREIN.

INITIAL TERM: ESTIMATED DATE OF AWARD – JUNE 30, 2022
1ST COUNTY OPTION: ESTIMATED JULY 1, 2022 – JUNE 30, 2023
2ND COUNTY OPTION: ESTIMATED JULY 1, 2023 – JULY 1, 2024
3RD COUNTY OPTION: ESTIMATED JULY 1, 2024 – JULY 1, 2025

PRICING SUBMITTED IS TO REMAIN FIRM FOR THE TERM PERIOD IDENTIFIED ABOVE. ALL ITEMS WITHIN
EACH TERM PERIOD MUST BE PRICED TO BE CONSIDERED RESPONSIVE.

ARE YOU ABLE TO COMPLY WITH ALL ITEMS SPECIFIED WITHIN THE SCOPE OF WORK? YES OR NO

BIDDER ACKNOWLEDGES ADDENDUM NO. 1 2 3 4 5

SUBJECT TO ACCEPTANCE WITHIN 90 DAYS

NAME AND ADDRESS OF BIDDER

Imperial Locum Services, APC
1827N, 10th Avenue, Suite 3
Hanford, Ca, 93230

TELEPHONE: NUMBER (559) 799-8344

FAX TELEPHONE: (559) 572-6088

E-MAIL: imperiallocum@imperiallocum.com

PAYMENT TERMS NET 30 DAYS OR % DAY

NAME AND TITLE OF PERSON AUTHORIZED

TO SIGN OFFER:

Abdul Rashid, Contract Manager

SIGNATURE

OFFEROR DATE: 25-May-2021

PRINTED NAME: Abdul Rashid

PRINTED TITLE: Contract Manager

NOTIFICATION OF AWARD -

ACCEPTANCE AS TO ITEM(S) NUMBERED:

(VC No.)

(THIS SECTION FOR COUNTY USE ONLY)

COUNTY OF SAN DIEGO

BY: JOHN M. PELLEGRINO, DIRECTOR DATE:

DEPT OF PURCHASING & CONTRACTING

TOTAL AMOUNT
P&C 600 Form

AWARD NO.

NAME AND TITLE OF CONTRACTING OFFICER

SUBMIT THIS COMPLETED FORM AS PAGE 1 OF THE BID

County of San Diego
Department of Purchasing and Contracting
REPRESENTATIONS AND CERTIFICATIONS

The following representations and certifications are to be completed, signed and returned with the offer (the term "offer" includes a bid, proposal, quote, statement of qualifications, or any other submission to provide goods and/or services).

1. BUSINESS TYPE

For-profit Non-profit Government

2. INTERLOCKING DIRECTORATE

In accordance with Board of Supervisors Policy A-79, if Offeror is a non-profit and will be subcontracting with a related for-profit entity where an interlocking directorate, management or ownership relationship exists, Offeror must list all such entity(ies) on an attached separate sheet, and authorization must be sought from Board of Supervisors. If Offeror is a non-profit and does not submit such a list, Offeror certifies it has not entered into a subcontract relationship with a related for-profit entity.

List Attached? Yes

3. BUSINESS REPRESENTATION

Offeror represents as a part of this offer the following information regarding the ownership, operation, and control of its business:

3.1. Are you a local business with a physical address within the County of San Diego? Yes No

3.2. Are you certified by the State of California as a:

Disabled Veteran Business Enterprise(DVBE)

Certification #: _____

Small Business Enterprise (SBE)

Certification #: _____

3.3. Are you certified by the U.S. Dept Of Veterans' Affairs as:

Veteran Owned Small Business (VOSB)

Certification # _____

Service Disabled Veteran Owned Small Business (SDVOSB)

Certification # _____

3.4. Estimated percentage of work in this offer to be performed or fulfilled locally (within the geographic boundaries of the County of San Diego): _____ %

4. DEBARMENT, SUSPENSION, AND RELATED MATTERS

4.1. Offeror certifies to the best of its knowledge that neither it nor any of its officers:

4.1.1. Are presently debarred, suspended, declared ineligible, or voluntarily excluded from covered transactions by any state, local, or federal department or agency.

4.1.2. Have within a three (3) year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

4.2. Except as allowed for in Section 4.2.5, Offeror hereby certifies to the best of its knowledge that neither it nor any of its officers:

4.2.1 Are presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state, or local) with the commission of any of the offenses enumerated in paragraph 4.1.2 of this certification;

4.2.2 Have within a three (3) year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default;

4.2.3 Are presently the target or subject of any investigation, accusation or charges by any federal, state or local agency or law enforcement, licensing, certification, ethics, or compliance body;

4.2.4 Are proposed for debarment by any state, local, or federal department or agency.

4.2.5 If Offeror is unable to certify Sections 4.2.1, 4.2.2, 4.2.3, or 4.2.4, it certifies that it has disclosed and attached to this Representations and Certifications the reason(s) it cannot do so. The disclosure must include the Section(s), specific relevant facts including dates, contracts, individuals involved, status of actions, and any other relevant information that prevent it from making the requested certification(s). The County reserves the right to disqualify an Offeror based upon information disclosed.

Disclosure Attached? Yes

5. RELATED WORK

Offeror certifies to the best of its knowledge that, other than as disclosed in an attached separate sheet, it and its proposed subcontractors, agents, and consultants have not previously contracted with the County to perform work on or related to this project (e.g. preparing related studies or recommendations, components of the statement of work, or plans and specifications).

Disclosure Attached? Yes

6. CURRENT COST OR PRICING

Offeror certifies to the best of its knowledge that cost and/or pricing data submitted with this offer, or specifically identified by reference if actual submission of the data is impracticable, are accurate, complete, and current as of the date signed below.

7. INDEPENDENT PRICING

Offeror certifies that in relation to this offer:

7.1. The prices in this offer have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with other offerors, with any competitors, or with any County employee(s) or consultant(s) involved in this or related procurements;

7.2. Unless otherwise required by law, the prices that have been quoted in this offer have not been knowingly disclosed by the Offeror and will not knowingly be disclosed by the Offeror prior to opening, in the case of a bid, or prior to award, in the case of a proposal, directly or indirectly to any other Offeror or to any competitor or with any County employee(s) or consultant(s) involved in this or related procurements; and

7.3. No attempt has been made or will be made by the Offeror to induce any other person or firm to submit or not to submit an offer for the purpose of restricting competition.

8. ADDITIONAL DISCLOSURES

Offeror shall report in writing to the County Department of Purchasing and Contracting within five business days of discovering or having any reason to suspect any change in status as certified in the preceding paragraphs. Upon County's request, Offeror shall provide additional information supporting Offeror's Representations and Certifications. Offeror's obligations under this Section 8 shall continue until Offeror is no longer under consideration for award of a contract, or until termination or expiration of any resulting contract(s).

CERTIFICATION

The information furnished in Paragraphs 1 through 8 and in the accompanying offer is certified to be factual and correct as of the date submitted and this certification is made under penalty of perjury under the laws of the State of California.

Name: ABDUL RASHID

Signature: _____

Title: MANAGER

Date: _____

5/25/21

Company/Organization: _____

SUBMIT THIS FORM AS DIRECTED IN THE REQUEST FOR SOLICITATION DOCUMENTS OR WITH THE OFFER

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - NONDISCLOSURE INDEMNIFICATION AGREEMENT

IF OFFEROR SUBMITS EXHIBIT CONFIDENTIAL/PROPRIETARY, THE FOLLOWING NONDISCLOSURE INDEMNIFICATION AGREEMENT MUST BE COMPLETED, SIGNED AND RETURNED WITH THE OFFER

This indemnification agreement ("Agreement") is made and entered into by and between the County of San Diego ("County") and Offeror Company/Organization Name: Imperial Locum Services, APC
("Offeror") with reference to the following facts:

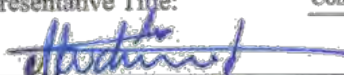
WHEREAS the County may receive a request for disclosure of Offeror's submission under the California Public Records Act, Government Code Section 6250, et seq.; and

WHEREAS, Offeror has included in its submission an exhibit entitled "*EXHIBIT - CONFIDENTIAL/PROPRIETARY*" containing records that Offeror has determined to constitute trade secrets or other proprietary information exempt from disclosure under the California Public Records Act; and

WHEREAS the County requires defense and indemnity from Offeror for the County's ongoing non-disclosure of Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*;

NOW, THEREFORE, for good and valuable consideration and the mutual promises contained herein, the parties agree to the following:

1. The above recitals are incorporated herein by this reference.
2. Except as otherwise provided herein, the County will not release Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY* based on Offeror's representation that the records contained therein are proprietary and exempt from disclosure under the California Public Records Act and/or are trade secrets as that term is defined in Government Code Section 6250, et seq. Notwithstanding the foregoing, however, the County may release Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY* in the event of any of the following:
 - a. Offeror fails to comply with the terms and conditions of this Agreement; or
 - b. Offeror provides the County with written notice that some or all of the records may be released; or
 - c. A court of competent jurisdiction orders the County to release the records and the County has exhausted or waived its appeal rights.
3. To the fullest extent allowed by law, the County shall not be liable for, and Offeror shall defend and indemnify County and its Board of Supervisors, officers, directors, employees and agents of County (collectively "County Parties"), against any and all claims, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees (whether incurred by County attorneys or attorneys employed by County) and court costs (hereinafter collectively referred to as "Claims"), related to Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*.
4. Offeror waives any and all claims in law or equity and hereby releases the County Parties from any and all claims, deductibles, self-insured retentions, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees and court costs, which arise out of or are in any way connected to Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*.

TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE OFFEROR	
Offeror Company/Organization Name:	<u>Imperial Locum Services, APC</u>
Authorized Representative Name:	<u>Abdul Rashid</u>
Authorized Representative Title:	<u>Contract Manager</u>
Signature: 	Date: <u>25-May-2021</u>

SUBMIT THIS COMPLETED FORM AS PAGE 3 OF THE BID

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 TEMPORARY PHARMACY STAFFING

SECTION A - PRICING SCHEDULE

Pricing shall remain fixed during each separately priced initial year and option period(s). Each hourly rate shall be all inclusive meaning that no additional or extra costs will be paid to Contractor for temporary staffing. Hourly rate is the only pricing allowed on any invoices submitted to County. Estimated annual averages of hours are based on historical data and there is no guarantee of hours for requested services under this contract. Contractor

1. RATES FOR INITIAL TERM: EST. JULY 1, 2021– JUNE 30, 2022						
Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1	Pharmacy Manger	80	64.98	15%	74.73	5978.16
2	Pharmacist	280	57.98	22%	70.74	19805.97
2	Pharmacy Technician	560	22.98	23%	28.27	15828.62
Total Monthly						41612.75
Initial Term July 1, 2021- June 30, 2022 Total (Multiply Monthly Total by 12)						499353.02

2. RATES FOR INITIAL TERM: EST. JULY 1, 2021– JUNE 30, 2022						
Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1	Pharmacy Manger	80	64.98	15%	74.73	5978.16
2	Pharmacist	280	57.98	22%	70.74	19805.97
2	Pharmacy Technician	560	22.98	23%	28.27	15828.62
Total Monthly						41612.75
Year 1: July 1, 2022-June 30, 2023 Total (Multiply Monthly Total by 12)						499353.02

3. RATES FOR INITIAL TERM: EST. JULY 1, 2021– JUNE 30, 2022						
Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1	Pharmacy Manger	80	64.98	17%	76.03	6082.13
2	Pharmacist	280	58.98	22%	71.96	20147.57
2	Pharmacy Technician	560	23.98	23%	29.50	16517.42
Total Monthly						42747.12
YEAR 2: JULY 1, 2023-JUNE 30, 2024 Total (Multiply Monthly Total by 12)						512965.44


4. RATES FOR INITIAL TERM: EST. JULY 1, 2021– JUNE 30, 2022						
Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1	Pharmacy Manger	80	64.98	17%	76.03	6082.13
2	Pharmacist	280	58.98	22%	71.96	20147.57
2	Pharmacy Technician	560	23.98	23%	29.50	16517.42
Total Monthly						42747.12
YEAR 3: JULY 1, 2024-JUNE 30, 2025 Total (Multiply Monthly Total by 12)						512965.44

payments will be reimbursed according to the following Payment Schedule:

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 TEMPORARY PHARMACY STAFFING

5. CONTRACT TERMS

EST. CONTRACT TERM	TOTAL AMOUNT
INITIAL TERM TOTAL JULY 1, 2021-JUNE 30, 2022	\$ 499353.02
FIRST OPTION YEAR TOTAL JULY 1, 2022-JUNE 30, 2023	\$ 499353.02
SECOND OPTION YEAR TOTAL JULY 1, 2023- JUNE 30, 2024	\$ 512965.44
THIRD OPTION YEAR TOTAL JULY 1, 2024- JUNE 30, 2025	\$ 512965.44
GRAND TOTAL (BASIS OF AWARD)	\$ 2024636.93

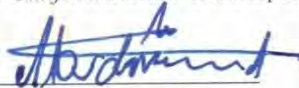
COMPANY: Authorized Representative: Authorized Representative Signature: Phone: Email:	Imperial Locum Services A.P.C
	Abdul Rashid
	
	(559)799-8344
	Imperiallocum@imperiallocum.co

6. INVOICES SUBMITTED SHALL CONTAIN THE FOLLOWING:

a. Certification:
I certify that the above deliverables and/or services were delivered and/or performed specifically for this Agreement in accordance with the terms and conditions set forth herein.

I further certify, under penalty of perjury under the laws of the State of California, that no employee or entity providing services under the terms and conditions of this Agreement is currently listed as debarred, excluded, suspended, or ineligible on the Federal System for Award Management (SAM: <http://SAM.gov>), the Federal Health and Human Services Office of Inspector General List of Excluded Individuals/Entities (LEIE: <http://exclusions.oig.hhs.gov>), or the State of California Medi-Cal Suspended and Ineligible list (www.medi-cal.ca.gov).

ABDUL RASHID
 Printed Name


 Signature

5/25/24
 Date

RFB 10956 Imperial Locum Services.

SUBMIT THIS COMPLETED FORM AS PAGE 4 OF THE BID

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956 DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - DVE SUBCONTRACTOR PARTICIPATION SUMMARY

This DVB Subcontractor Participation Summary is required to document Bidder's/Offeror's (Offeror) compliance with the DVB participation goals set forth in Board Policy B-39a.

All Offerors must complete this section	
Offeror:	Imperial Locum Services, APC
Offeror's Representative:	Abdul Rashid

Exemptions (complete only if Offeror qualifies for one of the exemptions below)	
Offeror is exempt from DVB Subcontractor Participation Requirements in accordance with Board Policy B-39a because Offeror is a:	
<input type="checkbox"/>	Government Agency
<input type="checkbox"/>	Nonprofit Organization
<input checked="" type="checkbox"/>	Small Business Enterprise (SBE), pursuant to Board Policy B-53 State of California SBE Certification #: <u>2012438</u> <small>311 Staffing Solutions, LLC-Subcontractor Commercially Useful Function Attached</small>
<input type="checkbox"/>	Veteran Owned Business (VOB), pursuant to Board Policy B-39a
VOB status due to certification as a:	
<input type="checkbox"/>	DVB - State of California Certification #: _____
<input type="checkbox"/>	VOSB - U.S. VA Certification #: _____
<input type="checkbox"/>	SDVOSB - U.S. VA Certification #: _____

DVB Compliance (complete if Offeror claimed no exemption above)

- Offeror will self-perform 100% of the services.
- Complete and attach DVB Subcontractor Participation Plan
- Complete and attach Documentation of Good Faith Effort (Optional if Offeror has met or exceeded the 3% DVB Subcontractor Participation goal)

Offeror must provide additional supporting documentation upon request.

THIS FORM SHALL BE SUBMITTED WITH BID

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - DVE SUBCONTRACTOR PARTICIPATION PLAN

Offeror: Imperial Locum Services, APC Offeror Representative: Abdul Rashid

Project Title: RFB 10956 Medical Staffing Services

ITEM NO.	DESCRIPTION OF WORK, SERVICE OR MATERIAL	NAME, ADDRESS, TELEPHONE NUMBER AND CERTIFICATION NUMBER OF CERTIFIED DVB TO BE USED	DOLLAR AMOUNT TO BE PAID THIS DVB
	NOT APPLICABLE	Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
TOTAL AMOUNT TO CERTIFIED DVB			\$

Use additional sheets if necessary. Compute utilization on last sheet.

Sheet _____ of _____ (complete if submitting more than one sheet)

COMPUTATION OF UTILIZATION AND COMPARISON WITH THE SUBCONTRACTOR PARTICIPATION GOAL	
$\frac{\text{Total Amount to Certified DVB}}{\text{Total Bid/Proposal}} \times 100 = \text{Percent of Utilization}$	Goal = 3%
<hr style="width: 50%; margin: 0 auto;"/> $\times 100 = \underline{\hspace{2cm}}\%$	Submit Documentation of Good Faith Effort if goal is not met.

THIS FORM SHALL BE SUBMITTED WITH BID ON THE DUE DATE

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - DOCUMENTATION OF GOOD FAITH EFFORT- Page 1 of 2

A. List potential DVBs that the Offeror solicited for participation in this contract along with dates. Use additional sheets if necessary.

	Certified DVB Firm	Date of Contact (Mail, Fax, Telephone, etc)	Responded (Yes/No)
1.	NOT APPLICABLE		
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Sheet _____ of _____ (complete if submitting more than one sheet)

B. DVB Solicitations

Solicitation Sample:

Offeror must attach a sample of the solicitation sent to certified DVB firms. If phone contact was made, document conversation: date, time, contact person, and business opportunities discussed.

THIS FORM SHALL BE SUBMITTED WITH BID ON THE DUE DATE

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

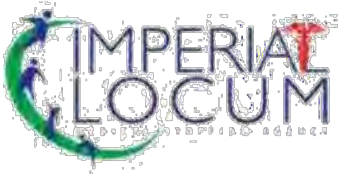
DOCUMENTATION OF GOOD FAITH EFFORT- Page 2 of 2

Identification of: (1) All DVBs that submitted bids/proposals, (2) The qualifying certification (DVB or SDVOSB), (3) Nature of work/supplies/services offered that are not accepted, (4) Dollar amounts of the DVBs bids/proposals not accepted, (5) Subcontractors and/or suppliers that will be used instead of the DVBs, (6) Dollar amounts of these subcontractors and/or suppliers’ bids/proposals, and (7) The reason for the bidder/offeror not accepting the DVB’s bid/proposal. Use additional sheets if necessary.

Name of DVB (1)	Certification (DVB/SDVOSB) (2)	Nature of Work (3)	DVB Bids/Offer(\$) (4)	Subcontractor/Supplier to be used (5)	Bid/Proposal Amount Accepted (6)	Reason Not Accepted (7)
NOT APPLICABLE						

Sheet _____ of _____ (complete if submitting more than one sheet)

THIS FORM SHALL BE SUBMITTED WITH BID ON THE DUE DATE



IMPERIAL LOCUM SERVICES A.P.C

RFB # 10956

Supporting Documents

IMPERIAL LOCUM SERVICES A.P.C

www.imperiallocum.com

RFB # 10956

FEIN: 46-4769270

BIDDER DECLARATION

1. Prime bidder information (Review attached Bidder Declaration Instructions prior to completion of this form):

- a. Identify current California certification(s) (MB, SB, NVSA, DVBE): _____ or None (If "None," go to Item #2)
- b. Will subcontractors be used for this contract? Yes No (If yes, indicate the distinct element of work your firm will perform in this contract e.g., list the proposed products produced by your firm, state if your firm owns the transportation vehicles that will deliver the products to the State, identify which solicited services your firm will perform, etc.). Use additional sheets, as necessary.

Administration. Payroll. Credentialing. Recruiting

- c. If you are a California certified DVBE: (1) Are you a broker or agent? Yes No
 (2) If the contract includes equipment rental, does your company own at least 51% of the equipment provided in this contract (quantity and value)? Yes No N/A

2. If no subcontractors will be used, skip to certification below. Otherwise, list all subcontractors for this contract. (Attach additional pages if necessary):

Subcontractor Name, Contact Person, Phone Number & Fax Number	Subcontractor Address & Email Address	CA Certification (MB, SB, NVSA, DVBE or None)	Work performed or goods provided for this contract	Corresponding % of bid price	Good Standing?	51% Rental?
3.11 Staffing Solution, LLC Amina Ahmad 917-259-8076 (ph) 888-548-4946 (fax)	2660 W. Yale Ave. Anaheim, Ca. 92801 311staffing@311staffing.com	SB-2012438	Provide Staffing Services	25%	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION: By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.

 Page 1 of 1

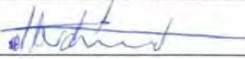
COMMERCIALLY USEFUL FUNCTION (CUF) CERTIFICATION FORM

Solicitation Number: | RFB 10956

Every certified SB, MB & DVBE must complete this form if they will perform an element of the work.

1. CONTRACTOR NAME (Completing Form)		
"DOING BUSINESS AS" (DBA) NAME:	OSDS REF # (Currently certified firms only):	Expiration Date:
3.11 Staffing Soutlions, LLC	2012438	10/30/2021
2. COMMERCIALLY USEFUL FUNCTIONS (CUF)		
All certified Small Business, Micro Business, and/or DVBE prime contractors, subcontractors or suppliers must meet the commercially useful function requirements under Government Code, Section 14837 (d)(4) (for SB) and Military and Veterans Code, Section 999(b)(5)(B) (for DVBE).		
Please answer the following questions, as they apply to your company for the goods and services being acquired in this solicitation:		
Mark all that apply: DVBE <input type="checkbox"/> Small Business <input checked="" type="checkbox"/> Micro Business <input type="checkbox"/>		
1	If awarded a contract, will your business be responsible for the execution of a distinct element of the resulting work?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2	If awarded a contract, will your business carry out the obligation of the contract by actually performing, managing, or supervising the work involved?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3	If awarded a contract, will you perform work that is normal for your business, service and functions?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
4	If awarded a contract, will your business subcontract a portion of the work greater than would be expected by normal industry practices?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5	If awarded a contract, will your business role be limited to that of an extra participant in a transaction, contract, or project through which funds are passed in order to obtain the appearance of SB and/or DVBE participation?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
A response of "No" in questions 1-3 or a response of "Yes" in question 4 may result in your quote being deemed non-responsive and disqualified.		
3. WRITTEN STATEMENT		
Provide a written statement below detailing the role, services and goods your company will provide to meet the commercially useful function requirement. At the State's option prior to award, you may be required to submit additional clarifying information		
3.11 Staffing Solutions is a medical staffing company which works to recruit medical, paramedical and medical affiliated professionals in associated programs in Department of State Hospitals throughout California. Indeed, 3.11 Staffing Solutions, LLC has out reach its medical expertise providing medical staffing in Veterans Homes. 3.11 Staffing Solutions, LLC has also been proving medical professionals in correctional facilities in counties and rural areas throughout California.		
Our primary focus is making sure that all of our providers' needs are always met both during the hiring process and during the years after. We not only work on building a professional relationship with our providers, but also focus on maintaining a personal rapport. We are able to maintain strong relationships with our providers and our providers help us expand our networks greatly by recommending our outstanding services to their peers.		

COMMERCIALLY USEFUL FUNCTION (CUF) CERTIFICATION FORM
CV 012 (REV. 08/2016)

AUTHORIZING SIGNATURE (REQUIRED)	
The signatory of this document must be the certified business owner (or authorized representative in the case of a corporation) and as such, hereby certifies under penalty of perjury under the laws of the State of California that all information provided herein is truthful and accurate.	
AUTHORIZED REPRESENTATIVE SIGNATURE:	TITLE:
	Contract Manager
PRINTED NAME:	DATE:
Abdul Rashid	April 7, 2021

Printed on: 4/8/2021 8:30:50 AM

To verify most current certification status go to: <https://www.caleprocure.ca.gov>



Imperial Locum Services, APC
P.O. Box 1724
Hanford, CA 93232

Office of Small Business & DVBE Services

Certification ID: 2012438

Legal Business Name:

3.11 STAFFING SOLUTIONS LLC

Doing Business As (DBA) Name 1:

Doing Business As (DBA) Name 2:

Address:

2660 W YALE AVE
ANAHEIM
CA 92801

Email Address:

311staffing@311staffing.com

Business Web Page:

Business Phone Number:

917/259-8076

Business Fax Number:

Business Types:

Service

Certification Type	Status	From	To
SB(Micro)	Approved	10/13/2018	10/31/2021

Stay informed! KEEP YOUR CERTIFICATION PROFILE UPDATED!

-LOG IN at [CaleProcure.CA.GOV](https://www.caleprocure.ca.gov)

Questions?

Email: OSDSHELP@DGS.CA.GOV

Call OSDS Main Number: 916-375-4940

707 3rd Street, 1-400, West Sacramento, CA 95605



BUSINESS TAX CERTIFICATE

POST CERTIFICATE IN A CONSPICUOUS PLACE

This certificate is not transferable or assignable. This certificate evidences that the person(s), firm or entity named herein paid the applicable tax required by Title 3 of the Anaheim Municipal Code for the period indicated and is not a regulatory permit or entitlement to do business. There may be additional requirements before the business may be legally conducted. This certificate does not authorize the conduct or continuance of any illegal or unlawful operation in violation of any law or ordinance.

Business: **3.11 STAFFING SOLUTIONS LLC**
Address: **2660 W YALE AVE**
Owner / Officer: **AMINA R AHMAD-KHAN, MANAGER**
Corporation / Partnership: **3.11 STAFFING SOLUTIONS LLC**

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Classification: **3122**

This certificate is issued without verification that the holder is subject to or exempted from licensing by the state, county, federal government or any other governmental agency.

Expiration Date: **04/13/21**

Date Issued: **05/11/20**

Business License Number: **BUS2018-03072**

Type of Business: **OFFICE USE ONLY FOR MEDICAL STAFFING (NO EMPLOYEES)**

To: **3.11 STAFFING SOLUTIONS LLC
2660 W YALE AVE
ANAHEIM, CA 92801 0000**

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:
The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx
The Department of Rehabilitation at www.rehab.cahwnet.gov
The California Commission on Disability Access at www.cdda.ca.gov

Imperial Locum Services, APC
P.O. Box 1724
Hanford, CA 93232



Secretary of State
Articles of Organization
 Limited Liability Company (LLC)

LLC-1

201811610470 APC 0

P.O. Box
 Hanford, CA 93232

FILED RAB / LIA
 Secretary of State
 State of California

APR 13 2018

AM

IMPORTANT — Read Instructions before completing this form.

Filing Fee — \$70.00

Copy Fees — First page \$1.00; each attachment page \$0.50;
 Certification Fee - \$5.00

Note: LLCs may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to <https://www.ftb.ca.gov>.

1pc / 1cc

This Space For Office Use Only

1. Limited Liability Company Name (See Instructions – Must contain an LLC ending such as LLC or L.L.C. "LLC" will be added, if not included.)

3.11 STAFFING SOLUTIONS, LLC

2. Business Addresses

a. Initial Street Address of Designated Office in California - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
2660 W YALE AVE	ANAHEIM	CA	92801
b. Initial Mailing Address of LLC, if different than item 2a	City (no abbreviations)	State	Zip Code

3. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL — Complete Items 3a and 3b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix
AMINA		AHMAD	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)	State	Zip Code
2660 W YALE AVE	ANAHEIM	CA	92801

CORPORATION — Complete Item 3c. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 3a or 3b

4. Management (Select only one box)

The LLC will be managed by:

One Manager
 More than One Manager
 All LLC Member(s)

5. Purpose Statement (Do not alter Purpose Statement)

The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.

6. The Information contained herein, including in any attachments, is true and correct.

Organizer sign here

AMINA AHMAD
 Print your name here

Imperial Locum Services, APC
P.O. Box 1724
Hanford, CA 93232
20-B13732

 <p>Secretary of State Statement of No Change (Limited Liability Company)</p>	LLC-12NC
	<p>IMPORTANT — Read instructions before completing this form. This form may be used only if a complete Statement of Information has been filed previously and there has been no change.</p> <p>Filing Fee – \$20.00</p> <p>Copy Fee – \$1.00; Certification Fee – \$5.00 plus copy fee</p>

FILED

In the office of the Secretary of State
of the State of California

MAR 07, 2020

This Space For Office Use Only

1. Limited Liability Company Name (Enter the exact name of the LLC as it is recorded with the California Secretary of State. Note: If you registered in California using an alternate name, see instructions.)

3.11 STAFFING SOLUTIONS, LLC

<p>2. 12-Digit Secretary of State File Number</p> <p style="text-align: center;">201811610470</p>	<p>3. State, Foreign Country or Place of Organization (only if formed outside of California)</p> <p style="text-align: center;">CALIFORNIA</p>
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4. No Change Statement (Do not alter the No Change Statement. If there has been any change, please complete a Statement of Information (Form LLC-12).)

There has been no change in any of the information contained in the previous complete Statement of Information filed with the California Secretary of State.

5. The information contained herein is true and correct.

03/07/2020	Amina Ahmad-Khan	Member Manager	
Date	Type or Print Name of Person Completing the Form	Title	Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document, enter the name of a person or company and the mailing address. This information will become public when filed. (SEE INSTRUCTIONS BEFORE COMPLETING.)

Name: []

Company:

Address:

City/State/Zip: []

P.O. Box 1724
Hanford, CA 93232

3639988

FILED
Secretary of State
State of California

JAN 23 2014

ARTS-GS

**Articles of Incorporation of a
General Stock Corporation**

To form a **general stock corporation** in California, you can fill out this form or prepare your own document, and submit for filing along with:

- A **\$100** filing fee.
- A separate, non-refundable **\$15** service fee also must be included, if you drop off the completed form or document.

Important! Corporations in California may have to pay a minimum \$800 yearly tax to the California Franchise Tax Board. For more information, go to <https://www.ftb.ca.gov>.

Note: Before submitting the completed form, you should consult with a private attorney for advice about your specific business needs.

1CC This Space For Office Use Only

For questions about this form, go to www.sos.ca.gov/business/be/filing-tips.htm.

Corporate Name (List the proposed corporate name. Go to www.sos.ca.gov/business/be/name-availability.htm for general corporate name requirements and restrictions.)

① The name of the corporation is Imperial Locum Services, Inc.

Corporate Purpose

② The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code.

Service of Process (List a California resident or an active 1505 corporation in California that agrees to be your initial agent to accept service of process in case your corporation is sued. You may list any adult who lives in California. You may not list your own corporation as the agent. Do not list an address if the agent is a 1505 corporation.)

③ a. Zahir Ahmad

Agent's Name

b. 378 W. Fargo Ave.

Agent's Street Address (if agent is not a corporation)

Hanford

City (no abbreviations)

CA 93230

State Zip

Corporate Addresses

④ a. 378 W. Fargo Ave.

Initial Street Address of Corporation

Hanford

City (no abbreviations)

CA 93230

State Zip

b.

Initial Mailing Address of Corporation, if different from 4a

City (no abbreviations)

State Zip

Shares (List the number of shares the corporation is authorized to issue. Note: Before shares of stock are sold or issued, the corporation must comply with the Corporate Securities Law of 1968 administered by the California Department of Corporations. For more information, go to www.corp.ca.gov or call the California Department of Corporations at (213) 576-7500.)

⑤ This corporation is authorized to issue only one class of shares of stock.

The total number of shares which this corporation is authorized to issue is 1,500

This form must be signed by each incorporator. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are made part of these articles of incorporation.


Incorporator - Sign here

Carri Brown

Print your name here

Make check/money order payable to: **Secretary of State**

Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a \$5 certification fee.

By Mail

Secretary of State
Business Entities, P.O. Box 944260
Sacramento, CA 94244-2600

Drop-Off

Secretary of State
1500 11th Street, 3rd Floor
Sacramento, CA 95814

ncto

Imperial Locum Services, APC
P.O. Box 1724
Hanford, CA 93232

A0755217

FILED
Secretary of State
State of California

[Handwritten initials]

1cc **MAY 02 2014**

3639988

CERTIFICATE OF AMENDMENT OF ARTICLES OF INCORPORATION

[Handwritten mark]

The undersigned certify that:

ITEM I

They are the president and the secretary, respectively, of Imperial Locum Services, Inc. a California corporation.

ITEM II

Articles I and II of the Articles of Incorporation of this corporation is amended to read as follows:

1. The name of the corporation is Imperial Locum Services, A.P.C.
2. The purpose of the corporation is to engage in the **PROFESSION OF MEDICINE** and any other lawful activities (other than the banking or trust company business) not prohibited to a corporation engaging in such profession by applicable laws and regulations.
This corporation is a professional corporation within the meaning of Part 4, Division 3, Title 1, California Corporations Code.

ITEM III

The foregoing amendment of Articles of Incorporation has been duly approved by the board of directors.

ITEM IV

The foregoing amendment of Articles of Incorporation has been duly approved by the required vote of shareholders in accordance with Section 902, California Corporations Code. The total number of outstanding shares of the corporation is 1000. The number of shares voting in favor of the amendment equaled or exceeded the vote required. The percentage vote required was more than 50%.

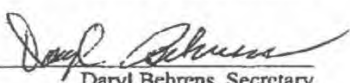
We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Date: 9/28/14

Signed:



Zahir Ahmad, President



Daryl Behrens, Secretary

My Corporation Business Services, Inc. Los Angeles County LDA # LDA-583 exp. 4/2/14



**State of California
Secretary of State**

S

**Statement of Information
(Domestic Stock and Agricultural Cooperative Corporations)**

**FEES (Filing and Disclosure): \$25.00.
If this is an amendment, see instructions.**

IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

Imperial Locum Services, APC
P.O. Box 1724
Hanford, CA 93232

GB70532

FILED

In the office of the Secretary of State
of the State of California

DEC-30 2019

1. CORPORATE NAME

IMPERIAL LOCUM SERVICES, A.P.C.

2. CALIFORNIA CORPORATE NUMBER

C3639988

This Space for Filing Use Only

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)

3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to **Item 17.**

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

7. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
8. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
9. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE

Names and Complete Addresses of All Directors, including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

10. NAME	ADDRESS	CITY	STATE	ZIP CODE
11. NAME	ADDRESS	CITY	STATE	ZIP CODE
12. NAME	ADDRESS	CITY	STATE	ZIP CODE

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

Agent for Service of Process If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS

15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STATE ZIP CODE

Type of Business

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

12/30/2019 ZAHIR AHMAD PRESIDENT
DATE TYPE/PRINT NAME OF PERSON COMPLETING FORM TITLE SIGNATURE

SI-200 (REV 01/2013)

APPROVED BY SECRETARY OF STATE

Imperial Locum Services, APC
P.O. Box 1724
Hanford, CA 93232

Reply | Delete | Junk | ...

RE: Imperial Locum Permission to Operate at 1827 North 10th Ave # 3.

YN Yang, Kao Nou
Yesterday, 3:32 PM
You

Reply | ...

Inbox

This message was sent with high importance

Evernote Wunderlist

Eg. to city Lic

Good Afternoon,

As per your inquiry, the location 1827 10th Avenue, Hanford, Assessor Parcel Number: 014-151-029 is located in Residential (R-1) Single Family Zone District. The use of a home office for an online business where no direct customer contact would be considered a Home Occupation- Minor. A Home Occupation Minor as described in Article 11 Section 1102.A of the Kings County Development Code is a permitted use by right and would not require a zoning permit, as per Article 5 Table S-1 of the Kings County Development Code, if abide by the regulations of said Article 11 Section 1102.A.

If you should have any questions, please contact me or The Kings County Community Development Agency (559) 852-2670.

Kao Nou Yang, County Planner
County of Kings, Community Development Agency
1400 W. Lacey Blvd Building #6
Hanford, CA 93230
Tel: (559) 852-2673
E-Mail: Kao.yang@co.kings.ca.us

From: Dr. Ahmad [mailto:zehir01@hotmail.com]

Sent: Monday, October 24, 2016 1:49 PM

To: Yang, Kao Nou

Cc: Dr. Ahmad

Subject: Imperial Locum Permission to Operate at 1827 North 10th Ave # 3.

Good Afternoon,

Imperial Locum Services is a staffing agency the head office located at 1827 N. 10th Ave # 3., Hanford, CA 93230. The head office is used only online business and paperwork for example; Invoicing, bidding, etc. There is no client coming to this location. We just want to make sure as per your residential zoning district page 5 of 5. That home occupation minor No Permit is required such like business conducted by Imperial locum services as described above. Please reply back to confirm this. Thank you very much.



FICTITIOUS NAME PERMIT

Valid Until: 07/31/2022

Permit No. FNP543802

Receipt No. 47713

IMPERIAL LOCUM SERVICES, APC.
1827 N 10TH AVE UNIT 3
HANFORD, CA 93230-2299

In accordance with the provisions of Section 2415 of the Business and Professions Code, the medical practice named hereon is issued a Fictitious Name Permit.

----- NON-TRANSFERABLE -----

----- POST IN PUBLIC VIEW -----

WMQFNP 07/2013

Imperial Locum Services, APC
P.O. Box 1724
Hanford, CA 93232



IMPERIAL LOCUM SERVICES, APC.
1827 N 10TH AVE UNIT 3
HANFORD CA 93230-2299

Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento CA 95815

DESCRIPTION OF PROPOSED SERVICES

1. Services

Imperial Locum Services A.P.C, is a medical staffing agency based in Central California since March 1st 2014. Imperial Locum Services A.P.C started with little to nothing gradually and steadily have achieved many beneficial milestones over the seven years. Our great services and competitive rates have allowed us to submit providers at greater facilities such as the Department of State Hospitals California, Correctional Facilities throughout California, Department of Mental Health Los Angeles, Los Angeles County Jail, Tulare County Adult Clinic affiliated with residency programs, Porterville Development Center, Aspirant and a private organization.

Within these facilities we have implemented a broad network of experienced providers. The early stages of our development begin with one of our many forms of advertisements. We advertise in most of the popular psychiatric journals and magazines in the country. We do this monthly and constantly update our rates and signing bonuses to maintain preference within market trends. We also maintain our very own websites and associate marketing partners which benefits to drive attention directly to us. We distribute weekly and monthly newsletters and updates to all our new, existing, and potential providers. Despite all the available resources, we have been blessed with our network of providers by their referrals and word of mouth for the Imperial Locum Services A.P.C.

Our recruitment process starts from one of our many marketing channels. Our extensive advertisement program allows us to communicate and connect with a variety of qualified providers that are vetted by our experienced recruitment team. Every member of our team has been thoroughly trained to make sure things do not go unnoticed. Once we connect with a provider, we immediately evaluate their resume as well as conduct a thorough background check. We ensure that their credentials are legitimate as well as any other type of license that they might possess. We prefer all our psychiatrist providers to be board certified however we always leave this to the discretion of the facility requesting services.

We keep our providers/candidates and employees happy and working same place by paying them the top dollars and supporting them with utmost best, diligent and courteous staff support with availability of 24/7. With proven record of providing best and quality staffing services. we also consider that it should be cost effective to the State facility as well.

We believe that every best effort is countable to provide best health care to our community and we work to find good providers for the facility with our experienced recruitment team. We are confident that Imperial Locum Services A.P.C will be valuable for San Diego County Psychiatric Hospital too.

2. **Quality Check:**

Imperial Locum Services has been diligently working, resourcing, and implementing for the prospective providers and paramedical staff to meet their requirements and standards of San Diego County Psychiatric Hospital with the vast majority of cutting-edge innovative technology and solutions to meet the clinical tasks. As a Physician, I fulfill my passion as a duty and responsibility to provide Qualified, Certified medical professionals using various tools to Guarantee Quality for California Health Care System.

2.1 **Training and Credentials of Psychiatrist and Medical Staff**

Imperial Locum Services' administrative team maintains dated records to screen, qualify, and verify provider candidates. When a provider is servicing a current assignment Imperial Locum Services' administrative team consistently verifies licenses and records.

1. Imperial Locum Services' professional recruiting consultants, support coordinators, and credentialing specialist screen, qualify and verify every candidate using the extremely detailed process described below and following the stringent guidelines specific to each medical specialty put in place by Imperial Locum Services.
 - The guidelines mentioned, are applied to every provider presented or placed at a facility. These guidelines are not just medical malpractice insurance guidelines but serve as our own internal review/approval guidelines for working with a physician candidate.
2. Verbal Screen: Every physician candidate receives an initial verbal screening to include but not limited to:
 - Medical School and Graduate Training.
 - Board Certification or Board Eligibility
 - Additional Certifications such as Advance Cardio Life Support (ACLS), Basic Life Support (BLS).
 - Background issues such as previous medical malpractice claims, Medicare/Medicaid sanctions, state medical license issues, substance abuse history, or hospital credential/privilege issues.
3. State Licensure Check: Immediately after completing a verbal screen, every noted state license active or otherwise is checked via Primary Source Verification to verify which licensure is active and determine if any issue exists with a license such as suspension, involuntary termination & conditions, and to check for inconsistencies with the information provided by the physician. Imperial Locum Services' will only present medical professionals in good standing, licensed by the State Board of Medical Examiners to practice medicine.
4. Provider Candidate Application Process: A more formal and thorough paper and electronic applications must then be completed by the physician. This application covers many of the same topics that are covered during the verbal screen, but is much more in-depth, including specifics on education, training, licensure, references, work history, and additional background questions.
5. Verifications: The recruiting consultants, support coordinators, and credentialing specialist screen runs the reports and performs the following verifications and searches:
 - A complete American Medical Association (AMA) and American Osteopathic Association (AOA) profile, if applicable and requested by the facility.

- Education checks to ensure the provider has completed all necessary education and training for the specialty; if needed, Imperial Locum Services contacts specific institutions to verify completion of any required programs.
 - State medical licenses check for active status including any applicable state-controlled substance registrations using each state's medical board online verification source.
 - Diversion Control Division (DEA) check for active status using DEA's online verification service.
 - Excluded Parties List System (EPLS) and Office of Inspector General (OIG), and where applicable National Commission on Certifications of Physician Assistants (NCCPA) and/or American Nurses Credentialing Center (ANCC) check.
 - Board Certification check using the various medical specialty board verification service.
 - National Provider Identifier (NPI) and NPPES registry check.
 - Office of Inspector General List of Excluded Individuals and Entities (LEIE)
 - General Services Administration System for Award Management (SAM)
 - California Medical Assistance Program to cover National Health Program (Medi-Cal)
6. Before hire, appointment or agreement with an individual to do work for Imperial Health, a prior inquiry will be made into the eligibility status of each person to work with Health & Human Services Agency-County of San Diego (HHS) funded position. The inquiry shall include:
- Requiring applicants to disclose whether they have been convicted of a federal/state crime relating to the provision of health care items or services or if they are or have been excluded, debarred, or otherwise considered ineligible for participation in federal government programs; and
 - Reviewing the OIG-LEIE, GSA-SAM and Medi-Cal databases to confirm the prospective employee/physician/ contractor is not excluded or otherwise debarred.
7. Completion of this process shall include:
- Medical Staff Services screening of medical staff applicants.
 - Human Resources Department screening applicants for employment/placement.
 - The Office of Corporate Compliance (OCC) will periodically review results of screenings to identify potential issues.
8. If an individual fails to disclose his excluded status, or it is discovered that he/she is listed on the LEIE or SAM or other exclusion databases, or if an individual is later added to the databases after hire and fails to disclose immediately any debarment, exclusion, or suspension, then any future employment, contractor relationship, or faculty status will be addressed according to Imperial Locum policy including but not limited to disciplinary action and/or termination.
9. Continued Screenings: Medical and mental health staff of Imperial Locum working at San Diego County Psychiatric Hospital shall also be screened bi-annually for excluded status. The names of each individual and entity will be screened against excluded/debarred/suspended/ineligibility on Federal Health and Human Services of Inspector General of list of excluded, individual/entities (LEIE), Federal System of Award Management (SAM) and Medi-Cal databases or the state of California Medi-Cal suspended and ineligible list. The screening results are provided to the Office of Corporate Compliance when issues are identified or applicable action needed.
10. The discovery of ineligibility status or the addition of an individual or contractor to the LEIE, SAM or other databases will disqualify that individual or entity from further employment, or medical staff eligibility. The appropriate department (Human Resources, Medical Staff Services, Procurement, Office of Corporate Compliance, etc.) will notify the individual/entity of the findings and support any disciplinary action deemed appropriate.

11. Procurement screening potential new contractors from Contractor Exclusion or Debarment Screening for Health & Human Services Agency (HHS)
- Imperial Locum contract manager shall screen all contractors prior onboarding the vendor, San Diego County Psychiatric Hospital to verify that the contractor is not an Excluded or Debarred Individual or Entity and include documentation that the contractor is not on either the OIG or SAM lists. If a contractor is identified on either list, the Imperial Locum shall verify the information with the prospective contractor. If the prospective contractor is verified to be on either list, the contract may not be processed.
 - All RFRs issued by Imperial Locum shall provide notice to prospective contractors that no contracts will be issued to Excluded or Debarred Individuals or Entities.
 - If any contractor is confirmed to be an Excluded or Debarred Individual or Entity, The President's Office shall work with the office of corporate compliance of Imperial Locum to determine the appropriate course of action, which may include termination of the contract.

IMPERIAL LOCUM SERVICES A.P.C

Criminal Background Check Policy:

Imperial Locum Services' administrative team annually checks & maintains dated records to screen, qualify, and verify provider, employee, officer, agent, sub-contractor and other medical & non-medical staff. Before and after hiring the provider a current assignment Imperial Locum Services' administrative team consistently verifies licenses, criminal background and other related records.

Imperial Locum Services' professional recruiting consultants, support coordinators, and credentialing specialist screen, qualify and verify every candidate's criminal background annually using the detailed process described below and following the stringent guidelines specific to each medical specialty put in place by Imperial Locum Services.

1. Every service provider has to pass an initial (prior to hire) and ongoing basis screening to include but not limited to the following
 - Reviewing the OIG-LEIE, GSA-SAM and Medi-Cal databases to confirm the prospective employee/physician/sub-contractor is not excluded or otherwise debarred.
 - Office of Inspector General List of Excluded Individuals and Entities (LEIE)
 - Requiring applicants to disclose whether they have been convicted of a federal/state crime relating to the provision of health care items or services or if they are or have been excluded, debarred, or otherwise considered ineligible for participation in federal/state government programs.

2. Imperial Locum Services' background check policy also include a process to document the provider, employee, officer, agent, sub-contractor's background check process prior to placement of staff into any specific position. That includes:
 - Review the Provider Candidate Application Process
 - Education
 - Training
 - Licensure
 - References
 - Work history, and
 - additional background questions.

 - A complete American Medical Association (AMA) and American Osteopathic Association (AOA) profile, if applicable and requested by the facility.

 - Diversion Control Division (DEA) check for active status using DEA's online verification service.

- State medical licenses check for active status
 - Excluded Parties List System (EPLS) and Office of Inspector General (OIG), and where applicable National Commission on Certifications of Physician Assistants (NCCPA) and/or American Nurses Credentialing Center (ANCC) check.
 - Board Certification check using the various medical specialty board verification service.
 - National Provider Identifier (NPI) and NPPES registry check.
 - Completion of this process shall include:
 - Medical Staff Services screening of medical staff applicants.
 - Human Resources Department screening applicants for employment/placement.
 - The Office of Corporate Compliance (OCC-Imperial Locum Services) will periodically review results of screenings to identify potential issues.
3. The discovery of ineligibility status or the addition of an individual or contractor to the LEIE, SAM or other databases will disqualify that individual or entity from further employment, or medical staff eligibility. The appropriate department (Human Resources, Medical Staff Services, Procurement, Office of Corporate Compliance, etc.) will notify the individual/entity of the findings and support any disciplinary action deemed appropriate.
4. Medical and mental health staff of Imperial Locum working at San Diego County Psychiatric Hospital shall also be screened bi-annually for excluded status. The names of each individual and entity will be screened against excluded/debarred/suspended/ ineligibility on Federal Health and Human Services of Inspector General of list of excluded, individual/entities (LEIE), Federal System of Award Management (SAM) and Medi-Cal databases or the state of California Medi-Cal suspended and ineligible list. The screening results are provided to the Office of Corporate Compliance when issues are identified or applicable action needed.

3. Imperial Locum Services A.P.C strategy for recruiting for the DHHS requirements and ensuring the successful executing of the Scope of work

Imperial Locum Services A.P.C adheres to a meticulous onboarding process which would serve as the core foundation of Imperial Locum Services A.P.C approach to complying with the Scope of Work detailed in the Exhibit A of the Sample Agreement. Additionally, the Imperial Locum Services A.P.C Recruitment Team will make themselves fluent with the Scope of Work and its copy will be provided to all the candidates for San Diego County Psychiatric Hospital to ensure that everyone is well-informed and prepared to provide the appropriate care and services required by San Diego County Psychiatric Hospital.

Imperial Locum Services A.P.C recognizes that the knowledge, skills, and determination of its team are the foundation of its strength. Our management along with our team of seasoned Health Care Recruiters, dedicated Staffers, and meticulous credentialing specialists work closely with our clients to ensure smooth service. Our Team is able to adapt and excel with the varying processes and preferences of each of our clients. We pride ourselves on our success in developing long-term quality relationships with our clients and the health care professionals we hire. We are committed to maintaining and building on these strong partnerships with our clients. The delivery of quality service serves as our company's core foundation.

Imperial Locum Services A.P.C recruitment strategy is driven by career management, a proven method that keeps our employees satisfied and working where and when you need them most. This career management approach places an emphasis on education, work experience, competency testing, credentials and skills inventories, including a review of the job description. We have established policies and procedures for all phases of our employee onboarding and retention processes. Our healthcare professionals are screened and evaluated based on our own standard of excellence, which meets or exceeds San Diego County Psychiatric Hospital's requirements. Imperial Locum Services also attends the American Psychiatrist Association annual conventions.

First, the best retention strategy is to recruit high-quality healthcare personnel, pay those attractive wages. Please note, that unlike many healthcare staffing companies, we pay our employees weekly. These elements result in one of the lowest turnover rates in the industry.

Imperial Locum Services A.P.C Recruitment Strategy is driven by career management, not job placement. Imperial Locum Services A.P.C intends to maximize retention to maintain continuity of performance throughout the life of this contract. To meet these goals, Imperial Locum Services A.P.C will utilize

competitive compensation, performance bonuses after certain hours worked milestones are achieved, incentives (for high quality workout put or exceeded expectations); perks (such as bonuses, trips, or other rewards), regular personnel relational meetings (keeping good lines of communication), and Keeping contracts gainfully employed.

The recruitment and retention of dependable psychiatrists, internal medicine, family practitioner, medical doctors, and other advance practice professionals is key to success of the San Diego County Psychiatric Hospital's bid. To be successful, a very strategic, integrated and comprehensive approach is necessary. Psychiatrists and primary care providers are low in supply and high in demand, particular in rural areas and smaller cities. The Challenges San Diego County Psychiatric Hospital faces, as well as other state agencies, particular the state's prison system (CDCR) for filling critical positions are widely known and often the subject of media attention.

4. STAFFING PLAN

Imperial Locum Services is comprised of a team that applies administration services to keep the contractual needs integrated with locum services. The recruiters utilize different amenities to strategically recruit and place suitable mental health professionals for the Emergency Psychiatric Unit to provide locum tenens needs. The recruiters work as a part of the Imperial Locum Services team to provide the services in a timely manner which is advantageous to the San Diego County Psychiatric Hospital.

Flexibility to meet staffing contingencies is one of the primary benefits of the locum tenens services we provide. Our administrative team is available 24/7 to coordinate credentialing, scheduling and support for providers and County Emergency Psychiatric Unit medical/mental health staff.

Our database includes thousands of medical professionals, but most importantly, licensed Psychiatrists that are loyal to our agency because of our close relationships and proven rapport within the locum's

environment. Providers that have worked with us know that they can call us anytime. They expect competitive rates and exceptional support from us. We set clear expectations, deliver on our agreements, and this results in better continuity of care. Our relationships with the mental health community are a special resource in and of itself, making it easier to recruit for facilities in rural areas.

San Diego County's Emergency Psychiatric Unit on-site nocturnal psychiatric and emergency Tele Psych needs are an attractive option for the locum mental health professionals Imperial Locum Services represents, including licensed, board eligible and board-certified psychiatrists. Our services include access to specialized recruiters ready to supply psychiatrists that fit the County's immediate needs.

Within our recent roster, about eighty-to-eighty five percent (80% - 85%) of our locum Psychiatrists are Board Certified, and fifteen-to-twenty percent (15% to 20%) have direct experience and/or specialize in Child/Adolescent Psychiatry. These providers are dedicated to the populations they serve and on average they have over the years' tenure within their current assignment.

4.1 Related Experience

The Imperial Locum Services team delivers a high level of accuracy with new and existing contractual agreements, providing services since March, 2014 that go above and beyond expectations. The team has an outstanding reputation for servicing behavioral and mental health client contracts. Imperial Locum Services is more than qualified to provide professional mental health providers to the County's Emergency Psychiatric and other Units. Imperial Locum Services team has experience recruiting medical professionals to work at institutions located in rural areas. It can be hard for large agencies to recruit properly for facilities within rural areas. Imperial Locum Services prides itself as being a medium level business and our team holds countless intimate relationships with providers the team has found success in recruiting medical professionals to facilities that may otherwise be considered hard to staff. Imperial Locum Services has serviced contracts with similar attributes including, but not limited to, the following list of clients with their locations:

- Department of State Hospitals
 - Atascadero State Hospital
 - Coalinga State Hospital
 - Metropolitan State Hospital
 - Napa State Hospitals
 - Patton State Hospital
- Correctional Facilities Throughout California
 - Correctional Facility Located at Avenal
 - Correctional Facility Located at Coalinga
 - Correctional Facility Located at Corcoran
 - Correctional Facility Located at Wasco
 - Correctional Facility Located at Delano
 - Correctional Facility Located at Los Angeles County
 - Correctional Facility Located at San Diego
 - Correctional Facility Located at Fresno
 - Correctional Facility Located at Sacramento
 - Correctional Facility Located at Vacaville/ Solano
 - Correctional Facility Located at Mule Creek
 - Correctional Facility Located at Tracy
 - Correctional Facility Located at Stockton
 - Correctional Facility Located at Tehachapi
- Correctional Tele-Psychiatry Services at Elk Grove
 - Tele-Psychiatry Rancho Cucamonga
 - Tele-Psychiatry Santa Ana
 - Tele-Psychiatry Diamond Bar
 - SAC – California State Prison – Sacramento
- Department of Mental Health Los Angeles
 - LA County Jail/ LA County Detention Center (Century Regional Detention Facility)
- Tulare County Mental Health Clinic
 - Tulare County Adult Mental Health Clinic
 - Tulare County Tele-Psychiatric Services

- Porterville Development Center (Providing Tele Psychiatry)
- San Diego County Psychiatric Hospital Nocturnal Contract.
- River Side County
- New York Office of Mental Health

Imperial Locum Services has been providing mental health professionals to institutions through private, county, state, and federal contracts. Imperial Locum Services delivers an exceptional experience to the independent contractors as well as the clinics. Imperial Locum Services' headquarters are in California, where we have dedicated administrative personnel providing recruiting and supporting services for current clients. We have an extensive registry of qualified providers. Imperial Locum Services can provide an intimate professional partnership with both the providers and the client. Given the opportunity, Imperial Locum Services will provide highly qualified medical and mental health professionals to fit the desired needs of San Diego County Psychiatric Hospital's current, ongoing and future requests.

4.1.1. Online Advertising and Resume Searching

- LinkedIn
- APA Job Central
- Zip Recruiter
- Indeed.com
- California Specific Websites
- APA (American Psychological Association)
- National HealthCare Careers Network
- Jump Recruiter

4.1.2. Broadcast Email Campaigns

- Theses can be targeted to primary care physicians, psychiatrist advances practice providers, Social Worker and RNS
- Email Campaigns reach a large number of passive candidates very quickly.
- Allied positions are also target via email on several CA Association Job Boards.

4.2. Technology:

Imperial Locum Services has adopted the tools potentially needed to communicate and improvise the Health Care services for our company. To provide Cutting Edge Technology, Imperial Locum has always put one step forward for the investment required to streamline processes, lower costs, increase efficiency and most importantly, to improve quality of time and results for Health Care Services and for the Health Care Professionals.

Improving quality of life is one of the main benefits of integrating new innovations into Health Care System. With the passage of time, our Medical Campines has been adapting new and utilizing better technology than available before, as a result, our Company will harness future improvisation to maintain Human Resources readily available for the San Diego County Psychiatric Hospital in due time. At Imperial Locum, e-mail recruiting has performed a vital role in our company. Reaching out to hundreds and thousands of excellent recruiters across the United State would have been impossible to connect with the touch of a button.

4.2.1 Private Domain

Imperial Locum Services, Inc. have managed a complete e-mail network system through its private domains for each of the companies separately which facilitate privacy, simplicity, structural configurations, and keeps its preservation. Imperial Locum comprehensively utilizes thousands of data daily to communicate and connect with potential and eligible Health Care Professionals Across the United States and with the San Diego County Psychiatric Hospital's Health Services

Internet Recruiting is essential in today's HealthCare System. Almost 99 % of the day-to-day work gets completed with the E-mail System. Imperial Locum has gained overwhelming results produced via direct communication through our email systems. Many applications and forms get completed on the same day due to Private Domain System:

- Sending out Company's application
- Calpers Forms (Prior Civil Services Affidavit)
- References Form
- Background Check Form
- BLS
- Driving License

These are few essential forms which must be completed to fulfill their eligibility for San Diego County Psychiatric Hospital. Due to the private domain, our recruiters directly connect with potential candidates where they can be credentialed and screened. Other Email browser which is free of cost performs very ordinarily due to limited Data.

4.2.2. Development of Campaign

Imperial Locum Services understands the value of the San Diego County Psychiatric Hospital and their specific standards. Like in past, Imperial Locum Services A.P.C is equipped to develop strong Campaigns to meet solutions and scope for San Diego County. Imperial Locum Services, Inc. has a clear understanding of the resolution and capacity required to place great value on building strong relationships with our clients. We believe in strong implementation support from both parties. The foundation of these relationships begins with clear definitions, strong execution, and collective strategies to achieve a successful campaign result. Imperial Locum has shown true commitment in the past with better workforce planning and staffing supply strategies and sincerely determine to launch its skilled Campaign to meet San Diego County Psychiatric Hospital staffing requirements.

4.2.3 Social Media

Everyone uses social media to find solutions today. To find healthcare resources or to find information need to make decisions, social media is a great platform to share important health information.

Imperial Locum Services, Inc. use the very same platform to share its objectives and gather exceptional resources for their clients. Few examples to be included which is given tremendous resources for our clients are:

A. Paid Advertisement

Journals-

- Current Psychiatry:
America's Leading Journal for Psychiatry. Current Psychiatry is the leading Peer-Reviewed source of Practical, evidence-based information that is valued by Psychiatric Clinician.
Pinnacle Health Services, Inc. every year make number of paid advertisements on Current psychiatry to potentialize the value for our clients.
- Psychiatric Times

America's another leading journal for Psychiatry. Pinnacle Health Services, Inc. make Paid Advertisement on Psychiatry Times as well.

- Psychiatric News
Imperial Locum Services, Inc. makes numerous Paid Advertisement on Psychiatric News to connect with provider for our clients in San Diego County Psychiatric Hospital.
- Family Practices

B. Paid Advertisement - Social Blogs

LinkedIn

LinkedIn has been our social media partner for a couple of years now. Imperial Locum has established an astonishing relationship with over 1000 thousand professional health care providers within California and other States as well.

LinkedIn and Imperial Locum partnership provides great value for our clients in short calls.

4.2.4 Employment Based Search Engine

Indeed

Imperial Locum Services spent thousands of Dollars paid on day to month basis subscription fee to indeed for JOB Placement in San Diego County Psychiatric Hospital.

Jump Recruiter

Job Posting and Resume Database Search

4.2.5 National Job Fairs-Conferences

Imperial Locum Services represents California one of the leading Medical Staffing company with the highest Paying Psychiatrists compare to other companies. Imperial Locum Services seeks a perfect environment to represent Medical Scope to offer post-residency opportunities and prepare to transition into practice with confidence.

Highly Talented Crew staff demonstrate the residents, fellows, practicing physician, NP'S and PA's in all medical specialties and subspecialties about opportunities available in the San Diego County Psychiatric Hospital. Imperial Locum highlights its best potential opportunities available in California and other counties with employers from leading hospitals and health care systems both locally – based and nationwide.

Imperial Locum recruiters will provide detail career planning in future. In the end, Imperial Locum goal is to represent San Diego's best health system where patients receive the best treatment from the best doctors and medical staff.

5. The Joint Commission

Imperial Locum Services A.P.C has established screening, hiring and performance monitoring processes that meet or exceed the requirements of our clients and The Joint Commission. We strictly adhere to the operational guidelines outlined in the Certification requirement for Healthcare Staffing set forth by the Joint Commission. Our extensive record of accomplishment provides us with the ability to provide higher levels of service, performance and retention.

5.1. Imperial Locum Services A.P.C Onboarding Process

Every offer of employment is contingent upon the appropriate completion of reference and background check as well as competency testing.

Imperial Locum Services A.P.C has a team of credentialing specialist under the supervision of the credentialing supervisor who will ensure that each candidate possess all the required credentials, education, skills, and relevant experience. Imperial Locum Services A.P.C conducts primary source verification of professional licenses to verify issue date, expiration date, active status of a license, and to determine if a license has ever been suspended, revoked, restricted, reprimanded, sanctioned or disciplined.

Any disciplinary action on a professional license can be terms for non-employment with the Imperial Locum Services A.P.C and falsification of any documentation will render an applicant completely ineligible for employment with the Imperial Locum Services A.P.C

5.2. Background Safety Assessment Evaluation:

To ensure that applicants joining Imperial Locum Services A.P.C are well-qualified and possess a strong track record of excellence and commitment, which demonstrates the potential to be productive and successful.

Imperial Locum Services A.P.C checks the employment references of all applicants. It also conducts our own criminal background check through a legitimate third-party company with a background check authorization, a 7-year background check is run on data in all counties in the United States. The background check includes but not limited to:

- Court Search Record
- County Search
- Social Trace
- FACIS (includes OIG, GSA, Multi State Sex Offender Database, and Adult Abuse Registry).
- Nationwide Comprehensive
- Information for Education Verification through AMA and AOIA.
- Information for Professional License Verification through Primary Source Verification.
- Information for Department of Motor Vehicle History

In addition, Imperial Locum Services conducts online verification and searches through SAM, the Office of Inspector General's ("OIG"), SDN OFAC, or the Excluded Parties List System (EPLS) databases of excluded providers.

As part of Imperial Locum Services A.P.C aforementioned strategy in providing excellent candidates to our clients, we screen our candidates to make sure that they possess not only all the required knowledge, skills and experience but also the passion and commitment to fulfill the assignment. All candidates submitted by Imperial Locum Services A.P.C to the San Diego County Psychiatric Hospital will undergo all required and necessary orientation and training. Imperial Locum Services A.P.C makes sure that their staff is well equipped to excel in their work.

5.3. Procedures/Approaches

The Imperial Locum team consists of sufficient staff to conduct all recruiting, credentialing, invoicing and payments for medical providers. Imperial Locum Services' sales team and recruiting consultants work tirelessly to identify highly qualified candidates to fill the needs of all Imperial Locum Services' client facilities.

The recruiter identifies candidates and performs the initial screenings to ensure each meets the high standards held and required by Imperial Locum Services and its medical malpractice insurance carrier. Recruiters are always looking for a good fit for the client's locum's tenens needs. Imperial Locum Services' recruiting consultants and subcontractors are experts with recruiting behavioral mental health professionals thereby giving its clients the very best match to the staffing requirements.

Imperial Locum Services has dedicated administrative personnel providing recruiting and support services for our current clients. Imperial Locum Services provides an intimate professional partnership with both the providers and clients. Given the opportunity. Imperial Locum Services will provide psychiatrist presentations for mental health services, fulfilling the service hours applicable.

Our firm ensures that all providers working with Imperial Locum Services are qualified and cleared through an internal credentialing and quality assurance assessment. The caliber of providers we work with is second to none. Our goal is to provide top tier, board-certified and or board eligible providers for key positions allowing clients to successfully manage their health care requirements.

Once the contract is awarded and fully executed, the County would send a list of open needs to Imperial Locum Services Upon receipt of open needs. Imperial Locum Services will then present pre-qualified candidates for the contract services. Once accepted our credentialing team will work with the County's credentialing team to fully qualify the mental health professional before commencing services.

5.4. Bonus/Referrals

Imperial Locum Services A.P.C has always believed the word of mouth of a colleague/co-worker plays a vital role reaching out to their friends and family to join with them. To encourage and support our health care providers, Pinnacle give Bonuses/Referrals.

- \$ 2000 - 3000 Bonuses
- \$ 2000 - 3000 Referral

5.5. Direct Deposit – Payroll

Imperial Locum Services, APC utilizes Payroll Online Direct Deposit of all our providers and medical staff. Specialized in providing the best engineered, cloud-based payroll and human resource solutions accompanied by best services and support. Imperial Locum services A.P.C offers flexible payment method Plans for our service providers:

Direct Deposits

- Weekly
- Bi-Weekly
- Monthly

5.6. Insurance Coverage through PRMS.

Imperial Locum Services, A.P.C provides insurance coverage Professional Risk Management Services. It's A+ occurrence Insurance.

**Imperial Locum Resume
For 1st Organization**

1. Organization Name (for whom Imperial Locum was performing services)	2. Contract Term & Budget
Department of State Hospital Metropolitan	6/01/20 to 5/31/23 \$ 162,400.00
3. Description of Objective	4. Target Population/ Client Base
Clinical Lab Detention Services Pathologist	State Hospital Patients
5. Completed within contract term & budget	6. If the contract not-completed within contract term & budget (mention reason)
Contract Ongoing	N/A
7. Staffing Issues encountered (if any) and resolution of issues.	8. Results of program objectives
N/A	Ongoing and meeting
9. Indicate if the services involved staffing data metrics and outcome or performance payments and provide a high-level summary of this data.	10. If Applicable, please provide percentage of goals for outcome or performance payments.
N/A	N/A
11. Contact name who can represent the organization or who has knowledge of our Organization's performance	Candice Sahadi Candicesahadi@dsh.ca.gov 562-455-4966

For 2nd Organization

1. Organization Name (for whom Imperial Locum was performing services)	2. Contract Term & Budget
Department of State Hospital Coalinga	04/01/20 – 03/31/23 \$11,334,470.40
3. Description of Objective	4. Target Population/ Client Base
Temporary/Relief Psychiatrist Services	State Hospital of Patients
5. Completed within contract term & budget	6. If the contract not-completed within contract term & budget (mention reason)
Ongoing Contract	N/A
7. Staffing Issues encountered (if any) and resolution of issues.	8. Results of program objectives
N/A	Meeting the objectives
9. Indicate if the services involved staffing data metrics and outcome or performance payments and provide a high-level summary of this data.	10. If Applicable, please provide percentage of goals for outcome or performance payments.
N/A	N/A
11. Contact name who can represent the organization or who has knowledge of our Organization's performance	SONIA TREVINO Sonia.trevino@dsh.ca.gov 559-935-4268

**Imperial Locum Resume
For 3rd Organization**

1. Organization Name (for whom Imperial Locum was performing services)	2. Contract Term & Budget
Department of State Hospitals - Coalinga	01/09/2020 – 08/31/23 \$8,021,376.40
3. Description of Objective	4. Target Population/ Client Base
Temp/Relief Licensed Clinical Psychologist Services	State Hospital Patients
5. Completed within contract term & budget	6. If the contract not-completed within contract term & budget (mention reason)
Contract Ongoing	N/A
7. Staffing Issues encountered (if any) and resolution of issues.	8. Results of program objectives
N/A	Ongoing
9. Indicate if the services involved staffing data metrics and outcome or performance payments and provide a high-level summary of this data.	10. If Applicable, please provide percentage of goals for outcome or performance payments.
N/A	N/A
11. Contact name who can represent the organization or who has knowledge of our Organization's performance	Sonia Trevino Sonia.trevino@dsh.ca.gov 559-935-4268

**Imperial Locum Resume
For 4th Organization**

1. Organization Name (for whom Imperial Locum was performing services)	2. Contract Term & Budget
Department of State Hospital Coalinga	12/01/19 to 11/30/22 \$ 760,193.28
3. Description of Objective	4. Target Population/ Client Base
Podiatrist Services	State Hospital Patients
5. Completed within contract term & budget	6. If the contract not-completed within contract term & budget (mention reason)
Contract Ongoing	N/A
7. Staffing Issues encountered (if any) and resolution of issues.	8. Results of program objectives
N/A	Ongoing and meeting
9. Indicate if the services involved staffing data metrics and outcome or performance payments and provide a high-level summary of this data.	10. If Applicable, please provide percentage of goals for outcome or performance payments.
N/A	N/A
11. Contact name who can represent the organization or who has knowledge of our Organization's performance	Kelsi Counter Kelsi.counter@dsh.ca.gov 555-935-7231

**Imperial Locum Resume
For 5th Organization**

1. Organization Name (for whom Imperial Locum was performing services)	2. Contract Term & Budget
Department of State Hospitals - Statewide	10/01/2019 – 08/31/2021 \$105,847,206.40
3. Description of Objective	4. Target Population/ Client Base
Temporary/Relief Licensed Clinical Psychiatrists	State Hospital Patients
5. Completed within contract term & budget	6. If the contract not-completed within contract term & budget (mention reason)
Ongoing	N/A
7. Staffing Issues encountered (if any) and resolution of issues.	8. Results of program objectives
N/A	Ongoing
9. Indicate if the services involved staffing data metrics and outcome or performance payments and provide a high-level summary of this data.	10. If Applicable, please provide percentage of goals for outcome or performance payments.
N/A	N/A
11. Contact name who can represent the organization or who has knowledge of our Organization's performance	Liz Moreno Elizabeth.moreno@dsh.ca.gov 559-935-4033

**Imperial Locum Resume
For 6th Organization**

1. Organization Name (for whom Imperial Locum was performing services)	2. Contract Term & Budget
Los Angeles County Department of Mental Health	07/01/2018 – 06/30/2022 \$200.00 - \$300.00 per hour
3. Description of Objective	4. Target Population/ Client Base
Temporary Psychiatrist Services	Out Door Patient and Jail Population
5. Completed within contract term & budget	6. If the contract not-completed within contract term & budget (mention reason)
Contract Ongoing	N/A
7. Staffing Issues encountered (if any) and resolution of issues.	8. Results of program objectives
N/A	Ongoing and providing staff
9. Indicate if the services involved staffing data metrics and outcome or performance payments and provide a high-level summary of this data.	10. If Applicable, please provide percentage of goals for outcome or performance payments.
N/A	N/A
11. Contact name who can represent the organization or who has knowledge of our Organization's performance	Andrea Wedderburn awedderburn@dmh.lacounty.gov

**Imperial Locum Resume
For 7th Organization**

1. Organization Name (for whom Imperial Locum was performing services) (most recently work with)	2. Contract Term & Budget
Management Solution, LLC	07/03/14 – Current; Variable depending on discipline between \$18.00 - \$270.00 per hour
3. Description of Objective	4. Target Population/ Client Base
Temporary Relief for all state correctional facilities - Dentist, Licensed Clinical Social Worker, Psychiatrist, Psychologist, Recreational Therapist, Registered Dental Assistant, Clinical Lab Scientist, Registered Dietician, Registered Nurse, Licensed Vocational Nurse, Certified Nursing Assistant, Psychiatric Technician, Occupational Therapist, Pharmacist in Charge, Pharmacist, Pharmacy Technician, Phlebotomy, Physical Therapy, Res Care Technician, Primary Care Physician, Nurse Practitioner, Medical Assistant	California Department of Corrections Rehabilitation
5. Completed within contract term & budget	6. If the contract not-completed within contract term & budget (mention reason)
Contract Ongoing	N/A
7. Staffing Issues encountered (if any) and resolution of issues.	8. Results of program objectives
None	Providing Ongoing Staffing
9. Indicate if the services involved staffing data metrics and outcome or performance payments and provide a high-level summary of this data.	10. If Applicable, please provide percentage of goals for outcome or performance payments.
N/A	N/A
11. Contact name who can represent the organization or who has knowledge of our Organization's performance	Natalie GoldStock natalie@vmssolution.com 561-508-4630

Company	Work Provided	start date	end date	Contact Name	Contact Email	Contact Phone	Contract amount
Management Solution, LLC	Temporary Relief for all state correctional facilities - Dentist, Licensed Clinical Social Worker, Psychiatrist, Psychologist, Recreational Therapist, Registered Dental Assistant, Clinical Lab Scientist, Registered Dietician, Registered Nurse, Licensed Vocational Nurse, Certified Nursing Assistant, Psychiatric Technician, Occupational Therapist, Pharmacist in Charge, Pharmacist, Pharmacy Technician, Phlebotomy, Physical Therapy, Res Care Technician, Primary Care Physician, Nurse Practitioner, Medical Assistant	7/3/2014 Ongoing		Natalie Goldstock	natalie@ymssolution.com	561-508-4630	Variable depending on discipline between \$18.00 - \$270.00 per hour
California Department of Veteran Affairs	Temp/Relief Hygienist Services	9/1/2018	9/1/2019	Larry Pauglilan	larry.pauglilan@calvet.ca.gov	760-372-6288	\$671,362.56
Department of State Hospitals - Coalinga	Temp/Relief Registered Nurse Services	11/22/17		Debra Shindler	debra.schindler@dsh.ca.gov	559-935-4037	\$3,315,945.60
Department of State Hospitals - Coalinga	Temp/Relief Psychiatrist Services	6/2/2015		Andrea Wedderburn	awedderburn@dmh.lacounty.gov	213-738-4309	\$200,00 - \$300,00 per hour
Los Angeles County Department of Mental Health	Temp/Relief Physician Services	7/1/2018	6/30/2022	Jarica Ma	jarica.ma@calvet.ca.gov	916-651-7135	\$167.98 PH
Department of Veteran Affairs - Barstow	Temp/Relief Dental Hygienist	10/7/2015		Christina Kashuba	christina.kashuba@dsh.ca.gov	559-935-4309	\$5278,615.04
Department of State Hospitals - Coalinga	Temp/Relief Licensed Clinical Psychologist Services	9/1/2019	8/31/2021	Sonia Trevino	sonia.trevino@dsh.ca.gov	559-935-4268	\$105,847,206.40
Department of State Hospitals - Atascadero, Coalinga, Patton, Napa	Temp/Relief Physician and Surgeon Services	4/1/2017	3/31/2020	Lu Moreno	elizabeth.moreno@dsh.ca.gov	559-935-4033	\$11,403,532.80
Department of State Hospitals - Coalinga	Temp/Relief Physician and Surgeon Services	01/26/17		Wynneper Reyes	wynneper.reyes@dsh.ca.gov	559-935-4309	\$11,403,532.80
Department of State Hospitals - Coalinga	Temp/Relief Physician and Surgeon Services	4/1/2020	3/31/2023	Sonia Trevino	sonia.trevino@dsh.ca.gov	559-935-4268	\$11,334,470.40
Department of State Hospitals - Coalinga	Temp/Relief Licensed Clinical Psychologist Services	9/1/2018	8/31/2020	Lu Moreno	elizabeth.moreno@dsh.ca.gov	559-935-4033	\$9,499,353.60
Department of State Hospitals - Statewide	Temp/Relief Licensed Clinical Psychologist Services	9/1/2020	8/31/2023	Christina Souza	christina.souza@dsh.ca.gov	559-935-4365	\$8,021,376.00
Department of State Hospitals - Coalinga	Temp/Relief Licensed Clinical Psychologist Services	9/1/2020	8/31/2023	Christina Souza	christina.souza@dsh.ca.gov	559-935-4365	\$8,021,376.00
Department of State Hospitals - Coalinga	Temp/Relief Registered Nurse Services	10/1/2019	9/30/2020	James Walter	james.walter@dsh.ca.gov	559-934-8087	\$6,080,659.20
Department of State Hospitals - Coalinga	Temp/Relief Social Worker Registry	4/1/2017	3/31/2020	Lu Moreno	elizabeth.moreno@dsh.ca.gov	559-935-4033	\$5,985,619.20
Department of State Hospitals - Coalinga	Temp/Relief Social Work Services	12/19/2016		Wynneper Reyes	wynneper.reyes@dsh.ca.gov	559-935-4309	\$5,985,619.20
Department of State Hospitals - Coalinga	Temp/Relief Clinical Social Worker Services	4/1/2020	3/31/2023	Erich Leslie	erich.leslie@dsh.ca.gov	559-935-3783	\$3,800,332.80
Department of State Hospitals - Coalinga	Temp/Relief Psychiatric Technician Services	5/7/2015		Debra Shindler	debra.schindler@dsh.ca.gov	559-935-4037	\$3,578,256.00
Department of State Hospitals - Coalinga	Temporary/Relief Rehabilitation Therapist	3/1/2017	2/29/2020	Lu Moreno	elizabeth.moreno@dsh.ca.gov	559-935-4033	\$2,584,074.24
Department of State Hospitals - Coalinga	Temp/Relief Rehabilitation Services	12/15/16		Rebecca Dickens	rebecca.dickens@dsh.ca.gov	559-935-4309	\$2,534,400.00
Department of State Hospitals - Coalinga	Temp/Relief Rehabilitation Therapist Services	3/1/2020	2/28/2023	Frank Maui	frank.maui@dsh.ca.gov	559-934-3802	\$2,433,024.00
Department of State Hospitals - Coalinga	Temporary/Relief Pharmacist I	5/1/2020	4/30/2019	Lu Moreno	elizabeth.moreno@dsh.ca.gov	559-935-4033	\$1,646,937.60
Department of State Hospitals - Coalinga	Temp/Relief Pharmacist I Services	1/23/2017		Rebecca Dickens	rebecca.dickens@dsh.ca.gov	559-935-4309	\$1,646,937.60
Department of State Hospitals - Coalinga	Temp/Relief Pharmacist I Services	1/23/2017		Rebecca Dickens	rebecca.dickens@dsh.ca.gov	559-935-4309	\$1,646,937.60
Department of State Hospitals - Coalinga	Temp/Relief Licensed Vocational Nurse	5/7/2015		Debra Shindler	debra.schindler@dsh.ca.gov	559-935-4037	\$1,567,526.40

Department of State Hospitals - Coalinga	Temp/Relief Neuropsychology Services	9/14/2015	4/30/2022	Victor Khall	victor.khall@dsh.ca.gov	559-935-3938	\$1,342,978.56
Department of State Hospitals - Coalinga	Temp/Relief Dentist Services	5/1/2019	4/30/2022	Victor Khall	victor.khall@dsh.ca.gov	559-935-3938	\$823,680.00
Department of State Hospitals - Coalinga	Temp/Relief Dentist Services	4/1/2019	4/30/2022	Joseph Perata	joseph.perata@dsh.ca.gov	559-935-4309	\$813,680.00
Department of State Hospitals - Coalinga	Temp/Relief Podiatry Services	12/1/2019	11/30/2022	Kelli Counter	kelli.counter@dsh.ca.gov	559-935-7231	\$760,193.28
Department of State Hospitals - Coalinga	Temporary/Relief Pharmacist II	5/1/2017	4/30/2019	Liz Moreno	elizabeth.moreno@dsh.ca.gov	559-935-4033	\$701,015.04
Department of State Hospitals - Coalinga	Temporary/Relief Dental Hygienist Services	2/1/2018	1/31/2021	Liz Moreno	elizabeth.moreno@dsh.ca.gov	559-935-4033	\$671,562.56
Department of State Hospitals - Coalinga	Temporary/Relief Podiatry Services	12/1/2017	11/30/2019	Liz Moreno	elizabeth.moreno@dsh.ca.gov	559-935-4033	\$549,035.52
Department of State Hospitals - Coalinga	Temp/Relief Dentist Services	9/28/2015		Christina Kashuba	christina.kashuba@dsh.ca.gov	559-935-4309	\$513,691.52
Department of State Hospitals - Coalinga	Temp/Relief Speech Pathology Services	02/13/17		Alexandra Mendoza	alexandra.mendoza@dsh.ca.gov	559-925-7232	\$487,745.28
Department of State Hospitals - Coalinga	Temp/Relief Pharmacy Manager Services	5/1/2019	4/30/2022	Daniel Siu	daniel.siu@dsh.ca.gov	559-934-3909	\$480,839.04
Department of State Hospitals - Coalinga	Pharmacy Manager Services	3/26/2019		Joseph Perata	joseph.perata@dsh.ca.gov	559-935-4309	\$480,839.04
Department of State Hospitals - Coalinga	Physical Therapist Services	2/15/2017	2/14/2020	Liz Moreno	elizabeth.moreno@dsh.ca.gov	559-935-4033	\$475,073.28
Department of State Hospitals - Coalinga	Temp/Relief Physical Therapist Services	4/1/2017		Whisper Reyes	whisper.reyes@dsh.ca.gov		\$475,073.28
Department of Veteran Affairs - Barstow	Temp/Relief Physical Therapy Services			Janice Ma	janice.ma@calvet.ca.gov	916-651-7135	\$462,272.40
Department of State Hospitals - Napa	Temp/Relief Pharmacy Technician Services	7/1/2020	6/30/2023	Chedy Vang	chedy.vang@dsh.ca.gov	707-258-3231	\$436,803.84
Department of State Hospitals - Coalinga	Temporary/Relief Director of Dietetics Services	1/1/2016	12/31/2018	Liz Moreno	elizabeth.moreno@dsh.ca.gov	559-935-4033	\$405,377.28
Department of State Hospitals - Coalinga	Temp/Relief Director of Dietetics	11/9/2015		Christina Kashuba	christina.kashuba@dsh.ca.gov	559-935-4309	\$405,377.28
County of Tulare	Temporary Psychiatrist Services	7/1/2017	6/30/2018	Srujan Sharma	ssharma@tularetaha.org	559-624-7465	\$400,000.00
Department of State Hospitals - Coalinga	Temp/Relief Assistant Director of Dietetics Services	1/1/2015	12/31/2017	Debra Shindler	debra.shindler@dsh.ca.gov		\$399,041.28
Department of State Hospitals - Coalinga	Temporary/Relief Assistant Director of Dietetics	1/1/2018	12/31/2020	Liz Moreno	elizabeth.moreno@dsh.ca.gov	559-935-4033	\$375,344.64
Department of State Hospitals - Napa	Temp/Relief Pharmacy Technician Services	1/1/2019	12/31/2021	Alestar Powell	alestar.powell@dsh.ca.gov	707-284-2460	\$322,755.84
California Department of Veteran Affairs - Yountville	Temporary/Relief Psychiatrist Services	7/1/2018	6/30/2021	Alan Lessen	alan.lesser@calvet.ca.gov	707-944-4844	\$290,223.00
Department of Veteran Affairs - Yountville	Temp/Relief Staff Psychiatrist Services	6/1/2020		Alan Lessen	alan.lesser@calvet.ca.gov	707-944-4844	\$290,223.00
Department of State Hospitals - Metropolitan	Clinical Laboratory Director Services	9/22/2015	5/31/2023	Candice Saniadi	candice.saniadi@dsh.ca.gov	562-455-4966	\$1,621,400.00
Department of State Hospitals - Coalinga	Temp/Relief Dental Assistant			Christina Kashuba	christina.kashuba@dsh.ca.gov	559-935-4309	\$141,504.00
Department of Veteran Affairs - Barstow	Temp/Relief Occupation Therapy Services			Janice Ma	janice.ma@calvet.ca.gov	916-651-7135	\$134,000.82



Memorandum

Date: March 26, 2021

From: Sonia Trevino

Associate Governmental Program
Analyst Credentialing/Medical
Staff Office Department of State
Hospitals – Coalinga Telework
Email: Sonia.Trevino@dsh.ca.gov

Subject: RE: IMPERIAL LOCUMSERVICES

At the request of Imperial Locum Services, I am writing this letter to confirm that they have been a valuable provider of Registry (Locum Tenens) Medical and Psychiatric personnel to our facility for more than 7 years.

Imperial Locum Services Administrative Staff has consistently furnished necessary background and credentialing information for submitted candidates in a timely manner. Additionally, their Financial Staff has been accountable in regard to billing for hours worked and providing the most current insurance certification.

Imperial Locum Services has provided excellent responsiveness when requested for service. The staff has always provided services as agreed upon within the contract and has done so with exceptional performances.

Currently, Imperial Locum Services has been providing a Primary Care Physician, a Podiatrist, a Dentist, and an Assistant Director Dietician. We have been pleased with the quality of the contractors that Imperial Locum Services has provided to us over the years. The fresh ideas and suggestions brought to the forefront have made a real difference in our facility.

Imperial Locum Services would be a viable clinical resource to any facility in need of skilled, hardworking, adaptable Medical and Mental Health professionals. If you have any additional questions, please contact me with the information listed above.

Sincerely,

Sonia Trevino

SONIA TREVINO
AGPA/Credentialing



May 27, 2021

Jessica Tran
County of San Diego - RFB 10956
Department of Purchasing & Contracting
5560 Overland Ave, Suite 270
San Diego, CA 92123

Re: Letter of Reference – Imperial Locum Services, APC

Dear Ms. Tran:

Please accept this letter as a reference and confirmation that Imperial Locum Services, APC a Medical Corporation (IMP) has and continues to be a reliable subcontractor supporting Management Solution through the Registry Services Network programs for the California Department of Corrections and Rehabilitation, by filling vacancies for the placement of qualified physicians.

Since July 1, 2014, IMP has continuously worked with Management Solution to identify, pre-credential/screen background check, etc., and place qualified physicians into temporary/relief assignments throughout California's 42 correctional facilities.

IMP has, and continues to be, extremely responsive to requests for services and has shown the ability to provide qualified medical professionals under the terms of their existing contract. Based on past and current performance, IMP is one of our most dependable medical registries currently under contract with Management Solution.

Sincerely,

A handwritten signature in black ink, appearing to read "N. Goldstock".

Natalie Goldstock
Vice President, Contracts & Compliance
Management Solution, LLC
200 Pine Ave., Ste. 600
Long Beach, CA 90802
Phone - Toll Free: 855 502 3600, x203
Fax: 562 728 1126

DSH-Patton State Hospital
3102 East Highland Ave.
Patton, CA 92369



April 5, 2021

Imperial Locum Services, APC
P.O. Box 1724
Hanford, CA 93232

Dear Dr Ahmed:

DSH-Patton has had a contractual relationship with Imperial Locum since September 1, 2018. Imperial Locum was offered several psychiatrist candidates since then.

We have found that the team with Imperial Locum works diligently with our Medical Staff Office to assist in clearing credentialing requirements. We look forward to the continued supply of qualified references for psychiatry which is of critical importance as it will assist DSH-Patton to meet the demands of quality patient care.

DSH-Patton recommends the continuation of the contract with Imperial Locum as they have proven to be dedicated in providing competent, hardworking psychiatrists.

Respectfully,

Jason Thomas, M.D.
Assistant Medical Director
DSH-Patton

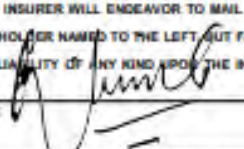
JT/bd

ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 5/17/2021
PRODUCER Baig Insurance Agency Plus 18301 Pioneer Blvd. Ste. B Artesia, CA - 90701 Faiz Baig - 562.403.1786	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Imperial Locum Services APC 1827 N. 10th Avenue HANFORD, CA - 93230	INSURERS AFFORDING COVERAGE	
	INSURER: Chubb National Insurance Company	NAIC # 35173
	INSURER: Chubb National Insurance Company	35173
	INSURER: Chubb National Insurance Company	35173
	INSURER:	

COVERAGES						
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR ADD'L LTR. ISSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	D95845204	1/23/2021	1/23/2022	EACH OCCURRENCE	\$ 2,000,000
					DAMAGE TO RENTED PREMISES (Per occurrence)	\$
					MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADJ INJURY	\$ 2,000,000
					GENERAL AGGREGATE	\$ 4,000,000
					PRODUCTS - COMPOD AGG	\$ 4,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> Hired AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	D95845204	2/09/2021	1/23/2022	COMBINED SINGLE LIMIT (Per accident)	\$ 4,000,000
					BODILY INJURY (Per person)	\$ 2,000,000
					BODILY INJURY (Per accident)	\$ 2,000,000
					PROPERTY DAMAGE (Per accident)	\$ 2,000,000
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
B	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	D95845265	1/23/2021	1/23/2022	EACH OCCURRENCE	\$ 5,000,000
					AGGREGATE	\$ 5,000,000
						\$
						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	71783840	11/27/2020	11/27/2021	<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTHER	E.L. EACH ACCIDENT \$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The County of San Diego, the members of the Board of Supervisors of the County and the officers, agents, employees and volunteers of the County individuals and collectively with respect to liability arising out of work or operations performed by or on behalf of the contractor including materials parts, or equipment furnished in connection with such or operations.

CERTIFICATE HOLDER County of San Diego C/O. EXIGIS Risk Management Services P.O. Box 947 Murrieta, CA - 92564	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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Financial Statements

Imperial Locum Services, A.P.C.

December 31, 2020

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Financial Statements

Independent Auditor's Report.....	1-2
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SAM J. NOLE, CPA
347 Fifth Avenue, Suite 709
New York, NY 10016-5052
Tel (212)-682-0180
Fax (212)-682-3053
E-mail: sam@sjncpa.com

NYS Society of CPA's

INDEPENDENT AUDITOR'S REPORT

To The Shareholders of
Imperial Locum Services, A.P.C.
Hanford, California

I have audited the accompanying financial statements of Imperial Locum Services, A.P.C. which comprise balance sheet, the related statements of income and expenses, retained earnings and cash flows for the year ended December 31st, 2020, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audits. I conducted my audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the **entity's** preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, I express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Imperial Locum Services, A.P.C. as of December 31, 2020, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.



Sam J. Nole, CPA
Certified Public Accountant
New York, New York
March 31, 2021

Imperial Locum Services, A.P.C.
Balance Sheet
December 31, 2020

ASSETS

Current Assets		
Cash	\$	35,772
Accounts Receivable		<u>3,568,048</u>
		<u>3,603,820</u>
 Total Assets	 \$	 <u>3,603,820</u>

LIABILITIES AND STOCKHOLDERS' EQUITY

Liabilities	\$	0
 Stockholder's Equity		
Common Stock		1,000
Additional Paid in Capital		2,395,899
Retained Earnings		<u>1,206,921</u>
Total Stockholder's Equity		<u>3,603,820</u>
 Total Liabilities and Stockholder's Equity	 \$	 <u>3,603,820</u>

Imperial Locum Services, A.P.C.
Statement of Income and Expenses
For the Year Ended December 31, 2020

Income		
Service Fees (net discount)	\$	3,816,405
Operating Expenses		
Advertising		2,975
Bank Fees		1,115
Contract Services		1,380,925
Insurance		238,942
Interest		60
Legal and Professional Fees		16,197
License and Permits		10,600
Management Fees		193,474
Payroll Processing Fees		571
Rent and Utilities		<u>7,200</u>
Total Operating Expenses		<u>1,852,059</u>
Income (Loss) Before Income Taxes		1,964,346
Provision for Income Taxes		<u>0</u>
Net Income (Loss)	\$	<u>1,964,346</u>

Imperial Locum Services, A.P.C.
Statement of Cash Flows
For the Year Ended December 31, 2020

Operating Activities		
Net Income (Loss)	\$	1,964,346
Adjustments to Reconcile Net Income (Loss) to (Increase) Decrease in Accounts Receivable		328 4
Net Cash Flows from Operating Activities		1,635,928
Financing Activities		
Distribution to Shareholders		1 61 656
Net Cash Provided by (Used in) Financing Activities		1 61 656
Net Increase (Decrease) in Cash		24,272
Cash - Beginning		<u>11,500</u>
Cash — Ending	\$	<u>35,772</u>

Imperial Locum Services, A.P.C.
Statement of Retained Earnings
For the Year Ended December 31, 2020

Retained Earnings, Beginning	\$ 854,231
Shareholder Distributions	(1,611,656)
Net Income (Loss)	<u>1,964,346</u>
Retained Earnings, Ending	\$ <u>1,206,921</u>

Imperial Locum Services, A.P.C
Notes to **Financial Statements**
December 31, 2020

Note 1-Significant Accounting Policies

(A) Nature of Organization

Imperial Locum Services, A.P.C. is engaged in the health care industry. The main source of revenue is providing health care staffing and recruitment. The companies were incorporated under the laws of the State of California, and has elected to be taxed as a “Small Business” corporation for Federal and California Franchise corporate income taxes.

Zahir Ahmad, MD is the sole shareholder of Imperial Locum Services, A.P.C..

(B) **Basis of Accounting**

The accompanying balance sheets of Imperial Locum Services, A.P.C. as of December 31, 2020 and the related statements of income, retained earnings and cash flows are presented using the accrual method of accounting.

The companies utilize the cash basis of accounting for income tax purposes.

(C) Estimates

The preparation of financial statements is in conformity with accounting principles generally accepted in the United States of America, require the corporations to make estimates and assumptions that affect certain reported amounts of disclosures. Accordingly, actual results could differ from those estimates.

(D) Business Activities

1. Imperial Locum Services, A.P.C., is a closely held S Corporation organized and operated under the laws of the State of California. The Corporation began operations on January 23, 2014. The business is operated in Harford, California. Imperial Locum Services, A.P.C. is a health care staffing provider.

(E) Income Taxes

Imperial Locum Services, A.P.C., have elected to be taxed as a Small Business Corporation (aka Subchapter S). Imperial Locum Services, A.P.C. made the election to be taxed as an S Corporation on January 23, 2014. An S Corporation is a pass-through entity for Federal and California income tax purposes and, as such, is not subject to Federal income taxes, the corporations are however subject to a reduced California corporate tax rate of 1.5% of taxable income. All items of taxable income, deductions, and tax credits are passed through to and reported by its sole shareholder on his respective income tax return.

Note 2- Cash Concentration

The company maintains separate bank accounts at Pacific Premier Bank and JPMorgan Chase Bank. At no time, did any account balance exceed FDIC insurance limits. The standard deposit insurance for interest bearing accounts is in the amount of \$250,000 per depositor per insured bank. Under current guidelines, non-interest bearing accounts are fully insured.

Note 3- Lines of Credit

Pacific Premier Bank (Heritage Oaks Bank).

Imperial Locum Services, A.P.C. has a **revolving** line of credit with Pacific Premier Bank (Heritage Oaks Bank) **Interest is** payable monthly at a various rate. At December 31, 2020, the rate was based upon Wall Street Journal published Prime rate plus 1% with a floor rate of 4.5%. The line is renewable annually. The line is secured by accounts receivable and a life insurance policy on Zahir Ahmad, MD.

Total Heritage Oaks Bank Line of Credit: S 1,343,775

Note 4- Related Party Transactions

The Companies received administrative and consulting services from On Call Psychiatric Services, PC, a C Corporation. The corporation is 100% owned by **Zahir** Ahmad, MD.

Note 5- Date of Management Evaluation

Management has performed an evaluation of subsequent events through March 30, 2021, the date the financial statements were available to be issued. Management believes that no **events** occurred subsequent to December 31, 2020 that is required to be recorded or disclosed in the financial statements.

Financial Statements

Imperial Locum Services, A.P.C.

December 31, 2019

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SAM J. NOLE, CPA
347 Fifth Avenue, Suite 709
New York, NY 10016-5052
Tel (212)-682-0180
Fax (212)-682-3053
E-mail: sam@sjncpa.com

INDEPENDENT AUDITOR'S REPORT

To The Shareholders of
Imperial Locum Services, **A.P.C.**
Hanford, California

I have audited the accompanying financial statements of Imperial Locum Services, A.P.C. which comprise balance sheet, the related statements of income and expenses, retained earnings and cash flows for the year ended December 31", 2019, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of **America**; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

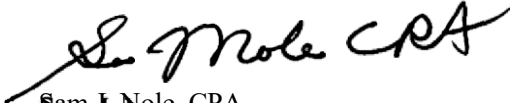
My responsibility is to express an opinion on these financial statements based on my audits. I conducted my audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, I express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Imperial Locum Services, A.P.C. as of December 31, 2019, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

A handwritten signature in black ink that reads "Sam J. Nole CPA". The signature is written in a cursive, flowing style.

Sam J. Nole, CPA
Certified Public Accountant
New York, New York
March 31, 2021

Imperial Locum Services, A.P.C.
Balance Sheet
December 31, 2019

ASSETS

Current Assets		
Cash	\$	11,500
Accounts Receivable		<u>3,239,630</u>
Total Assets	\$	<u>3,251,130</u>

LIABILITIES AND STOCKHOLDERS' EQUITY

Liabilities	\$	0
Stockholder's Equity		
Common Stock		1,000
Additional Paid in Capital		2,393,899
Retained Earnings		<u>84,231</u>
Total Stockholder's Equity		<u>3,251,130</u>
Total Liabilities and Stockholder's Equity	\$	<u>3,251,130</u>

Imperial Locum Services, A.P.C.
Statement of Income and Expenses
For the Year Ended December 31, 2019

Income	
Service Fees (net discount)	\$ 16,169,503
Operating Expenses	
Advertising	1,845
Bank Fees	486
Contract Services	14,736,417
Insurance	60,340
Legal and Professional Fees	56,766
License and Permits	766
Management Fees	595,040
Office supplies and Expenses	733
Payroll Processing Fees	1,461
Rent	699
Utilities	<u>59</u>
Total Operating Expenses	<u>15,454,612</u>
Income (Loss) Before Income Taxes	714,891
Provision for Income Taxes	<u>1,600</u>
Net Income (Loss)	\$ <u>713,291</u>

Imperial Locum Services, A.P.C.
Statement of Cash Flows
For the Year Ended December 31, 2019

Operating Activities	
Net Income (Loss)	\$ 713,291
Adjustments to Reconcile Net Income (Loss) to	
Net Cash Flows from Operating Activities	
(Increase) Decrease in Accounts Receivable	(79,359)
Net Cash Provided by (Used in) Operating Activities	(66,068)
Financing Activities	
Increase (Decrease) in Additional Paid in Capital	434,233
Distribution to Shareholders	366,750
Net Cash Provided by (Used in) Financing Activities	<u>67,518</u>
Net Increase (Decrease) in Cash	1,450
Cash - Beginning	<u>10,050</u>
Cash — Ending	\$ <u>510</u>

Imperial Locum Services, A.P.C.
Statement of Retained Earnings
For the Year Ended December 31, 2019

Retained Earnings, Beginning	\$ 507,655
Shareholder Distributions	(366,715)
Net Income (Loss)	<u>713,291</u>
Retained Earnings, Ending	\$ <u>854,231</u>

Imperial Locum Services, A.P.C
Notes to Financial **Statements**
December 31, 2019

Note 1-Significant Accounting Policies

(A) Nature of Organization

Imperial Locum Services, A.P.C. is engaged in the health care industry. The main source of revenue is providing health care staffing and recruitment. The companies were incorporated under the laws of the State of California, and has elected to be taxed as a “Small Business” corporation for Federal and California Franchise corporate income taxes.

Zahir Ahmad, MD is the sole shareholder of Imperial locum Services, A.P.C..

(B) Basis of Accounting

The accompanying balance sheets of Imperial Locum Services, A.P.C. as of December 31, 2019 and the related statements of income, retained earnings and cash flows are presented using the accrual method of accounting.

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(E) Income Taxes

Imperial Locum Services, A.P.C., have elected to be taxed as a Small Business Corporation (aka Subchapter S). Imperial Locum Services, A.P.C. made the **election** to be taxed as an S Corporation on January 23, 2014. An S Corporation is a pass-through entity for Federal and California income tax purposes and, as such, is not subject to Federal income taxes, the corporations are however subject to a reduced California corporate tax rate of 1.5% of taxable income. All items of taxable income, deductions, and tax credits are passed through to and reported by its sole shareholder on his respective income tax return.

Note 2- Cash Concentration

The company maintains separate bank accounts at Pacific Premier Bank and JPMorgan Chase Bank. At no time, did any account balance exceed FDIC insurance limits. The standard deposit insurance for interest bearing accounts is in the amount of \$250,000 per depositor per insured bank. Under current guidelines, non-interest bearing accounts are frilly insured.

Note 3- Lines of Credit

Pacific Premier Bank (Heritage Oaks Bank):

Imperial Locum Services, A.P.C. has a revolving line of credit with Pacific Premier Bank (Heritage Oaks Bank) Interest is payable monthly at a various rate. At December 31, 2019, the rate was based upon Wall Street Journal published Prime rate plus 1% with a floor rate of 4.5%. The line is renewable annually. The line is secured by accounts receivable and a life insurance policy on Zahir Ahmad, MD.

Total Heritage Oaks Bank Line of Credit:	\$	<u>1,343.775</u>
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Note 4- Related Party Transactions

The Companies received administrative and consulting services from On Call Psychiatric Services, PC, a C Corporation, The Corporation is 100% owned by Zahir Ahmad, MD.

Note 5- Date of Management Evaluation

Management has performed an evaluation of subsequent events through March 30, 2021, the date the financial statements were available to be issued. Management believes that no events occurred subsequent to December 31, 2019 that is required to be recorded or disclosed in the financial statements.

Next

Bid

Response To:

Request For Bids (RFB) 10956 Temporary Pharmacy Staffing

Issued By:

The County of San Diego

Due Date: May 28, 2021 11:00 AM



Submitted By:
INFOJINI, INC.
Sandeep Harjani, President
HQ: 10015 Old Columbia Road, Suite B215
Columbia, MD 21046
Local Office: 811 Wilshire Boulevard,
17th Floor, Los Angeles, CA 90017
Phone: 443-257-0086
FAX: 443-283-4249
Email: statebids@infojiniconsulting.com
www.infojiniconsulting.com



Submitted To:
THE COUNTY OF SAN DIEGO
Jessica Tran, PCS
5560 Overland Avenue, Suite 270
San Diego, California 92123-1204
Email: Jessica.Tran@sdcounty.ca.gov



**Request For Bids (RFB) 10956
Temporary Pharmacy Staffing**



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**Request For Bids (RFB) 10956
Temporary Pharmacy Staffing**



Cover Page (PC 600 Form)

**COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING**

SECTION A - P&C 600 FORM

COUNTY OF SAN DIEGO
SECTION A-P&C 600 FORM
This is not an order

Issued: 05/11/2021

MAIL OR DELIVER TO:

COUNTY OF SAN DIEGO, RFB No. 10956
DEPARTMENT OF PURCHASING & CONTRACTING
5560 OVERLAND AVE., SUITE 270
SAN DIEGO, CA 92123

FOR INFORMATION, PLEASE CONTACT:

JESSICA TRAN, PCS
JESSICA.TRAN@SDCOUNTY.CA.GOV

AWARD WILL BE MADE TO THE LOWEST RESPONSIVE.

BID OPENING DATE: MAY 25, 2021
**BIDS MUST BE RECEIVED AT THE ABOVE ADDRESS
PRIOR TO 11:00 A.M. ON DATE OF BID OPENING.**

RESPONSIBLE BIDDER BASED ON:

- ALL OR NONE
- EACH LOT
- TOTAL PRICE

PLEASE STATE YOUR LOWEST PRICE
F.O.B. DESTINATION AND BRAND NAME
OR TRADE NAME IF APPLICABLE.
(Please use typewriter or black ink)

UNSPSC commodity code: **801116.0600**

YOUR ENVELOPE MUST INCLUDE RFB NO. 10956

DESCRIPTION

THE COUNTY OF SAN DIEGO (COUNTY), DEPARTMENT OF HEALTH AND HUMAN SERVICES HAS A REQUIREMENT FOR TEMPORARY PHARMACY STAFFING IN ACCORDANCE WITH THE TERMS & CONDITIONS AND THE STATEMENT OF WORK REFLECTED HEREIN.

INITIAL TERM:	ESTIMATED DATE OF AWARD – JUNE 30, 2022
1ST COUNTY OPTION:	ESTIMATED JULY 1, 2022 – JUNE 30, 2023
2ND COUNTY OPTION:	ESTIMATED JULY 1, 2023 – JULY 1, 2024
3RD COUNTY OPTION:	ESTIMATED JULY 1, 2024 – JULY 1, 2025

PRICING SUBMITTED IS TO REMAIN FIRM FOR THE TERM PERIOD IDENTIFIED ABOVE. ALL ITEMS WITHIN EACH TERM PERIOD MUST BE PRICED TO BE CONSIDERED RESPONSIVE.

ARE YOU ABLE TO COMPLY WITH ALL ITEMS SPECIFIED WITHIN THE SCOPE OF WORK? YES OR NO

BIDDER ACKNOWLEDGES ADDENDUM NO. 1 2 3 4 5

<u>SUBJECT TO ACCEPTANCE WITHIN 90 DAYS</u>	<u>PAYMENT TERMS NET 30 DAYS OR % DAY</u>
NAME AND ADDRESS OF BIDDER Infojini Inc.	NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER: Sandeep Harjani, President
STREET, CITY, STATE, ZIP 10015 Old Columbia Road, Suite B215 Columbia, MD 21046	 May 28, 2021
TELEPHONE: NUMBER () 443-257-0086	SIGNATURE OFFEROR DATE
FAX TELEPHONE: () 443-283-4249	PRINTED NAME: Sandeep Harjani
E-MAIL: statebids@infojiniconsulting.com	PRINTED TITLE: President
NOTIFICATION OF AWARD - ACCEPTANCE AS TO ITEM(S) NUMBERED: (VC No.)	(THIS SECTION FOR COUNTY USE ONLY) COUNTY OF SAN DIEGO By: _____ DATE: _____ JOHN M. PELLEGRINO, DIRECTOR DEPT OF PURCHASING & CONTRACTING
TOTAL AMOUNT	NAME AND TITLE OF CONTRACTING OFFICER
P&C 600 Form	

SUBMIT THIS COMPLETED FORM AS PAGE 1 OF THE BID



Request For Bids (RFB) 10956
Temporary Pharmacy Staffing



Representations and Certifications Form

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - REPRESENTATIONS AND CERTIFICATIONS FORM

County of San Diego
Department of Purchasing and Contracting
REPRESENTATIONS AND CERTIFICATIONS

The following representations and certifications are to be completed, signed and returned with the offer (the term "offer" includes a bid, proposal, quote, statement of qualifications, or any other submission to provide goods and/or services).

- 1. BUSINESS TYPE
2. INTERLOCKING DIRECTORATE
3. BUSINESS REPRESENTATION
4. DEBARMENT, SUSPENSION, AND RELATED MATTERS
5. RELATED WORK
6. CURRENT COST OR PRICING
7. INDEPENDENT PRICING
8. ADDITIONAL DISCLOSURES

CERTIFICATION

The information furnished in Paragraphs 1 through 8 and in the accompanying offer is certified to be factual and correct as of the date submitted and this certification is made under penalty of perjury under the laws of the State of California.

Name: Sandeep Harjani Signature: [Signature]
Title: President Date: May 28, 2021
Company/Organization: Infojini Inc.

SUBMIT THIS FORM AS DIRECTED IN THE REQUEST FOR SOLICITATION DOCUMENTS OR WITH THE OFFER

Revised 05-02-17

SUBMIT THIS COMPLETED FORM AS PAGE 2 OF THE BID



Request For Bids (RFB) 10956
Temporary Pharmacy Staffing



Indemnification Agreement

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - NONDISCLOSURE INDEMNIFICATION AGREEMENT

IF OFFEROR SUBMITS EXHIBIT CONFIDENTIAL/PROPRIETARY, THE FOLLOWING NONDISCLOSURE INDEMNIFICATION AGREEMENT MUST BE COMPLETED, SIGNED AND RETURNED WITH THE OFFER

This indemnification agreement ("Agreement") is made and entered into by and between the County of San Diego ("County") and Offeror Company/Organization Name: Infojini Inc. ("Offeror") with reference to the following facts:

WHEREAS the County may receive a request for disclosure of Offeror's submission under the California Public Records Act, Government Code Section 6250, et seq.; and

WHEREAS, Offeror has included in its submission an exhibit entitled "*EXHIBIT - CONFIDENTIAL/PROPRIETARY*" containing records that Offeror has determined to constitute trade secrets or other proprietary information exempt from disclosure under the California Public Records Act; and

WHEREAS the County requires defense and indemnity from Offeror for the County's ongoing non-disclosure of Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*;

NOW, THEREFORE, for good and valuable consideration and the mutual promises contained herein, the parties agree to the following:

1. The above recitals are incorporated herein by this reference.
2. Except as otherwise provided herein, the County will not release Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY* based on Offeror's representation that the records contained therein are proprietary and exempt from disclosure under the California Public Records Act and/or are trade secrets as that term is defined in Government Code Section 6250, et seq. Notwithstanding the foregoing, however, the County may release Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY* in the event of any of the following:
 - a. Offeror fails to comply with the terms and conditions of this Agreement; or
 - b. Offeror provides the County with written notice that some or all of the records may be released; or
 - c. A court of competent jurisdiction orders the County to release the records and the County has exhausted or waived its appeal rights.
3. To the fullest extent allowed by law, the County shall not be liable for, and Offeror shall defend and indemnify County and its Board of Supervisors, officers, directors, employees and agents of County (collectively "County Parties"), against any and all claims, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees (whether incurred by County attorneys or attorneys employed by County) and court costs (hereinafter collectively referred to as "Claims"), related to Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*.
4. Offeror waives any and all claims in law or equity and hereby releases the County Parties from any and all claims, deductibles, self-insured retentions, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees and court costs, which arise out of or are in any way connected to Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*.

TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE OFFEROR	
Offeror Company/Organization Name:	<u>Infojini Inc.</u>
Authorized Representative Name:	<u>Sandeep Harjani</u>
Authorized Representative Title:	<u>President</u>
Signature: <u></u>	Date: <u>May 28, 2021</u>

SUBMIT THIS COMPLETED FORM AS PAGE 3 OF THE BID



**Request For Bids (RFB) 10956
Temporary Pharmacy Staffing**



Pricing Schedule

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - PRICING SCHEDULE

Pricing shall remain fixed during each separately priced initial year and option period(s). Each hourly rate shall be all inclusive meaning that no additional or extra costs will be paid to Contractor for temporary staffing. Hourly rate is the only pricing allowed on any invoices submitted to County. Estimated annual averages of hours are based on historical data and there is no guarantee of hours for requested services under this contract. Contractor payments will be reimbursed according to the following Payment Schedule:

1. RATES FOR INITIAL TERM: EST. JULY 1, 2021– JUNE 30, 2022

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manger	80	\$70.00	32	\$92.40	\$7,392.00
2.	Pharmacist	280	\$60.00	32	\$79.20	\$22,176.00
2.	Pharmacy Technician	560	\$20.00	32	\$26.40	\$14,784.00
Monthly Total						\$44,352.00
Initial Term July 1, 2021- June 30, 2022 Total (Multiply Monthly Total by 12)						\$532,224.00

2. RATES FOR OPTION YEAR 1: EST. JULY 1, 2022-JUNE 30, 2023

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manager	80	\$71.40	32	\$94.25	\$7,539.84
2.	Pharmacist	280	\$61.20	32	\$80.78	\$22,619.52
3.	Pharmacy Tech	560	\$20.40	32	\$26.93	\$15,079.68
Monthly Total						\$45,239.04
Year 1: July 1, 2022-June 30, 2023 Total (Multiply Monthly Total by 12)						\$542,868.48



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DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

3. RATES FOR OPTION YEAR 2: EST. JULY 1, 2023-JUNE 30, 2024

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manger	80	\$72.83	32	\$96.14	\$7,690.85
2.	Pharmacist	280	\$62.42	32	\$82.39	\$23,070.43
3.	Pharmacy Tech	560	\$20.81	32	\$27.47	\$15,382.75
Monthly Total						\$46,144.03
YEAR 2: JULY 1, 2023-JUNE 30, 2024 Total (Multiply Monthly Total by 12)						\$553,728.38

4. RATES FOR OPTION YEAR 3: EST. JULY 1, 2024-JUNE 30, 2025

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manager	80	\$74.29	32	\$98.06	\$7,845.02
2.	Pharmacist	280	\$63.67	32	\$84.04	\$23,532.43
3.	Pharmacy Tech	560	\$21.23	32	\$28.02	\$15,693.22
Monthly Total						\$47,070.67
YEAR 3: JULY 1, 2024-JUNE 30, 2025 Total (Multiply Monthly Total by 12)						\$564,848.06

*Estimated annual hours: The estimated annual hours listed are provided solely for evaluation of bids. They represent approximate anticipated annual hours based on historical data and there is no guarantee of hours for requested services under this contract.



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Temporary Pharmacy Staffing**



COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

5. CONTRACT TERMS

EST. CONTRACT TERM	TOTAL AMOUNT
INITIAL TERM TOTAL JULY 1, 2021-JUNE 30, 2022	\$ 532,224.00
FIRST OPTION YEAR TOTAL JULY 1, 2022-JUNE 30, 2023	\$ 542,868.48
SECOND OPTION YEAR TOTAL JULY 1, 2023- JUNE 30, 2024	\$ 553,728.38
THIRD OPTION YEAR TOTAL JULY 1, 2024- JUNE 30, 2025	\$ 564,848.06
GRAND TOTAL (BASIS OF AWARD)	\$ 2,193,668.92

COMPANY:	Infojini Inc.
Authorized Representative:	Sandeep Harjani
Authorized Representative Signature:	
Phone:	443-257-0086
Email:	statebids@infojiniconsulting.com

6. INVOICES SUBMITTED SHALL CONTAIN THE FOLLOWING:

a. Certification:
I certify that the above deliverables and/or services were delivered and/or performed specifically for this Agreement in accordance with the terms and conditions set forth herein.

I further certify, under penalty of perjury under the laws of the State of California, that no employee or entity providing services under the terms and conditions of this Agreement is currently listed as debarred, excluded, suspended, or ineligible on the Federal System for Award Management (SAM: <http://SAM.gov>), the Federal Health and Human Services Office of Inspector General List of Excluded Individuals/Entities (LEIE: <http://exclusions.oig.hhs.gov>), or the State of California Medi-Cal Suspended and Ineligible list (www.medical.ca.gov).

Sandeep Harjani
Printed Name

Signature

May 28, 2021
Date

SUBMIT THIS COMPLETED FORM AS PAGE 4 OF THE BID



Request For Bids (RFB) 10956
Temporary Pharmacy Staffing



DVB Requirements and Forms

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - DVE SUBCONTRACTOR PARTICIPATION SUMMARY

This DVB Subcontractor Participation Summary is required to document Bidder's/Offeror's (Offeror) compliance with the DVB participation goals set forth in Board Policy B-39a.

All Offerors must complete this section
Offeror: Infojini Inc.
Offeror's Representative: Sandeep Harjani

Exemptions (complete only if Offeror qualifies for one of the exemptions below)
Offeror is exempt from DVB Subcontractor Participation Requirements in accordance with Board Policy B-39a because Offeror is a:
<input type="checkbox"/> Government Agency <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Small Business Enterprise (SBE), pursuant to Board Policy B-53 State of California SBE Certification #: _____ <input type="checkbox"/> Veteran Owned Business (VOB), pursuant to Board Policy B-39a VOB status due to certification as a: <input type="checkbox"/> DVB - State of California Certification #: _____ <input type="checkbox"/> VOSB - U.S. VA Certification #: _____ <input type="checkbox"/> SDVOSB - U.S. VA Certification #: _____

DVB Compliance (complete if Offeror claimed no exemption above)

- Offeror will self-perform 100% of the services.
- Complete and attach DVB Subcontractor Participation Plan
- Complete and attach Documentation of Good Faith Effort (Optional if Offeror has met or exceeded the 3% DVB Subcontractor Participation goal)

Offeror must provide additional supporting documentation upon request.

THIS FORM SHALL BE SUBMITTED WITH BID



**Request For Bids (RFB) 10956
Temporary Pharmacy Staffing**



COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - DVE SUBCONTRACTOR PARTICIPATION PLAN

Offeror: Infojini Inc. Offeror Representative: Sandeep Harjani

Project Title: Temporary Pharmacy Staffing

ITEM NO.	DESCRIPTION OF WORK, SERVICE OR MATERIAL	NAME, ADDRESS, TELEPHONE NUMBER AND CERTIFICATION NUMBER OF CERTIFIED DVB TO BE USED	DOLLAR AMOUNT TO BE PAID THIS DVB
1	Provide temporary medical staffing services to California State Hospitals, California Department of Veterans Affairs, Health and Human Services Agency and many more. Scope of services include Pharmacists, Pharmacy Manager, Pharmacy Technician, Registered Nurses, Licensed Vocational Nurses, Psychologists, Certified Nursing Assistants, Rad Techs and many more.	Name: <u>R.L. Klein & Associates</u> Address: <u>3553 Atlantic Ave #314, Long Beach, CA 90807</u> Telephone #: <u>(562) 427-5577</u> Certification #: <u>7110</u>	3% of the total contract amount
		Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
TOTAL AMOUNT TO CERTIFIED DVB			\$ 3% of the total contract amount

Use additional sheets if necessary. Compute utilization on last sheet.

Sheet ____ of ____ (complete if submitting more than one sheet)

COMPUTATION OF UTILIZATION AND COMPARISON WITH THE SUBCONTRACTOR PARTICIPATION GOAL	
$\frac{\text{Total Amount to Certified DVB}}{\text{Total Bid/Proposal}} \times 100 = \text{Percent of Utilization}$	Goal = 3%
$\frac{\quad}{\quad} \times 100 = \quad \%$	Submit Documentation of Good Faith Effort if goal is not met.

THIS FORM SHALL BE SUBMITTED WITH BID ON THE DUE DATE



Subcontractor DVE Certificate (R.L. Klein & Associates)

To verify most current certification status go to: <https://www.caleprocure.ca.gov>



Office of Small Business & DVBE Services

Certification ID: 7110

Legal Business Name:
R L KLEIN & ASSOCIATES, INC.

Doing Business As (DBA) Name 1:
R L KLEIN & ASSOCIATES, INC.

Doing Business As (DBA) Name 2:

Address:
3553 ATLANTIC AVE
314
LONG BEACH
CA 90807-3529

Email Address:
bob@rlklein.com

Business Web Page:

Business Phone Number:
562/427-5577

Business Fax Number:
562/427-1807

Business Types:
Service

Certification Type	Status	From	To
DVBE	Approved	02/10/2020	02/28/2022
SB(Micro)	Approved	05/12/2020	05/31/2022

Stay Informed! KEEP YOUR CERTIFICATION PROFILE UPDATED!
-LOG IN at [CaleProcure.CA.GOV](https://www.caleprocure.ca.gov)

Questions?

Email: OSDSHELP@DGS.CA.GOV
Call OSDS Main Number: 916-375-4940
707 3rd Street, 1-400, West Sacramento, CA 95605



**Request For Bids (RFB) 10956
Temporary Pharmacy Staffing**



Certificate of Insurance

		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 5/28/2021														
<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>																		
PRODUCER Assurance, a Marsh & McLennan Agency LLC company 20 N Martingale Road Suite 100 Schaumburg IL 60173		CONTACT NAME: Samantha Meccia PHONE (A/C, No, Ext): 312-625-5957 FAX (A/C, No): (847) 440-9126 E-MAIL ADDRESS: smeccia@assuranceagency.com																
INSURED Infojini, Inc. 10015 Old Columbia Road, Suite B215 Columbia MD 21046		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Philadelphia Indemnity Insuran</td> <td>18058</td> </tr> <tr> <td>INSURER B : Wesco Insurance Company</td> <td>25011</td> </tr> <tr> <td>INSURER C : Technology Insurance Company</td> <td>42376</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>			INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Philadelphia Indemnity Insuran	18058	INSURER B : Wesco Insurance Company	25011	INSURER C : Technology Insurance Company	42376	INSURER D :		INSURER E :		INSURER F :	
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INSURER D :																		
INSURER E :																		
INSURER F :																		

COVERAGES		CERTIFICATE NUMBER: 484455167		REVISION NUMBER:		
<p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PHPK2240911	2/28/2021	2/28/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		PHPK2240911	2/28/2021	2/28/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		PHUB757403	2/28/2021	2/28/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	TWC3962244 WVC3522105	2/28/2021 2/28/2021	2/28/2022 2/28/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Crime (Loss of Client's Property)		PHSD1610519	2/28/2021	2/28/2022	Agg 5,000,000 Occ 5,000,000
A	Employment Practices Liability		PHSD1610519	2/28/2021	2/28/2022	Agg 3,000,000 Occ 3,000,000
A	Professional Liability		PHPK2240911	2/28/2021	2/28/2022	Agg 2,000,000 Occ 1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101. Additional Remarks Schedule, may be attached if more space is required) Workers Compensation and Employers' Liability: Any Proprietor/Partner/Executive Officer/Member, as listed on the policy, is excluded. Cyber - 660760701 - Effective 2/28/2021 - 2/28/2022 - Aggregate: \$1,000,000 - HSB Specialty Insurance Company Tech E&O-PHPK2240891- Effective 2/28/2021 - 2/28/2022- Each Claim Limit: \$10,000,000- Aggregate: \$10,000,000- Philadelphia Indemnity Insurance Company Network Security Privacy Injury-PHPK2240891- Effective 2/28/2021 - 2/28/2022- Each Claim Limit: \$10,000,000- Aggregate: \$10,000,000 See Attached...						

CERTIFICATE HOLDER COUNTY OF SAN DIEGO 5560 Overland Avenue, Suite 270 San Diego CA 92123-1204	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

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**Request For Bids (RFB) 10956
Temporary Pharmacy Staffing**



AGENCY CUSTOMER ID: INFOINC-02

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Assurance, a Marsh & McLennan Agency LLC company		NAMED INSURED Infojini, Inc. 10015 Old Columbia Road, Suite B215 Columbia MD 21046	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

It is agreed that the following are added as Additional Insureds, when required by written contract, on the General Liability and Auto Liability on a primary and non-contributory basis with respect to operations performed by the Named Insured in connection with this project:
-The County of San Diego, the members of the Board of Supervisors of the County and the officers, agents, employees and volunteers of the County, individually and collectively

A Waiver of Subrogation in favor of the Additional Insureds applies to the Worker's Compensation policy only, when required by written contract and where allowed by law.

Umbrella follows form over General Liability, Auto Liability, and Professional Liability



**Request For Bids (RFB) 10956
Temporary Pharmacy Staffing**



PI-GLD-TS (11/15)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**GENERAL LIABILITY DELUXE ENDORSEMENT:
TEMPORARY STAFFING**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

It is understood and agreed that the following extensions only apply in the event that no other specific coverage for the indicated loss exposure is provided under this policy. If such specific coverage applies, the terms, conditions and limits of that coverage are the sole and exclusive coverage applicable under this policy, unless otherwise noted on this endorsement. The following is a summary of the Limits of Insurance and additional coverage provided by this endorsement. For complete details on specific coverages, consult the policy contract wording.

Coverage Applicable	Limit of Insurance	Page #
Damage to Premises Rented to You	\$1,000,000	2
Expected or Intended Injury – Property Damage	Included	2
Limited Rental Lease Agreement Contractual Liability	\$50,000	2
Non-Owned Watercraft	Less than 58 feet	3
Damage to Property You Own, Rent or Occupy	\$30,000	3
Medical Payments	\$20,000	3
Medical Payments Reporting Period	3 Years	3
Athletic Activities	Amended	3
Supplementary Payments – Bail Bonds	\$2,500	4
Supplementary Payments – Loss of Earnings	\$500 per day	4
Employee Indemnification Defense Coverage	\$25,000	4
Who Is An Insured Additional Insured – Newly Acquired or Formed Organization Additional Insured – Broadened Named Insured Additional Insured – Blanket Additional Insureds When Required by Contract	Included	4
Duties in the Event of Occurrence, Offense, Claim or Suit	Included	4
Transfer of Rights of Recovery Against Others To Us	Clarification	5
Liberalization	Included	5
Unintentional Failure to Disclose Hazards	Included	5
Bodily Injury – Includes Mental Anguish	Included	5
Personal and Advertising Injury – Includes Abuse of Process, Discrimination	Included	6
Other Insurance – Primary Clarification	Clarification	6

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**Request For Bids (RFB) 10956
Temporary Pharmacy Staffing**



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Staffing Services Exclusions	Clarification	7
Staffing Services Definitions	Clarification	8

A. Damage to Premises Rented to You

If damage by fire to premises rented to you is not otherwise excluded from this Coverage Part:

1. The Damage To Premises Rented To You Limit section of the Declarations is amended to the greater of:
 - a. \$1,000,000; or
 - b. The amount shown in the Declarations as the Damage to Premises Rented to You Limit.

This is the most we will pay for all damage proximately caused by the same event, whether such damage results from fire, lightning, explosion, smoke, or leaks from automatic fire protective systems or any combination thereof;

2. The word fire is changed to fire, lightning, explosion, smoke, or leakage from automatic fire protective systems where it appears in:
 - a. The last paragraph of **SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, Subsection 2. **Exclusions**;
 - b. **SECTION III – LIMITS OF INSURANCE**, Paragraph 6.; and
 - c. **SECTION V – DEFINITIONS**, Paragraph 9.a.; and
3. The words fire insurance are changed to insurance for fire, lightning, explosion, smoke, or leakage from automatic fire protective systems where it appears in **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Subsection 4. **Other Insurance**, Paragraph b. **Excess Insurance**.

B. Expected or Intended Injury – Property Damage

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. **Exclusions**, Paragraph a. **Expected Or Intended Injury** is deleted in its entirety and replaced by the following:

a. Expected Or Intended Injury

“Bodily injury” or “property damage” expected or intended from the standpoint of the insured. This exclusion does not apply to “bodily injury” or “property damage” resulting from the use of reasonable force to protect persons or property.

C. Limited Rental Lease Agreement Contractual Liability

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. **Exclusions**, Paragraph b. **Contractual Liability** is amended by adding the following:

Based on the named insured's request at the time of claim, we agree to indemnify the named insured for their liability assumed in a contract or agreement regarding the rental or lease of a premises on behalf of their client, up to \$50,000.

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Request For Bids (RFB) 10956
Temporary Pharmacy Staffing



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This coverage extension only applies to rental lease agreements and is excess over any renter's liability insurance of the client.

D. Non-Owned Watercraft

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions, g. Aircraft, Auto Or Watercraft, Paragraph (2) is amended to read as follows:

- (2) A watercraft you do not own that is:
 - (a) Less than 58 feet long; and
 - (b) Not being used to carry persons or property for a charge;

This provision applies to any person, who with your consent, either uses or is responsible for the use of a watercraft. This insurance is excess over any other valid and collectible insurance available to the insured whether primary, excess or contingent.

E. Damage to Property You Own, Rent or Occupy

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, 2. Exclusions, j. Damage To Property, Paragraph (1) is deleted in its entirety and replaced with the following:

- (1) Property you own, rent or occupy, including any costs or expenses incurred by you, or any other person, organization or entity, for repair, replacement, enhancement, restoration or maintenance of such property for any reason, including prevention of injury to a person or damage to another's property, unless the damage to property is caused by your client, up to a \$30,000 limit. A client is defined as a person under your direct care and supervision.

F. Medical Payments

- 1. If **COVERAGE C MEDICAL PAYMENTS** is not otherwise excluded from this Coverage Part the Medical Expense Limit is changed subject to all of the terms of **SECTION III – LIMITS OF INSURANCE** to the greater of:

- a. \$20,000; or
- b. The Medical Expense Limit shown in the Declarations of this Coverage Part.

- 2. Under **SECTION I – COVERAGES, COVERAGE C MEDICAL PAYMENTS**, Subsection 1. **Insuring Agreement**, Paragraph a., Item (b) is amended to read:

- (b) The expenses are incurred and reported to us within three years of the date of the accident; and

G. Athletic Activities

SECTION I – COVERAGES, COVERAGE C MEDICAL PAYMENTS, 2. Exclusions, Paragraph e. **Athletics Activities** is deleted in its entirety and replaced with the following:

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e. Athletics Activities

To a person injured while taking part in athletics.

H. Supplementary Payments

SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B, Items 1.b. and 1.d. are amended as follows:

- b. The limit for the cost of bail bonds is changed from \$250 to \$2,500; and
- d. The limit for loss of earnings is changed from \$250 a day to \$500 a day.

I. Employee Indemnification Defense Coverage

SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B is amended to include the following:

We will pay, on your behalf, defense costs incurred by an "employee" in a criminal proceeding.

The most we will pay for any "employee" who is directly involved in a criminal proceeding is \$25,000 regardless of the numbers of "employees," claims or "suits" brought or persons or organizations making claims or bringing "suits."

J. Who is An Insured

SECTION II – WHO IS AN INSURED is amended as follows:

1. Newly Acquired or Formed Organization

If coverage for newly acquired or formed organizations is not otherwise excluded from this Coverage Part, Paragraph 3.a. is amended to read:

- a. Coverage under this provision is afforded until the end of the policy period;
- 2. Each of the following is also an insured:
 - a. **Broadened Named Insured** – Any organization and subsidiary thereof which you control and actively manage on the effective date of this Coverage Part. However, coverage does not apply to any organization or subsidiary not named in the Declarations as Named Insured, if they are also insured under another similar policy, but for its termination or the exhaustion of its limits of insurance.
 - b. **Blanket Additional Insureds When Required by Contract** – Any person or organization where required by a written contract executed prior to the occurrence of a loss. Such person or organization is an additional insured for "bodily injury," "property damage" or "personal and advertising injury" but only for liability arising out of the negligence of the named insured. The limits of insurance applicable to these additional insureds are the lesser of the policy limits or those limits specified in a contract or agreement. These limits are included within and not in addition to the limits of insurance shown in the Declarations.

The Additional Insured's limits of insurance do not increase our limits of insurance, as described in **SECTION III – LIMITS OF INSURANCE**.

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- c. **Interns** – Your interns only while performing duties related to the conduct of your business.
- d. **Contractors** – Any individual or organization under written contract or written agreement with you who provides “staffing services” on your behalf and at your direction for your clients.

K. Duties in the Event of Occurrence, Offense, Claim or Suit

- 1. **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 2.a.** the requirement that you must see to it that we are notified as soon as practicable of an “occurrence” or an offense, applies only when the “occurrence” or offense is known to:
 - a. You, if you are an individual;
 - b. A partner, if you are a partnership; or
 - c. An “executive officer” or insurance manager, if you are a corporation.
- 2. **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 2. b.** the requirement that you must see to it that we receive notice of a claim or “suit” as soon as practicable will not be considered breached unless the breach occurs after such claim or “suit” is known to:
 - a. You, if you are an individual;
 - b. A partner, if you are a partnership; or
 - c. An “executive officer” or insurance manager, if you are a corporation.

L. Transfer of Rights of Recovery Against Others To Us

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us includes the following clarification:

Therefore, the insured can waive the insurer’s rights of recovery prior to the occurrence of a loss, provided the waiver is made in a written contract.

M. Liberalization

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS is amended to include the following additional condition:

Liberalization

If we revise this endorsement to provide more coverage without additional premium charge, we will automatically provide the additional coverage to all endorsement holders as of the day the revision is effective in your state.

N. Unintentional Failure To Disclose Hazards

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS is amended to include the following additional condition:

Unintentional Failure To Disclose Hazards

It is agreed that, based on our reliance on your representations as to existing hazards, if you should unintentionally fail to disclose all such hazards prior to the beginning of the policy period

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of this Coverage Part, we shall not deny coverage under this Coverage Part because of such failure.

O. Bodily Injury – Mental Anguish

SECTION V – DEFINITIONS, Paragraph 3. is amended to read:

“Bodily injury”:

- a. Means bodily injury, sickness or disease sustained by a person, and includes mental anguish resulting from any of these; and
- b. Except for mental anguish, includes death resulting from the foregoing (Item a. above) at any time.

P. Personal and Advertising Injury – Abuse of Process, Discrimination

If **COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY COVERAGE** is not otherwise excluded from this Coverage Part, the definition of “personal and advertising injury” is amended as follows:

1. **SECTION V – DEFINITIONS**, Paragraph 14., Item b. is revised to read:

- b. Malicious prosecution or abuse of process;

2. **SECTION V – DEFINITIONS**, Paragraph 14. is amended to include the following:

“Personal and advertising injury” also means discrimination based on race, color, religion, sex, age or national origin, except when:

- a. Done intentionally by or at the direction of, or with the knowledge or consent of:
 - (1) Any insured; or
 - (2) Any executive officer, director, stockholder, partner or member of the insured; or
- b. Directly or indirectly related to the employment, former or prospective employment, termination of employment, or application for employment of any person or persons by an insured; or
- c. Directly or indirectly related to the sale, rental, lease or sublease or prospective sale, rental, lease or sub-lease of any room, dwelling or premises by or at the direction of any insured; or
- d. Insurance for such discrimination is prohibited by or held in violation of law, public policy, legislation, court decision or administrative ruling.

The above does not apply to fines or penalties imposed because of discrimination.

Q. Section IV – Commercial General Liability Conditions is amended by the addition of the following:

The following language is added to Item 4. **Other Insurance**:

Insurance under this endorsement is primary to and non-contributory with any other insurance maintained by the person or organization (Additional Insured), except for loss resulting from the sole negligence of that person or organization.

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This condition applies even if other valid and collectible insurance is available to the Additional Insured for a loss or "occurrence" we cover for this Additional Insured.

R. Staffing Services Exclusions

The following exclusions are added to **SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE**:

Actions Or Activities Of PEO Worker

"Bodily injury" or "property damage" arising from the actions or activities of any "PEO worker".

Professional Services Exclusion

"Bodily injury" or "property damage" due to the rendering of or failure to render any professional service. This exclusion does not apply to your liability for "bodily injury" or "property damage" arising out of your "employee's" providing or failing to provide professional health care services to another of your "employees", but no "employee" is an insured for his or her providing or failure to provide such professional health care services.

Wrongful Acts

"Bodily injury" or "property damage" arising from a wrongful act in the rendering or failure to render services to or for your client.

For the purposes of this exclusion, wrongful act shall mean any actual or alleged act, error, or omission, misstatement, or misleading statement in the course of providing "staffing services" to your clients by you or by any person for whose acts you are legally responsible.

SECTION I – COVERAGES, COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY COVERAGE is amended as follows:

1. Exclusion **k.** does not apply.
2. Exclusions **a., b., e., f., g., h., i., l.,** and **p.** do not apply to any insured who did not personally acquiesce in or remain passive after having personal knowledge of such conduct. Our obligation to pay shall begin once the full extent of the assets of the responsible insured has been exhausted and once the Deductible as shown in the Declarations of the policy has been satisfied.
3. The following exclusions are added to Paragraph **2. Exclusions**:

Actions Or Activities Of PEO Worker

"Personal and advertising injury" arising from the actions or activities of any "PEO worker".

Professional Services Exclusion

"Personal and advertising injury" due to the rendering of or failure to render any professional service.

Wrongful Acts

"Personal and advertising injury" arising from a wrongful act in the rendering or failure to render services to or for your client.

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Request For Bids (RFB) 10956 Temporary Pharmacy Staffing



PI-GLD-TS (11/15)

For the purposes of this exclusion, wrongful act shall mean any actual or alleged act, error, or omission, misstatement, or misleading statement in the course of providing "staffing services" to your clients by you or by any person for whose acts you are legally responsible.

S. Staffing Services Definitions

1. **SECTION V – DEFINITIONS**, Paragraph 5. is revised to read:

"Employee" includes but is not limited to a "leased worker" and a "staffing service employee".
"Employee" does not include a "temporary worker" or a "PEO worker".

2. The following definitions are added to **SECTION V – DEFINITIONS**:

- a. "PEO service" means staffing related services as a Professional Employer Organization (PEO) you provide to your clients and to "PEO workers" in connection with employment of such workers.
- b. "PEO worker" means a person you lease to your client under a written "PEO service" agreement or contract.
- c. "Staffing Services" means services provided by a staffing company to their clients including but not limited to:
 - (1) Fulfillment of any of the administrative functions which would otherwise be normally fulfilled by an employer's human resource function;
 - (2) Staffing related administrative services provided by an Administrative Services Organization (ASO);
 - (3) "PEO service";
 - (4) Staffing related services provided to your clients for the recruitment, selection and placement of a person for employment with a client.
 - (5) Temporary, contingent or contract placement services;
 - (6) Vendor Management Service (VMS), means the facilitation, purchase and management of "staffing services" for clients including the placement and fulfillment of orders for "staffing service employees";
 - (7) Services performed on behalf of your client by a "staffing service employee" who is not a direct hire or permanent placement;
 - (8) Services performed for a client company to supply that client company with a "staffing service employee".
- d. "Staffing service employee" means a person who is furnished by you to your client to perform the duties to which you have agreed.

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Next

Bid

A Proposal to Serve



Temporary Pharmacy Staffing

RFP # 10956

March 28, 2021 @ 11:00 a.m. P.S.T.

Prepared by



46520 Fremont Blvd, Suite #614, Fremont, CA 94538

Phone: (925) 435 – 9672 | Fax: (925) 558 – 4784

Website: www.infowaygroup.com | Email: info@infowaygroup.com



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1. Transmittal Letter



County of San Diego

May 26, 2021

Department of Purchasing and Contracting
5560 Overland Avenue, Suite 270
San Diego, CA 92123

Kind Attention: Mrs. Jessica Tran, PCS

Subject: Response to **RFB#10956 - Temporary Pharmacy Staffing** due on May 28, 2021.

Dear Jessica,

We appreciate the opportunity to propose our Company Info Way Solutions LLC, as a potential resourcing company to meet the requirements of the above-mentioned RFB for County of San Diego (County). Our proposal is built upon a proven history of success and we are sure that we can create a worthwhile business partnership with the County.

Info Way Solutions LLC provides Information Technology related services to both government entities and private corporations. With experience covering more than 6+ years, our management and staff understand the unique challenges faced by County, City and States. We are expert in providing insight across multiple facets of IT and business collaboration. Info Way Solutions is a NMSDC certified **Minority Business Enterprises (MBE)** and DGS certified **Small Business Enterprise (SBE)** with State of California. Info Way Solutions agrees to all and any statements forthcoming (with due cause and within the boundaries set forth in this agreement), rules and regulations as determined by "County".

We are happy to inform you that, Info Way Solutions has won a five-year contract to provide Temporary IT Professional Services to "The School District of Greenville County, South Carolina".

The Corporate official who is authorized to negotiate the contracts on behalf of Info Way Solutions LLC with County is Mr. Kismat Kathrani and should be contacted for clarification on any part of this proposal.

- Company Name : Info Way Solutions LLC
- Address : 46520 Fremont Blvd, Suite 614, Fremont, CA 94538
- Principal Contact Person : Mr. Kismat Kathrani – CEO
- Phone No : (925) 435 - 9672
- E-mail id : kismat@infowaygroup.com

We look forward to work with you in this program.

Sincerely,

Madhushankar Krishnamurthy
HR Specialist



2. Section A

2.1. Cover Page (PC 600 Form)

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - P&C 600 FORM

Issued: 05/11/2021

COUNTY OF SAN DIEGO
SECTION A-P&C 600 FORM
This is not an order

MAIL OR DELIVER TO:

COUNTY OF SAN DIEGO, RFB No. 10956
DEPARTMENT OF PURCHASING & CONTRACTING
5560 OVERLAND AVE., SUITE 270
SAN DIEGO, CA 92123

FOR INFORMATION, PLEASE CONTACT:

JESSICA TRAN, PCS
JESSICA.TRAN@SDCOUNTY.CA.GOV

AWARD WILL BE MADE TO THE LOWEST RESPONSIVE,

BID OPENING DATE: MAY 25, 2021
BIDS MUST BE RECEIVED AT THE ABOVE ADDRESS
PRIOR TO 11:00 A.M. ON DATE OF BID OPENING.

RESPONSIBLE BIDDER BASED ON:

- ALL OR NONE
- EACH LOT
- TOTAL PRICE

PLEASE STATE YOUR LOWEST PRICE
F.O.B. DESTINATION AND BRAND NAME
OR TRADE NAME IF APPLICABLE.
(Please use typewriter or black ink)
YOUR ENVELOPE MUST INCLUDE RFB NO. 10956

UNSPSC commodity code: 801116.0600

DESCRIPTION

THE COUNTY OF SAN DIEGO (COUNTY), DEPARTMENT OF HEALTH AND HUMAN SERVICES HAS A REQUIREMENT FOR TEMPORARY PHARMACY STAFFING IN ACCORDANCE WITH THE TERMS & CONDITIONS AND THE STATEMENT OF WORK REFLECTED HEREIN.

INITIAL TERM:

ESTIMATED DATE OF AWARD – JUNE 30, 2022

1ST COUNTY OPTION:

ESTIMATED JULY 1, 2022 – JUNE 30, 2023

2ND COUNTY OPTION:

ESTIMATED JULY 1, 2023 – JULY 1, 2024

3RD COUNTY OPTION:

ESTIMATED JULY 1, 2024 – JULY 1, 2025

PRICING SUBMITTED IS TO REMAIN FIRM FOR THE TERM PERIOD IDENTIFIED ABOVE. ALL ITEMS WITHIN EACH TERM PERIOD MUST BE PRICED TO BE CONSIDERED RESPONSIVE.

ARE YOU ABLE TO COMPLY WITH ALL ITEMS SPECIFIED WITHIN THE SCOPE OF WORK? YES OR NO

BIDDER ACKNOWLEDGES ADDENDUM NO. 1 2 3 4 5

SUBJECT TO ACCEPTANCE WITHIN 90 DAYS

PAYMENT TERMS NET 30 DAYS OR % DAY

NAME AND ADDRESS OF BIDDER

NAME AND TITLE OF PERSON AUTHORIZED

STREET, CITY, STATE, ZIP
Info Way Solutions LLC
46520 Fremont Blvd, Suite 614
Fremont, California - 94538

TO SIGN OFFER:

05/26/2021
SIGNATURE OFFEROR DATE

TELEPHONE: NUMBER (510) 485 - 6393

FAX TELEPHONE: (925) 558 - 4784

PRINTED NAME: Madhushankar Krishnamurthy

E-MAIL: madhu@infowaygroup.com

PRINTED TITLE: HR Specialist

NOTIFICATION OF AWARD -
ACCEPTANCE AS TO ITEM(S) NUMBERED:

(THIS SECTION FOR COUNTY USE ONLY)

COUNTY OF SAN DIEGO

BY: _____ DATE: _____

(VC No.)

JOHN M. PELLEGRINO, DIRECTOR

DEPT OF PURCHASING & CONTRACTING

TOTAL AMOUNT
P&C 600 Form

AWARD No.

NAME AND TITLE OF CONTRACTING OFFICER

SUBMIT THIS COMPLETED FORM AS PAGE 1 OF THE BID



2.2. Representations and Certifications Form

County of San Diego
Department of Purchasing and Contracting

REPRESENTATIONS AND CERTIFICATIONS

The following representations and certifications are to be completed, signed and returned with the offer (the term "offer" includes a bid, proposal, quote, statement of qualifications, or any other submission to provide goods and/or services).

1. BUSINESS TYPE

For-profit Non-profit Government

2. INTERLOCKING DIRECTORATE

In accordance with Board of Supervisors Policy A-79, if Offeror is a non-profit and will be subcontracting with a related for-profit entity where an interlocking directorate, management or ownership relationship exists, Offeror must list all such entity(ies) on an attached separate sheet, and authorization must be sought from Board of Supervisors. If Offeror is a non-profit and does not submit such a list, Offeror certifies it has not entered into a subcontract relationship with a related for-profit entity.

List Attached? Yes

3. BUSINESS REPRESENTATION

Offeror represents as a part of this offer the following information regarding the ownership, operation, and control of its business:

3.1. Are you a local business with a physical address within the County of San Diego? Yes No

3.2. Are you certified by the State of California as a: Disabled Veteran Business Enterprise(DVBE) Certification #: Small Business Enterprise (SBE) Certification #: 2016150

3.3. Are you certified by the U.S. Dept Of Veterans' Affairs as: Veteran Owned Small Business (VOSB) Certification # Service Disabled Veteran Owned Small Business (SDVOSB) Certification #

3.4. Estimated percentage of work in this offer to be performed or fulfilled locally (within the geographic boundaries of the County of San Diego): 100 %

4. DEBARMENT, SUSPENSION, AND RELATED MATTERS

4.1. Offeror certifies to the best of its knowledge that neither it nor any of its officers:

4.1.1. Are presently debarred, suspended, declared ineligible, or voluntarily excluded from covered transactions by any state, local, or federal department or agency.

4.1.2. Have within a three (3) year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

4.2. Except as allowed for in Section 4.2.5, Offeror hereby certifies to the best of its knowledge that neither it nor any of its officers:

4.2.1 Are presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state, or local) with the commission of any of the offenses enumerated in paragraph 4.1.2 of this certification;

4.2.2 Have within a three (3) year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default;

4.2.3 Are presently the target or subject of any investigation, accusation or charges by any federal, state or local agency or law enforcement, licensing, certification, ethics, or compliance body;

4.2.4 Are proposed for debarment by any state, local, or federal department or agency.

4.2.5 If Offeror is unable to certify Sections 4.2.1, 4.2.2, 4.2.3, or 4.2.4, it certifies that it has disclosed and attached to this Representations and Certifications the reason(s) it cannot do so. The disclosure must include the Section(s), specific relevant facts including dates, contracts, individuals involved, status of actions, and any other relevant information that prevent it from making the requested certification(s). The County reserves the right to disqualify an Offeror based upon information disclosed.

Disclosure Attached? Yes

5. RELATED WORK

Offeror certifies to the best of its knowledge that, other than as disclosed in an attached separate sheet, it and its proposed subcontractors, agents, and consultants have not previously contracted with the County to perform work on or related to this project (e.g. preparing related studies or recommendations, components of the statement of work, or plans and specifications).

Disclosure Attached? Yes

6. CURRENT COST OR PRICING

Offeror certifies to the best of its knowledge that cost and/or pricing data submitted with this offer, or specifically identified by reference if actual submission of the data is impracticable, are accurate, complete, and current as of the date signed below.

7. INDEPENDENT PRICING

Offeror certifies that in relation to this offer:

7.1. The prices in this offer have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with other offerors, with any competitors, or with any County employee(s) or consultant(s) involved in this or related procurements;

7.2. Unless otherwise required by law, the prices that have been quoted in this offer have not been knowingly disclosed by the Offeror and will not knowingly be disclosed by the Offeror prior to opening, in the case of a bid, or prior to award, in the case of a proposal, directly or indirectly to any other Offeror or to any competitor or with any County employee(s) or consultant(s) involved in this or related procurements; and

7.3. No attempt has been made or will be made by the Offeror to induce any other person or firm to submit or not to submit an offer for the purpose of restricting competition.

8. ADDITIONAL DISCLOSURES

Offeror shall report in writing to the County Department of Purchasing and Contracting within five business days of discovering or having any reason to suspect any change in status as certified in the preceding paragraphs. Upon County's request, Offeror shall provide additional information supporting Offeror's Representations and Certifications. Offeror's obligations under this Section 8 shall continue until Offeror is no longer under consideration for award of a contract, or until termination or expiration of any resulting contract(s).

CERTIFICATION

The information furnished in Paragraphs 1 through 8 and in the accompanying offer is certified to be factual and correct as of the date submitted and this certification is made under penalty of perjury under the laws of the State of California.

Name: Madhushankar Krishnamurthy Signature: [Signature]

Title: HR Specialist Date: 05/26/2021

Company/Organization: Info Way Solutions LLC

SUBMIT THIS FORM AS DIRECTED IN THE REQUEST FOR SOLICITATION DOCUMENTS OR WITH THE OFFER

Revised 05-02-17



2.3. Non-Disclosure Indemnification Agreement

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - NONDISCLOSURE INDEMNIFICATION AGREEMENT

IF OFFEROR SUBMITS EXHIBIT CONFIDENTIAL/PROPRIETARY, THE FOLLOWING NONDISCLOSURE INDEMNIFICATION AGREEMENT MUST BE COMPLETED, SIGNED AND RETURNED WITH THE OFFER

This indemnification agreement ("Agreement") is made and entered into by and between the County of San Diego ("County") and Offeror Company/Organization Name: Info Way Solutions LLC ("Offeror") with reference to the following facts:

WHEREAS the County may receive a request for disclosure of Offeror's submission under the California Public Records Act, Government Code Section 6250, et seq.; and

WHEREAS, Offeror has included in its submission an exhibit entitled "EXHIBIT - CONFIDENTIAL/PROPRIETARY" containing records that Offeror has determined to constitute trade secrets or other proprietary information exempt from disclosure under the California Public Records Act; and

WHEREAS the County requires defense and indemnity from Offeror for the County's ongoing non-disclosure of Offeror's EXHIBIT-CONFIDENTIAL/PROPRIETARY;

NOW, THEREFORE, for good and valuable consideration and the mutual promises contained herein, the parties agree to the following:

- 1. The above recitals are incorporated herein by this reference.
2. Except as otherwise provided herein, the County will not release Offeror's EXHIBIT-CONFIDENTIAL/PROPRIETARY based on Offeror's representation that the records contained therein are proprietary and exempt from disclosure under the California Public Records Act and/or are trade secrets as that term is defined in Government Code Section 6250, et seq. Notwithstanding the foregoing, however, the County may release Offeror's EXHIBIT-CONFIDENTIAL/PROPRIETARY in the event of any of the following:
a. Offeror fails to comply with the terms and conditions of this Agreement; or
b. Offeror provides the County with written notice that some or all of the records may be released; or
c. A court of competent jurisdiction orders the County to release the records and the County has exhausted or waived its appeal rights.
3. To the fullest extent allowed by law, the County shall not be liable for, and Offeror shall defend and indemnify County and its Board of Supervisors, officers, directors, employees and agents of County (collectively "County Parties"), against any and all claims, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees (whether incurred by County attorneys or attorneys employed by County) and court costs (hereinafter collectively referred to as "Claims"), related to Offeror's EXHIBIT-CONFIDENTIAL/PROPRIETARY.
4. Offeror waives any and all claims in law or equity and hereby releases the County Parties from any and all claims, deductibles, self-insured retentions, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees and court costs, which arise out of or are in any way connected to Offeror's EXHIBIT-CONFIDENTIAL/PROPRIETARY.

TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE OFFEROR
Offeror Company/Organization Name: Info Way Solutions LLC
Authorized Representative Name: Madhushankar Krishnamurthy
Authorized Representative Title: HR Specialist
Signature: [Handwritten Signature] Date: 05/21/2021

SUBMIT THIS COMPLETED FORM AS PAGE 3 OF THE BID



2.4. Pricing Schedule

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - PRICING SCHEDULE

Pricing shall remain fixed during each separately priced initial year and option period(s). Each hourly rate shall be all inclusive meaning that no additional or extra costs will be paid to Contractor for temporary staffing. Hourly rate is the only pricing allowed on any invoices submitted to County. Estimated annual averages of hours are based on historical data and there is no guarantee of hours for requested services under this contract. Contractor payments will be reimbursed according to the following Payment Schedule:

1. RATES FOR INITIAL TERM: EST. JULY 1, 2021– JUNE 30, 2022

Table with 7 columns: Line, Job Classification, *Estimated Monthly Average Hours, Staff Pay Rate (Hourly), Percentage Mark-up (%), Bill Rate (Hourly) All Inclusive Rate, Extended Total Price. Rows include Pharmacy Manger, Pharmacist, Pharmacy Technician, Monthly Total, and Initial Term July 1, 2021- June 30, 2022 Total.

2. RATES FOR OPTION YEAR 1: EST. JULY 1, 2022-JUNE 30, 2023

Table with 7 columns: Line, Job Classification, *Estimated Monthly Average Hours, Staff Pay Rate (Hourly), Percentage Mark-up (%), Bill Rate (Hourly) All Inclusive Rate, Extended Total Price. Rows include Pharmacy Manger, Pharmacist, Pharmacy Technician, Monthly Total, and Year 1: July 1, 2022-June 30, 2023 Total.



COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

3. RATES FOR OPTION YEAR 2: EST. JULY 1, 2023-JUNE 30, 2024

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manger	80	\$55.00	10%	\$70.40	\$5,632
2.	Pharmacist	280	\$45.00	10%	\$57.60	\$16,128
3.	Pharmacy Technician	560	\$20.00	10%	\$25.60	\$14,336
Monthly Total						\$36,096
YEAR 2: JULY 1, 2023-JUNE 30, 2024 Total (Multiply Monthly Total by 12)						\$433,152

4. RATES FOR OPTION YEAR 3: EST. JULY 1, 2024-JUNE 30, 2025

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manger	80	\$55.00	10%	\$70.40	\$5,632
2.	Pharmacist	280	\$45.00	10%	\$57.60	\$16,128
3.	Pharmacy Technician	560	\$20.00	10%	\$25.60	\$14,336
Monthly Total						\$36,096
YEAR 3: JULY 1, 2024-JUNE 30, 2025 Total (Multiply Monthly Total by 12)						\$433,152

*Estimated annual hours: The estimated annual hours listed are provided solely for evaluation of bids. They represent approximate anticipated annual hours based on historical data and there is no guarantee of hours for requested services under this contract.



COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

5. CONTRACT TERMS

EST. CONTRACT TERM	TOTAL AMOUNT
INITIAL TERM TOTAL JULY 1, 2021-JUNE 30, 2022	\$433,152
FIRST OPTION YEAR TOTAL JULY 1, 2022-JUNE 30, 2023	\$433,152
SECOND OPTION YEAR TOTAL JULY 1, 2023- JUNE 30, 2024	\$433,152
THIRD OPTION YEAR TOTAL JULY 1, 2024- JUNE 30, 2025	\$433,152
GRAND TOTAL (BASIS OF AWARD)	\$1,732,608

COMPANY:

Authorized Representative: Madhushankar Krishnamurthy

Authorized Representative Signature:

Phone: (510) 485 - 6393

Email: madhu@infowaygroup.com

6. INVOICES SUBMITTED SHALL CONTAIN THE FOLLOWING:

a. Certification:

I certify that the above deliverables and/or services were delivered and/or performed specifically for this Agreement in accordance with the terms and conditions set forth herein.

I further certify, under penalty of perjury under the laws of the State of California, that no employee or entity providing services under the terms and conditions of this Agreement is currently listed as debarred, excluded, suspended, or ineligible on the Federal System for Award Management (SAM: <http://SAM.gov>), the Federal Health and Human Services Office of Inspector General List of Excluded Individuals/Entities (LEIE: <http://exclusions.oig.hhs.gov>), or the State of California Medi-Cal Suspended and Ineligible list (www.medi-cal.ca.gov).

Madhushankar Krishnamurthy
Printed Name

Signature

05/26/2021
Date

SUBMIT THIS COMPLETED FORM AS PAGE 4 OF THE BID



2.5. DVB Requirements and Forms

a) DVE Subcontractor Participation Summary

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - DVE SUBCONTRACTOR PARTICIPATION SUMMARY

This DVB Subcontractor Participation Summary is required to document Bidder's/Offeror's (Offeror) compliance with the DVB participation goals set forth in Board Policy B-39a.

Table with 2 columns: Label and Value. Row 1: All Offerors must complete this section. Row 2: Offeror: Info Way Solutions LLC. Row 3: Offeror's Representative: Madhushankar Krishnamurthy.

Exemptions (complete only if Offeror qualifies for one of the exemptions below)
Offeror is exempt from DVB Subcontractor Participation Requirements in accordance with Board Policy B-39a because Offeror is a:
[] Government Agency
[] Nonprofit Organization
[X] Small Business Enterprise (SBE), pursuant to Board Policy B-53
State of California SBE Certification #: 2016150
[] Veteran Owned Business (VOB), pursuant to Board Policy B-39a
VOB status due to certification as a:
[] DVB - State of California Certification #:
[] VOSB - U.S. VA Certification #:
[] SDVOSB - U.S. VA Certification #:

DVB Compliance (complete if Offeror claimed no exemption above)

- [] Offeror will self-perform 100% of the services.
[] Complete and attach DVB Subcontractor Participation Plan
[] Complete and attach Documentation of Good Faith Effort (Optional if Offeror has met or exceeded the 3% DVB Subcontractor Participation goal)

Offeror must provide additional supporting documentation upon request.

THIS FORM SHALL BE SUBMITTED WITH BID



b) DVE Subcontractor Participation Plan

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 TEMPORARY PHARMACY STAFFING

SECTION A - DVE SUBCONTRACTOR PARTICIPATION PLAN

Offeror: Info Way Solutions LLC Offeror Representative: Madhushankar Krishnamurthy

Project Title: Temporary Pharmacy Staffing

ITEM NO.	DESCRIPTION OF WORK, SERVICE OR MATERIAL	NAME, ADDRESS, TELEPHONE NUMBER AND CERTIFICATION NUMBER OF CERTIFIED DVB TO BE USED	DOLLAR AMOUNT TO BE PAID THIS DVB
	Not Applicable	Name:	
		Address:	
		Telephone #: Certification #:	
		Name:	
		Address:	
		Telephone #: Certification #:	
		Name:	
		Address:	
		Telephone #: Certification #:	
		Name:	
		Address:	
		Telephone #: Certification #:	
		Name:	
		Address:	
		Telephone #: Certification #:	
TOTAL AMOUNT TO CERTIFIED DVB			\$

Use additional sheets if necessary. Compute utilization on last sheet.

Sheet ____ of ____ (complete if submitting more than one sheet)

COMPUTATION OF UTILIZATION AND COMPARISON WITH THE SUBCONTRACTOR PARTICIPATION GOAL	
$\frac{\text{Total Amount to Certified DVB}}{\text{Total Bid/Proposal}} \times 100 = \text{Percent of Utilization}$	Goal = 3%
$\frac{\quad}{\quad} \times 100 = \text{_____}\%$	Submit Documentation of Good Faith Effort if goal is not met.

THIS FORM SHALL BE SUBMITTED WITH BID ON THE DUE DATE



2.6. DVB "Good Faith Effort" Package

a) Documentation of Good Faith Effort

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - DOCUMENTATION OF GOOD FAITH EFFORT- Page 1 of 2

A. List potential DVBS that the Offeror solicited for participation in this contract along with dates. Use additional sheets if necessary.

Table with 4 columns: Row Number, Certified DVB Firm, Date of Contact (Mail, Fax, Telephone, etc), and Responded (Yes/No). Row 1 contains 'Not Applicable'.

Sheet ____ of ____ (complete if submitting more than one sheet)

B. DVB Solicitations

Solicitation Sample:

Offeror must attach a sample of the solicitation sent to certified DVB firms. If phone contact was made, document conversation: date, time, contact person, and business opportunities discussed.

THIS FORM SHALL BE SUBMITTED WITH BID ON THE DUE DATE



3. Appendix

3.1. Company Introduction

We are very pleased to present our skills, capabilities and experience as a technology Services Vendor/Integrator in response to the County of San Diego (County) need for Temporary Pharmacy Staffing. Info Way Solutions has a proven track record of providing high quality services to our clients.



Keeping up with technological advancements can be overwhelming and County personnel cannot have expertise in everything. You certainly need a reliable and trustworthy IT Partner who can support you with IT planning and management services.

Info Way Solutions LLC is a **100% US owned small business (Certified MBE, SBE and CPUC) based in Fremont, California**. Info Way Solutions is trusted by many reputed organizations nationwide to provide IT consulting services. Info Way Solutions was formed in 2014 with a clear focus on IT Staffing and Technical Support Services.

With our excellent IT Consultants and a winning culture, Info Way Solutions today is firmly established as one of leading IT consulting firms. With a total headcount of around 115+ and easy access to a global resource pool, Info Way Solutions offers an extensive range of IT services to US businesses.

Info Way Solutions was established in 2014, with the sole objective of providing high quality services in recruitment and human resource management. Since then, Info Way Solutions has grown organically into a specialist provider of permanent, contract, temporary and outsourced recruitment solutions. With over 6+ years of experience, we operate across the small and large firms. Our aim is to give employer’s quality staffing and individual candidate’s greater opportunities to succeed in their careers through a broad range of contacts and value-added expertise.

- Info Way Solutions has recruited over 1000 employees ranging from executives to technician across industries.
- Info Way Solutions has experience hiring large volumes of staff within limited periods of time to meet contract deliverables.
- Info Way Solutions has experience maintaining a low turnover rate for contract staff and internal corporate staff.



3.2. Qualification of Firm

Info Way Solutions is a strategic IT consulting and information technology company. Info Way Solutions has provided Information Technology Support Services for 6+ years. We specialize in the capability of having knowledge and insight of providing the various business support needed to support many professional roles/functions in the Information Technology Field. Our consultation services involve expertise to properly execute desired Temporary Staffing programs. We can implement our services individually based on a single role or designed as a total solution.

Our superior client-consultant relationships and in-depth insight of services have resulted in significant repeated business with clients. In addition, we are partners with best-in-class technology vendors that enable us to best determine the most appropriate hardware, software and services to cater to any of our client’s business needs. We collaborated with client to optimally use of today’s technology while also planning.

All our resources are multifaceted and come with years of commended performance. Project completion rate of our consultants is 97%, 3% is attributed to unforeseen situations like project shutdown, health issues, relocation, etc. We appreciate the experience that our candidates bring from various industries and we like to leverage it for the mutual benefit of both the City and Candidates. We specialize in information technology staff augmentation services, and start-up hiring.



Overview:

1. Name of company	: Info Way Solutions LLC
2. Address of corporate headquarters	: 46520 Fremont Blvd, Suite 614, Fremont, CA 94538
3. Telephone and Fax number	: (925) 435 – 9672 / (925) 558 – 4784
4. Type of company	: LLC doing business as S Corp
5. Company formed on	: 17 th July, 2014
6. Company Principal	: Mr. Kismat Kathrani - CEO
7. Total no. of company’s employees	: 115+
8. No. of years in providing similar services	: 6+
9. FEIN	: 46-2594823
10. Authorized Partners to	: HP, PayPal, Apple, Walmart, Cisco
11. Certifications	: MBE, SBE, CPUD and SAM



Since our inception in 2014 our sole focus is on IT and Non-IT Consulting and we continue to deliver successful programs. Through the course of 6+ years as a specialized Information Technology Service Provider, Info Way Solutions today has specialized offering in various IT Services which includes the following:

Info Way Solution’s Services

- Staffing Service
- Cyber Security Solutions
- Big Data
- Digital Transformation
- Web Application Development
- Web UI/UX Development
- Mobile Application Development
- Custom Application Development
- Application Transformation
- Training and Placement

Our Consulting Practice Includes

- An initial assessment of client needs
- Identification of project scope
- Clear definitions of deliverables
- Technology and strategy recommendations
- Development of a quality solution
- Ongoing guidance and feedback
- Timely, within budget the completion of project

Industry Practices

- Banking, Financial Services and Insurance
- Telecom
- Manufacturing
- Retail and Consumer Goods
- Transportation
- Life Sciences and Healthcare
- S-Governance
- Energy and Utilities
- Media and Entertainment

Service Practices

- eBusiness
- Application Development and Maintenance
- Architecture and Technology Consulting
- Engineering Services
- eSecurity
- Large Projects
- Infrastructure Development and Management
- Process Consulting
- Human Resourcing

Info Way Solutions offers onsite + offsite + remote delivery models. Our team of 115+ consultants will develop a tailored solution that delivers an economical solution to meet your business and budgetary needs. – offering depth and breadth of expertise. Info Way Solutions delivers only the best resources to control your project implementation and support costs, whatever the scope of your demand.



Info Way Solutions has deep experience in IT consulting practice and has worked with 50+clients globally.	Our IT consultant's expertise, agility, flexibility to work with clients.	Low attrition rate which allows effective expertise build-up, accumulation and retention.
Strong domain expertise in the last 6+ years.	Holistic process driven approach in consultant hiring.	Existing process frameworks of utilities to jump start customers.
Total lifecycle experience for all the clients.	Unique engineering workforce: highly skilled, experienced and well educated.	Managing Centers of Excellence (CoE's) for all the customers.

Our IT Support Methodology includes the following key activities by phases:

- **Assess** — establish transformation objectives, create transformation baseline, develop initial Target Operating Model and business case, initiate transformation program, develop program governance structure, agree on procedures, standards, methods and tools, agree on risk management approach, change management approach and benefit realization approach, complete initial planning and preparation.
- **Design** — develop implementation strategies, define baseline scope, collect and document business requirements, develop business blueprint, develop technical architecture design, develop technical standards and procedures, complete baseline configuration, review gaps and issues, sign-off business blueprint, develop change management activities, develop training strategy, develop test strategy and plan.
- **Construct** — configure, test and confirm business requirements, develop identified enhancements, reports, conversions and other development objects, implement enterprise security plans, plan and execute integration testing, plan and execute performance and system tests, develop initial cutover plan, implement plans for an enterprise Centre of Excellence, assess pre-transition readiness, develop training.
- **Implement** —finalize migration plan, finalize organizational change management activities, evaluate changed organization, evaluate system effectiveness, conduct training sessions, execute user acceptance tests, complete final simulated data load and data load to production, perform cutover and go live.
- **Operate and Review** — complete transition to business and production support, track and monitor operational performance, realize the planned business benefits, establish continuous improvement programs.



3.3. Staffing Capability

Info Way Solutions HR Services has a dedicated Resource Management Team working to address our clients and partners staffing requirements. From the pool of experienced recruiters, resume databases and partner networks we can provide the right candidate in very short duration.

We can quickly ramp up client teams with mix of experienced consultants who are able to deliver the project on time at a reduced cost. Our offshore premises are our own hence we can ramp up the team pretty fast to accommodate more teams. Info Way Solutions HR Services team helps you address your staffing needs with contract; contract-to-hire and direct hire recruiting services.

Our recruitment process is rigorous and thus pre-screens the candidate before submitting to clients. Hence, we are able to ensure that only the right candidates get shortlisted. We get repeat business from our clients because we clearly understand your business, your culture, and your needs precisely.

Benefits our client's derive

- Provide a direct access to expert IT Consultants
- We pre-screen candidates for their Technical and Communication skills and present them to our clients without compromising on quality.
- We have master contract agreements on HR consulting with many corporations.
- We have strict guidelines to qualify a candidate hence our recruiters follow internal quality checks.
- We handle end to end life-cycle of the recruiting to placement process.

Today, we have a pool of experienced IT Consultants with industry domain experts, management bandwidth and necessary infrastructure to deliver project implementation, upgrades / migration and IT consulting services.

We understand our client's needs well; hence we always maintain a slim bench of experienced IT consultants who are able to take up any work and support clients. Our near-shore and offshore Delivery Centre's resource pool ensures scalability and ease of working.

Info Way Solutions Differentiator's

Sourcing Strategies for Hard-to-Fill Positions

There are known specialties that have shortages of skilled professionals in the marketplace. These shortages create limitations for effective recruiting. Our team supports a practice of continuous recruitment of qualified candidates throughout the term of the contract and beyond for future work. We maintain a ready pool of qualified candidates of various expertise from which to draw.



Localization – Recruitment Methodology

Our methods for recruitment of local personnel to staff effectively and to keep staff for the entire contract based upon current economic conditions, qualifications, and retention at geographic locations are:

Location in relation to:

- Nearest large metropolitan city
- Nearest large and technologically advanced center
- Population index
- Cost of Living index
- Commuting distance and associated costs for personnel

From our geographic research, we have used the above factors that could present facilities as a Recruitment Challenge.

- Distance Challenge - Over 45 miles from the nearest large city (50,000 population) to site: less likely for individuals to drive long distances given compensation.
- Location Challenge-is not near a major talent center: lower opportunity for personnel having qualifications to support of the requirements.
- Population Challenge-is in an area population: 50,000 residents or less and age of workforce (e.g. retirement areas)
- \$ High Cost of Living Index—approximately 10% or greater to the national average; expected higher pay scale.

Contract Management/Recruiting Capabilities

Info Way Solutions uses government approved accounting practices, procedures and software. We have an on-staff Controller, Compliance Officer and Payroll Manager dedicated to compliant financial management. Our Executive Team oversees corporate organizational development, strategy, and provides direction. Key senior leaders oversee and specialize in various business areas that work collaboratively to support proposal and contract management efforts. Our contract specific Program Managers are the liaisons between our field associates, the program and Info Way Solutions. Our internal Human Resources (HR) department and in-house recruiters use specialized tools, assessments and specific hiring criteria which allow us to carefully select the best, most qualified and aligned internal and external talent for higher performance and better results. We are an experienced recruiting firm which uses advanced analytics to identify exceptional candidates who match your company's culture, bring value to your organization with skills and talent, that help drive forward to achieve results.

Internal Provider Database and Postings

We uses a multitude of resources to assist in our talent search. A combination of on-line recruiting tools such as LinkedIn Recruiter, Zip Recruiter, Indeed, The Ladders, Monster, CareerBuilder, Dice and industry specific sources, and our extensive internal database and word-of-mouth referrals help our highly experienced recruiters find the right people for our positions nationwide.



Our HR Department places announcements of openings on the company Web site, which spiders out to multiple hiring sites and professional organizations and is accessible directly or indirectly from these sites. Info Way Solutions maintains an extensive database of potential hires for all professional positions.

We use the Applicant Tracking System (ATS) and HR recruiting application through Payroll Network that enables our recruiters to manage our entire talent life-cycle from sourcing to recruitment marketing to applicant tracking and onboarding. Info Way Solutions recruiters maintain communication with candidates they have kept up with previously recruited or are currently supporting one of our contracts. Our first step during the start-up phase of each new contract and whenever vacancies occur for attrition is to scan our internal database for candidates and talk to our employees for referrals.

Info Way Solutions provides project management, application management, software development, integration, consulting, and staffing solutions to help County get the maximum return-on-investment on your IT Landscape. When you need guaranteed success, Info Way Solutions provides the advice and guidance of experienced professionals who understand both the functional business needs and technical design you demand. Whether it is implementing a new IT environment or enhancing your existing IT system, Info Way Solutions supports your investment by using our hands-on approach. Reduce delivery costs/time, create value and lower total cost of ownership.

- Lower your overall cost by reducing your overhead cost
- Flexible workforce / Ad-hoc consultants for specific project or timeline
- Reduce workforce liability
- Experienced staff increases project management efficiency
- Experienced consultants who can work Onsite, Offsite & Offshore

Our Recruitment Services include, Executive Search, Permanent and Temporary Staffing, Master – Vendor Services, Recruiter on Demand etc., We have succeeded in transforming a conventional business concept into one that embraces technology, without sacrificing that all-important personal touch. Info Way Solutions is specialised as an exclusive provider of IT consulting services. The key to our success is our commitment to developing long-term relationships with our clients and employees. At Info Way Solutions we pride ourselves on our ability to provide the brightest IT talent available in the industry.

We hire the right people and increase first time hiring success rate. We retain key employees to reduce rehiring and training cost. We increase productivity with proper workflow, improved operating procedures, and systematic training. We improve net profit by reducing the running cost in hiring, training and manpower inefficiency. We create a high performance work place to continue improving business efficiency and effectiveness.

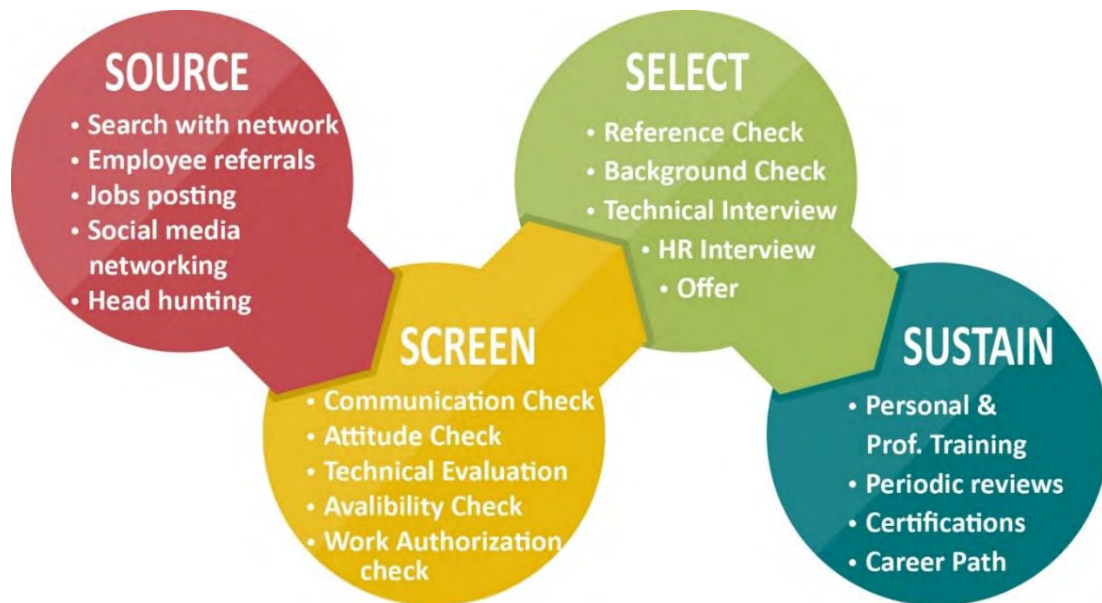


3.4. Our Recruitment Process

Our Hiring Process: When a specific position needs to be filled internally or for our clients, we will broadcast within our network and look for candidates with whom we have worked in the past and have relationship. If we have not found anyone in that basket, then we look for candidate from open market or vendors. The process is explained here:

Candidate applies by visiting our Careers Website or job posting in portals for suitable positions.

Initial Screening: Once candidate applies for a position online, his / her information will be reviewed by the Info Way Solutions recruiting team member and we will compare his/ her skills and experience with the requirements of the position. If there is a match, HR team shall contact the candidate for further consideration.



Interview Process: The interview process may vary based on the position they apply to. The HR team will discuss the interview timeline with candidate in greater detail to provide the candidate with a realistic expectation for filling the open position. Generally, the interview process will begin via a phone screen with a member of our HR Team. Subsequent interviews will be in person and may consist of a series of interviews with different members of the HR Team. The majority of the time will be spent discussing candidate’s background, skills, and significant accomplishments.

Pre-Employment Assessments: Our assessments may vary based on the position the candidate applies for. The assessments will be conducted mostly online. The assessments will assist us to know his technical acumen and also his written communication skills. As a practice, we will not use them to discriminate based on race, color, sex, national origin, religion, disability, or age.



Offer of Employment: Based on the results of the interviews, an offer of employment may be extended. At this point we will discuss the specific details of the offer.

Background Check: After an offer has been accepted, Info Way Solutions will complete a background check. This will consist of criminal history, education reference, and employment references. Candidate's offer of employment will be contingent upon a favourable background check.

Drug Test: Before candidate's scheduled start date, Info Way Solutions will ask the candidate to submit to a pre-employment drug screen. Candidate's offer of employment will be contingent upon a negative drug screen.

First Day of Work: If the candidate is hired for internal position, his reporting project manager or a member of Human Resources will be in contact with candidate to discuss his/ her first day of work with Info Way Solutions.



3.5. Our SBE Certificate

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To verify most current certification status go to: <https://www.caleprocure.ca.gov>



Office of Small Business & DVBE Services

Certification ID: 2016150

Legal Business Name:
Info Way Solutions LLC

Doing Business As (DBA) Name 1:

Doing Business As (DBA) Name 2:

Address:
46520 Fremont Blvd
Suite 614
Fremont
CA 94538

Email Address:
Kismat@infowaygroup.com

Business Web Page:

Business Phone Number:
631/923-8350

Business Fax Number:

Business Types:
Service

Certification Type	Status	From	To
SB	Approved	08/28/2019	10/31/2021

Stay informed! KEEP YOUR CERTIFICATION PROFILE UPDATED!

-LOG IN at [CaleProcure.CA.GOV](https://www.caleprocure.ca.gov)

Questions?

Email: OSDSHELP@DGS.CA.GOV

Call OSDS Main Number: 916-375-4940

707 3rd Street, 1-400, West Sacramento, CA 95605

Next

Bid

May 27, 2021

Ms. Jessica Tran, PCS
Procurement Contracting Specialist
County of San Diego
Purchasing and Contracting Department
5560 Overland Avenue, Suite 270
San Diego, CA 92123-1204

Re: Response to Request for Bids #10956 to provide Temporary Pharmacy Staffing for the County of San Diego Department of Health and Human Services

Dear Ms. Tran:

It is with great pleasure that we present you with the PeopleSolutions Healthcare Staffing, Inc. (PSHCS) bid to provide Temporary Pharmacy Staffing for the County of San Diego Department of Health and Human Services in response to RFB #10956.

PSHCS is certified by the State of California Department of General Services as a Small Business (Micro) and DVBE (Certificate # 1792922).

In 2011 we began providing Professional and Allied Healthcare Staffing Services. One of our first clients, Coastal Express Pharmacy, contracted us to provide staffing assistance at their two locations from January 2011 until the Pharmacy's closure in 2016.

Coastal Express was a mail order pharmacy serving the Workers' Compensation niche. We provided Pharmacy Technicians that worked under the supervision of the pharmacists.

The Long Beach Prescription Pharmacy was a retail store with walk-in and phone-in prescriptions along with a small selection of health products. PSHCS placed 20-30 Pharmacy Technicians annually between the two locations.

At both locations, candidates were required to have at least two years of relevant experience, a high school diploma or equivalent and the ability to pass the Coastal Express Pharmacy's in-house basic exam. We received and filled same day requests, contract orders and contract to hire positions. We met Coastal Express' staffing expectations by:

- vetting candidates in anticipation of the client's needs
- calling back contract coverage employees to work on the same day orders
- keeping in close communication with our client and our assigned employees, and
- paying a competitive wage

Ms. Jessica Tran
May 27, 2021
Page 2

Our team's primary focus is *"to provide our clients with qualified medical staff, reduce staff turnovers and enhance the medical provider's ability to deliver excellent care to their patients"*.

Our policies, guidelines, and procedures are designed so that our work is performed with minimal supervision. And, our systems ensure we quickly handle any employment issues, accurately estimate charges to the client, and maintain accurate financial records.

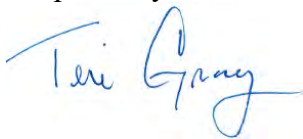
PeopleSolutions Healthcare Staffing, Inc. agrees to hold the prices in this offer firm for 90 days from the date specified for receipt of offers.

I will serve as the point of contact for all communications regarding this quote, including any requests for clarification between the HHS and PSHCS. Here is my contact information:

Ms. Teri Gray, MPH
Chief Executive Officer / President
PeopleSolutions Healthcare Staffing, Inc.
4000 Long Beach Blvd, Suite 247
Long Beach, CA 90807
(562) 988-8139 Office
tgray@peoplesolutionshcs.com
www.PeopleSolutionsHCS.com

Our team awaits the next steps in the procurement process. Please feel free to contact me to answer questions or provide clarification.

Respectfully,



Teri Gray, MPH
Chief Executive Officer/President
PeopleSolutions Healthcare Staffing, Inc.

Attachments:

- PC 600
- Representations and Certifications
- Indemnification Agreement
- Pricing Schedule
- Bidder/Offeror DVB Information
- Certificate of Insurance

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - P&C 600 FORM

Issued: 05/11/2021

COUNTY OF SAN DIEGO
SECTION A-P&C 600 FORM
This is not an order

MAIL OR DELIVER TO:

COUNTY OF SAN DIEGO, RFB No. 10956
DEPARTMENT OF PURCHASING & CONTRACTING
5560 OVERLAND AVE., SUITE 270
SAN DIEGO, CA 92123

AWARD WILL BE MADE TO THE LOWEST RESPONSIVE.

RESPONSIBLE BIDDER BASED ON:

- ALL OR NONE
 EACH LOT
 TOTAL PRICE

UNSPSC commodity code: 801116.0600

FOR INFORMATION, PLEASE CONTACT:

JESSICA TRAN, PCS
JESSICA.TRAN@SDCOUNTY.CA.GOV

BID OPENING DATE: MAY 25, 2021
BIDS MUST BE RECEIVED AT THE ABOVE ADDRESS
PRIOR TO 11:00 A.M. ON DATE OF BID OPENING.

PLEASE STATE YOUR LOWEST PRICE
F.O.B. DESTINATION AND BRAND NAME
OR TRADE NAME IF APPLICABLE.
(Please use typewriter or black ink)
YOUR ENVELOPE MUST INCLUDE RFB NO. 10956

DESCRIPTION

THE COUNTY OF SAN DIEGO (COUNTY), DEPARTMENT OF HEALTH AND HUMAN SERVICES HAS A REQUIREMENT FOR TEMPORARY PHARMACY STAFFING IN ACCORDANCE WITH THE TERMS & CONDITIONS AND THE STATEMENT OF WORK REFLECTED HEREIN.

INITIAL TERM:

1ST COUNTY OPTION:
2ND COUNTY OPTION:
3RD COUNTY OPTION:

ESTIMATED DATE OF AWARD – JUNE 30, 2022
ESTIMATED JULY 1, 2022 – JUNE 30, 2023
ESTIMATED JULY 1, 2023 – JULY 1, 2024
ESTIMATED JULY 1, 2024 – JULY 1, 2025

PRICING SUBMITTED IS TO REMAIN FIRM FOR THE TERM PERIOD IDENTIFIED ABOVE. ALL ITEMS WITHIN EACH TERM PERIOD MUST BE PRICED TO BE CONSIDERED RESPONSIVE.

ARE YOU ABLE TO COMPLY WITH ALL ITEMS SPECIFIED WITHIN THE SCOPE OF WORK? YES OR NO

BIDDER ACKNOWLEDGES ADDENDUM NO. 1 2 3 4 5

SUBJECT TO ACCEPTANCE WITHIN 90 DAYS

NAME AND ADDRESS OF BIDDER
PeopleSolutions Healthcare Staffing, Inc.

STREET, CITY, STATE, ZIP
4000 Long Beach Blvd., Suite 201
Long Beach, CA 90807


TELEPHONE: NUMBER (562) 988-9139
FAX TELEPHONE: (562) 427-4263

E-MAIL: tgray@PeopleSolutionsHCS.com

PAYMENT TERMS NET 30 DAYS OR % DAY

NAME AND TITLE OF PERSON AUTHORIZED

TO SIGN OFFER:

 05/27/2021
SIGNATURE OFFEROR DATE

PRINTED NAME: Ms. Teri Gray, MPH

PRINTED TITLE: Chief Executive Officer

NOTIFICATION OF AWARD -

ACCEPTANCE AS TO ITEM(S) NUMBERED:

(VC No.)

(THIS SECTION FOR COUNTY USE ONLY)

COUNTY OF SAN DIEGO

By: _____ DATE: _____

JOHN M. PELLEGRINO, DIRECTOR

DEPT OF PURCHASING & CONTRACTING

TOTAL AMOUNT
P&C 600 Form

AWARD NO.

NAME AND TITLE OF CONTRACTING OFFICER

SUBMIT THIS COMPLETED FORM AS PAGE 1 OF THE BID

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - REPRESENTATIONS AND CERTIFICATIONS FORM

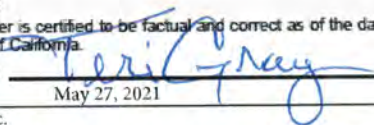
County of San Diego
Department of Purchasing and Contracting
REPRESENTATIONS AND CERTIFICATIONS

The following representations and certifications are to be completed, signed and returned with the offer (the term "offer" includes a bid, proposal, quote, statement of qualifications, or any other submission to provide goods and/or services).

1. **BUSINESS TYPE**
 For-profit Non-profit Government
2. **INTERLOCKING DIRECTORATE**
In accordance with Board of Supervisors Policy A-70, if Offeror is a non-profit and will be subcontracting with a related for-profit entity where an interlocking directorate, management or ownership relationship exists, Offeror must list all such entity(ies) on an attached separate sheet, and authorization must be sought from Board of Supervisors. If Offeror is a non-profit and does not submit such a list, Offeror certifies it has not entered into a subcontract relationship with a related for-profit entity.
List Attached? Yes
3. **BUSINESS REPRESENTATION**
Offeror represents as a part of this offer the following information regarding the ownership, operation, and control of its business:
 - 3.1. Are you a local business with a physical address within the County of San Diego? Yes No
 - 3.2. Are you certified by the State of California as a:
 Disabled Veteran Business Enterprise(DVBE)
Certification #: 1792922
 Small Business Enterprise (SBE)
Certification #: 1792922
 - 3.3. Are you certified by the U.S. Dept Of Veterans' Affairs as:
 Veteran Owned Small Business (VOSB)
Certification # _____
 Service Disabled Veteran Owned Small Business (SDVOSB)
Certification # 047901883
 - 3.4. Estimated percentage of work in this offer to be performed or fulfilled locally (within the geographic boundaries of the County of San Diego): 100 %
4. **DEBARMENT, SUSPENSION, AND RELATED MATTERS**
 - 4.1. Offeror certifies to the best of its knowledge that neither it nor any of its officers:
 - 4.1.1. Are presently debarred, suspended, declared ineligible, or voluntarily excluded from covered transactions by any state, local, or federal department or agency.
 - 4.1.2. Have within a three (3) year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - 4.2. Except as allowed for in Section 4.2.5, Offeror hereby certifies to the best of its knowledge that neither it nor any of its officers:
 - 4.2.1. Are presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state, or local) with the commission of any of the offenses enumerated in paragraph 4.1.2 of this certification;
 - 4.2.2. Have within a three (3) year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default;
- 4.2.3. Are presently the target or subject of any investigation, accusation or charges by any federal, state or local agency or law enforcement, licensing, certification, ethics, or compliance body;
- 4.2.4. Are proposed for debarment by any state, local, or federal department or agency.
- 4.2.5. If Offeror is unable to certify Sections 4.2.1, 4.2.2, 4.2.3, or 4.2.4, it certifies that it has disclosed and attached to this Representations and Certifications the reason(s) it cannot do so. The disclosure must include the Section(s), specific relevant facts including dates, contracts, individuals involved, status of actions, and any other relevant information that prevent it from making the requested certification(s). The County reserves the right to disqualify an Offeror based upon information disclosed.
Disclosure Attached? Yes
5. **RELATED WORK**
Offeror certifies to the best of its knowledge that, other than as disclosed in an attached separate sheet, it and its proposed subcontractors, agents, and consultants have not previously contracted with the County to perform work on or related to this project (e.g. preparing related studies or recommendations, components of the statement of work, or plans and specifications).
Disclosure Attached? Yes
6. **CURRENT COST OR PRICING**
Offeror certifies to the best of its knowledge that cost and/or pricing data submitted with this offer, or specifically identified by reference if actual submission of the data is impracticable, are accurate, complete, and current as of the date signed below.
7. **INDEPENDENT PRICING**
Offeror certifies that in relation to this offer:
 - 7.1. The prices in this offer have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with other offerors, with any competitors, or with any County employee(s) or consultant(s) involved in this or related procurements;
 - 7.2. Unless otherwise required by law, the prices that have been quoted in this offer have not been knowingly disclosed by the Offeror and will not knowingly be disclosed by the Offeror prior to opening, in the case of a bid, or prior to award, in the case of a proposal, directly or indirectly to any other Offeror or to any competitor or with any County employee(s) or consultant(s) involved in this or related procurements; and
 - 7.3. No attempt has been made or will be made by the Offeror to induce any other person or firm to submit or not to submit an offer for the purpose of restricting competition.
8. **ADDITIONAL DISCLOSURES**
Offeror shall report in writing to the County Department of Purchasing and Contracting within five business days of discovering or having any reason to suspect any change in status as certified in the preceding paragraphs. Upon County's request, Offeror shall provide additional information supporting Offeror's Representations and Certifications. Offeror's obligations under this Section 8 shall continue until Offeror is no longer under consideration for award of a contract, or until termination or expiration of any resulting contract(s).

CERTIFICATION

The information furnished in Paragraphs 1 through 8 and in the accompanying offer is certified to be factual and correct as of the date submitted and this certification is made under penalty of perjury under the laws of the State of California.

Name: Ms Teri Gray, MPH Signature: 
Title: Chief Executive Officer Date: May 27, 2021
Company/Organization: PeopleSolutions Healthcare Staffing, Inc.

SUBMIT THIS FORM AS DIRECTED IN THE REQUEST FOR SOLICITATION DOCUMENTS OR WITH THE OFFER

Revised 05-02-17

SUBMIT THIS COMPLETED FORM AS PAGE 2 OF THE BID

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - NONDISCLOSURE INDEMNIFICATION AGREEMENT

IF OFFEROR SUBMITS EXHIBIT CONFIDENTIAL/PROPRIETARY, THE FOLLOWING NONDISCLOSURE INDEMNIFICATION AGREEMENT MUST BE COMPLETED, SIGNED AND RETURNED WITH THE OFFER

This indemnification agreement ("Agreement") is made and entered into by and between the County of San Diego ("County") and Offeror Company/Organization Name: PeopleSolutions Healthcare Staffing, Inc. ("Offeror") with reference to the following facts:

WHEREAS the County may receive a request for disclosure of Offeror's submission under the California Public Records Act, Government Code Section 6250, et seq.; and

WHEREAS, Offeror has included in its submission an exhibit entitled "*EXHIBIT - CONFIDENTIAL/PROPRIETARY*" containing records that Offeror has determined to constitute trade secrets or other proprietary information exempt from disclosure under the California Public Records Act; and

WHEREAS the County requires defense and indemnity from Offeror for the County's ongoing non-disclosure of Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*;

NOW, THEREFORE, for good and valuable consideration and the mutual promises contained herein, the parties agree to the following:

1. The above recitals are incorporated herein by this reference.
2. Except as otherwise provided herein, the County will not release Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY* based on Offeror's representation that the records contained therein are proprietary and exempt from disclosure under the California Public Records Act and/or are trade secrets as that term is defined in Government Code Section 6250, et seq. Notwithstanding the foregoing, however, the County may release Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY* in the event of any of the following:
 - a. Offeror fails to comply with the terms and conditions of this Agreement; or
 - b. Offeror provides the County with written notice that some or all of the records may be released; or
 - c. A court of competent jurisdiction orders the County to release the records and the County has exhausted or waived its appeal rights.
3. To the fullest extent allowed by law, the County shall not be liable for, and Offeror shall defend and indemnify County and its Board of Supervisors, officers, directors, employees and agents of County (collectively "County Parties"), against any and all claims, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees (whether incurred by County attorneys or attorneys employed by County) and court costs (hereinafter collectively referred to as "Claims"), related to Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*.
4. Offeror waives any and all claims in law or equity and hereby releases the County Parties from any and all claims, deductibles, self-insured retentions, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees and court costs, which arise out of or are in any way connected to Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*.

TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE OFFEROR

Offeror Company/Organization Name: PeopleSolutions Healthcare Staffing, Inc.

Authorized Representative Name: Ms. Teri Gray, MPH

Authorized Representative Title: Chief Executive Officer

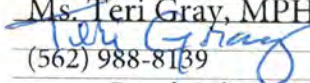
Signature:  Date: May 27, 2021

SUBMIT THIS COMPLETED FORM AS PAGE 3 OF THE BID

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 TEMPORARY PHARMACY STAFFING

5. CONTRACT TERMS

EST. CONTRACT TERM	TOTAL AMOUNT
INITIAL TERM TOTAL JULY 1, 2021-JUNE 30, 2022	\$ 575,044.80
FIRST OPTION YEAR TOTAL JULY 1, 2022-JUNE 30, 2023	\$ 592,296.14
SECOND OPTION YEAR TOTAL JULY 1, 2023- JUNE 30, 2024	\$ 610,065.03
THIRD OPTION YEAR TOTAL JULY 1, 2024- JUNE 30, 2025	\$ 628,366.98
GRAND TOTAL (BASIS OF AWARD)	\$ 2,405,772.95

COMPANY: PeopleSolutions Healthcare Staffing, Inc.
 Authorized Representative: Ms. Teri Gray, MPH
 Authorized Representative Signature: 
 Phone: (562) 988-8139
 Email: tgray@PeopleSolutionsHCS.com

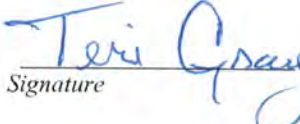
6. INVOICES SUBMITTED SHALL CONTAIN THE FOLLOWING:

a. Certification:

I certify that the above deliverables and/or services were delivered and/or performed specifically for this Agreement in accordance with the terms and conditions set forth herein.

I further certify, under penalty of perjury under the laws of the State of California, that no employee or entity providing services under the terms and conditions of this Agreement is currently listed as debarred, excluded, suspended, or ineligible on the Federal System for Award Management (SAM: <http://SAM.gov>), the Federal Health and Human Services Office of Inspector General List of Excluded Individuals/Entities (LEIE: <http://exclusions.oig.hhs.gov>), or the State of California Medi-Cal Suspended and Ineligible list (www.medi-cal.ca.gov).

TERI Gray
 Printed Name


 Signature

5-26-21
 Date

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - PRICING SCHEDULE

Pricing shall remain fixed during each separately priced initial year and option period(s). Each hourly rate shall be all inclusive meaning that no additional or extra costs will be paid to Contractor for temporary staffing. Hourly rate is the only pricing allowed on any invoices submitted to County. Estimated annual averages of hours are based on historical data and there is no guarantee of hours for requested services under this contract. Contractor payments will be reimbursed according to the following Payment Schedule:

1. RATES FOR INITIAL TERM: EST. JULY 1, 2021– JUNE 30, 2022

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manger	80	\$ 72.00	0.39	\$ 100.08	\$ 8,006.40
2.	Pharmacist	280	\$ 65.00	0.39	\$ 90.35	\$25,298.00
2.	Pharmacy Technician	560	\$ 18.00	0.45	\$ 26.10	\$14,616.00
Monthly Total						\$ 47,920.40
Initial Term July 1, 2021- June 30, 2022 Total (Multiply Monthly Total by 12)						\$575,044.80

2. RATES FOR OPTION YEAR 1: EST. JULY 1, 2022-JUNE 30, 2023

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manager	80	\$ 74.16	0.39	\$ 103.08	\$ 8,246.59
2.	Pharmacist	280	\$ 66.95	0.39	\$ 93.06	\$26,056.94
3.	Pharmacy Tech	560	\$ 18.54	0.45	\$ 26.88	\$ 15,054.48
Monthly Total						\$ 49,358.01
Year 1: July 1, 2022-June 30, 2023 Total (Multiply Monthly Total by 12)						\$592,296.14

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

3. RATES FOR OPTION YEAR 2: EST. JULY 1, 2023-JUNE 30, 2024

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manger	80	\$ 76.38	0.39	\$ 106.17	\$ 8,493.99
2.	Pharmacist	280	\$68.96	0.39	\$ 95.85	\$ 26,838.65
3.	Pharmacy Tech	560	\$ 19.10	0.45	\$ 27.69	\$ 15,506.11
Monthly Total						\$ 50,838.75
YEAR 2: JULY 1, 2023-JUNE 30, 2024 Total (Multiply Monthly Total by 12)						\$610,065.03

4. RATES FOR OPTION YEAR 3: EST. JULY 1, 2024-JUNE 30, 2025

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manager	80	\$ 78.88	0.39	\$ 109.36	\$ 8,748.81
2.	Pharmacist	280	\$ 71.03	0.39	\$ 98.73	\$ 27,643.81
3.	Pharmacy Tech	560	\$ 19.67	0.45	\$ 28.52	\$ 15,971.30
Monthly Total						\$ 52,363.91
YEAR 3: JULY 1, 2024-JUNE 30, 2025 Total (Multiply Monthly Total by 12)						\$628,366.98

*Estimated annual hours: The estimated annual hours listed are provided solely for evaluation of bids. They represent approximate anticipated annual hours based on historical data and there is no guarantee of hours for requested services under this contract.

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - DVE SUBCONTRACTOR PARTICIPATION SUMMARY

This DVB Subcontractor Participation Summary is required to document Bidder's/Offeror's (Offeror) compliance with the DVB participation goals set forth in Board Policy B-39a.

All Offerors must complete this section
Offeror: PeopleSolutions Healthcare Staffing, Inc.
Offeror's Representative: Ms. Teri Gray, MPH

Exemptions (complete only if Offeror qualifies for one of the exemptions below)
Offeror is exempt from DVB Subcontractor Participation Requirements in accordance with Board Policy B-39a because Offeror is a:
<input type="checkbox"/> Government Agency
<input type="checkbox"/> Nonprofit Organization
<input checked="" type="checkbox"/> Small Business Enterprise (SBE), pursuant to Board Policy B-53 State of California SBE Certification #: <u>1792922</u>
<input checked="" type="checkbox"/> Veteran Owned Business (VOB), pursuant to Board Policy B-39a VOB status due to certification as a: <input checked="" type="checkbox"/> DVB - State of California Certification #: <u>1792922</u> <input type="checkbox"/> VOSB - U.S. VA Certification #: _____ <input checked="" type="checkbox"/> SDVOSB - U.S. VA Certification #: <u>047901883</u>

DVB Compliance (complete if Offeror claimed no exemption above)

- Offeror will self-perform 100% of the services.
- Complete and attach DVB Subcontractor Participation Plan
- Complete and attach Documentation of Good Faith Effort (Optional if Offeror has met or exceeded the 3% DVB Subcontractor Participation goal)

Offeror must provide additional supporting documentation upon request.

THIS FORM SHALL BE SUBMITTED WITH BID



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/18/2021

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

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

PRODUCER License # 0F76001
CTK North American Insurance Services, LLC / INSURICA
1240 North Lakeview Avenue, #240
Anaheim, CA 92807
CONTACT NAME:
PHONE (A/C, No, Ext): (714) 779-2000
FAX (A/C, No): (714) 779-4129
INSURER(S) AFFORDING COVERAGE
INSURER A : Zurich American Insurance Company
NAIC # 16535

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation, and Professional Liab.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

County of San Diego
Health and Human Services
San Diego, California

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Handwritten signature

Next

Bid



**RFB #10956—TEMPORARY PHARMACY STAFFING
COUNTY OF SAN DIEGO, DEPARTMENT OF HEALTH AND HUMAN SERVICES
SAN DIEGO, CA**

STATEMENT OF QUALIFICATIONS (SOQ)

**Prepared by:
Maluh Silvano, VP, Business Development
Platinum Healthcare Staffing
310-821-5888
maluh@platinumhealthcarestaffing.com**

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - P&C 600 FORM

Issued: 05/11/2021

COUNTY OF SAN DIEGO
SECTION A-P&C 600 FORM
This is not an order

MAIL OR DELIVER TO:

COUNTY OF SAN DIEGO, RFB No. 10956
DEPARTMENT OF PURCHASING & CONTRACTING
5560 OVERLAND AVE., SUITE 270
SAN DIEGO, CA 92123

FOR INFORMATION, PLEASE CONTACT:

JESSICA TRAN, PCS
JESSICA.TRAN@SDCOUNTY.CA.GOV

AWARD WILL BE MADE TO THE LOWEST RESPONSIVE,

BID OPENING DATE: MAY 25, 2021
BIDS MUST BE RECEIVED AT THE ABOVE ADDRESS
PRIOR TO 11:00 A.M. ON DATE OF BID OPENING.

RESPONSIBLE BIDDER BASED ON:

- ALL OR NONE
 EACH LOT
 TOTAL PRICE

PLEASE STATE YOUR LOWEST PRICE
F.O.B. DESTINATION AND BRAND NAME
OR TRADE NAME IF APPLICABLE.
(Please use typewriter or black ink)
YOUR ENVELOPE MUST INCLUDE RFB NO. 10956

UNSPSC commodity code: **801116.0600**

DESCRIPTION

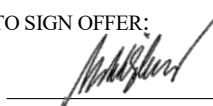
THE COUNTY OF SAN DIEGO (COUNTY), DEPARTMENT OF HEALTH AND HUMAN SERVICES HAS A REQUIREMENT FOR TEMPORARY PHARMACY STAFFING IN ACCORDANCE WITH THE TERMS & CONDITIONS AND THE STATEMENT OF WORK REFLECTED HEREIN.

INITIAL TERM: ESTIMATED DATE OF AWARD – JUNE 30, 2022
1ST COUNTY OPTION: ESTIMATED JULY 1, 2022 – JUNE 30, 2023
2ND COUNTY OPTION: ESTIMATED JULY 1, 2023 – JULY 1, 2024
3RD COUNTY OPTION: ESTIMATED JULY 1, 2024 – JULY 1, 2025

PRICING SUBMITTED IS TO REMAIN FIRM FOR THE TERM PERIOD IDENTIFIED ABOVE. ALL ITEMS WITHIN EACH TERM PERIOD MUST BE PRICED TO BE CONSIDERED RESPONSIVE.

ARE YOU ABLE TO COMPLY WITH ALL ITEMS SPECIFIED WITHIN THE SCOPE OF WORK? YES_OR_NO

BIDDER ACKNOWLEDGES ADDENDUM NO. 1 2 3 4 5

SUBJECT TO ACCEPTANCE WITHIN 90 DAYS	PAYMENT TERMS NET 30 DAYS OR % DAY
NAME AND ADDRESS OF BIDDER Platinum Empire Group, Inc., dba Platinum Healthcare Staffing	NAME AND TITLE OF PERSON AUTHORIZED
STREET, CITY, STATE, ZIP 2430 Amsler St., Ste. B, Torrance, CA, 90505	TO SIGN OFFER:  5/27/2021
TELEPHONE: NUMBER (310) 821-5888 FAX TELEPHONE: (888) 772-5757	SIGNATURE OFFEROR DATE
E-MAIL: maluh@platinumhealthcarestaffing.com	PRINTED NAME: <u>MALUH SILVANO</u>
	PRINTED TITLE: <u>VP, BUSINESS DEVELOPMENT</u>

NOTIFICATION OF AWARD - ACCEPTANCE AS TO ITEM(S) NUMBERED: (VC No.)

(THIS SECTION FOR COUNTY USE ONLY)
COUNTY OF SAN DIEGO
By: JOHN M. PELLEGRINO, DIRECTOR DATE: _____
DEPT OF PURCHASING & CONTRACTING

TOTAL AMOUNT AWARD No. NAME AND TITLE OF CONTRACTING OFFICER
P&C 600 Form

SUBMIT THIS COMPLETED FORM AS PAGE 1 OF THE BID

County of San Diego
Department of Purchasing and Contracting
REPRESENTATIONS AND CERTIFICATIONS

The following representations and certifications are to be completed, signed and returned with the offer (the term "offer" includes a bid, proposal, quote, statement of qualifications, or any other submission to provide goods and/or services).

1. BUSINESS TYPE

For-profit Non-profit Government

2. INTERLOCKING DIRECTORATE

In accordance with Board of Supervisors Policy A-79, if Offeror is a non-profit and will be subcontracting with a related for-profit entity where an interlocking directorate, management or ownership relationship exists, Offeror must list all such entity(ies) on an attached separate sheet, and authorization must be sought from Board of Supervisors. If Offeror is a non-profit and does not submit such a list, Offeror certifies it has not entered into a subcontract relationship with a related for-profit entity.

List Attached? Yes

3. BUSINESS REPRESENTATION

Offeror represents as a part of this offer the following information regarding the ownership, operation, and control of its business:

3.1. Are you a local business with a physical address within the County of San Diego? Yes No

3.2. Are you certified by the State of California as a:

Disabled Veteran Business Enterprise(DVBE)

Certification #: _____

Small Business Enterprise (SBE)

Certification #: _____

3.3. Are you certified by the U.S. Dept Of Veterans' Affairs as:

Veteran Owned Small Business (VOSB)

Certification # _____

Service Disabled Veteran Owned Small Business

(SDVOSB)

Certification # _____

3.4. Estimated percentage of work in this offer to be performed or fulfilled locally (within the geographic boundaries of the County of San Diego): 0 %

4. DEBARMENT, SUSPENSION, AND RELATED MATTERS

4.1. Offeror certifies to the best of its knowledge that neither it nor any of its officers:

4.1.1. Are presently debarred, suspended, declared ineligible, or voluntarily excluded from covered transactions by any state, local, or federal department or agency.

4.1.2. Have within a three (3) year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

4.2. Except as allowed for in Section 4.2.5, Offeror hereby certifies to the best of its knowledge that neither it nor any of its officers:

4.2.1 Are presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state, or local) with the commission of any of the offenses enumerated in paragraph 4.1.2 of this certification;

4.2.2 Have within a three (3) year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default;

4.2.3 Are presently the target or subject of any investigation, accusation or charges by any federal, state or local agency or law enforcement, licensing, certification, ethics, or compliance body;

4.2.4 Are proposed for debarment by any state, local, or federal department or agency.

4.2.5 If Offeror is unable to certify Sections 4.2.1, 4.2.2, 4.2.3, or 4.2.4, it certifies that it has disclosed and attached to this Representations and Certifications the reason(s) it cannot do so. The disclosure must include the Section(s), specific relevant facts including dates, contracts, individuals involved, status of actions, and any other relevant information that prevent it from making the requested certification(s). The County reserves the right to disqualify an Offeror based upon information disclosed.

Disclosure Attached? Yes

5. RELATED WORK

Offeror certifies to the best of its knowledge that, other than as disclosed in an attached separate sheet, it and its proposed subcontractors, agents, and consultants have not previously contracted with the County to perform work on or related to this project (e.g. preparing related studies or recommendations, components of the statement of work, or plans and specifications).

Disclosure Attached? Yes

6. CURRENT COST OR PRICING

Offeror certifies to the best of its knowledge that cost and/or pricing data submitted with this offer, or specifically identified by reference if actual submission of the data is impracticable, are accurate, complete, and current as of the date signed below.

7. INDEPENDENT PRICING

Offeror certifies that in relation to this offer:

7.1. The prices in this offer have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with other offerors, with any competitors, or with any County employee(s) or consultant(s) involved in this or related procurements;

7.2. Unless otherwise required by law, the prices that have been quoted in this offer have not been knowingly disclosed by the Offeror and will not knowingly be disclosed by the Offeror prior to opening, in the case of a bid, or prior to award, in the case of a proposal, directly or indirectly to any other Offeror or to any competitor or with any County employee(s) or consultant(s) involved in this or related procurements; and

7.3. No attempt has been made or will be made by the Offeror to induce any other person or firm to submit or not to submit an offer for the purpose of restricting competition.

8. ADDITIONAL DISCLOSURES

Offeror shall report in writing to the County Department of Purchasing and Contracting within five business days of discovering or having any reason to suspect any change in status as certified in the preceding paragraphs. Upon County's request, Offeror shall provide additional information supporting Offeror's Representations and Certifications. Offeror's obligations under this Section 8 shall continue until Offeror is no longer under consideration for award of a contract, or until termination or expiration of any resulting contract(s).

CERTIFICATION

The information furnished in Paragraphs 1 through 8 and in the accompanying offer is certified to be factual and correct as of the date submitted and this certification is made under penalty of perjury under the laws of the State of California.

Name: Maluh Silvano

Signature: _____

Title: VP, Business Development

Date: 5/27/2021

Company/Organization: Platinum Empire Group, Inc., DBA Platinum Healthcare Staffing

SUBMIT THIS FORM AS DIRECTED IN THE REQUEST FOR SOLICITATION DOCUMENTS OR WITH THE OFFER

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - NONDISCLOSURE INDEMNIFICATION AGREEMENT

IF OFFEROR SUBMITS EXHIBIT CONFIDENTIAL/PROPRIETARY, THE FOLLOWING NONDISCLOSURE INDEMNIFICATION AGREEMENT MUST BE COMPLETED, SIGNED AND RETURNED WITH THE OFFER

This indemnification agreement (“Agreement”) is made and entered into by and between the County of San Diego (“County”) and Offeror Company/Organization Name: Platinum Empire Group, Inc., dba Platinum Healthcare Staffing (“Offeror”) with reference to the following facts:

WHEREAS the County may receive a request for disclosure of Offeror’s submission under the California Public Records Act, Government Code Section 6250, et seq.; and

WHEREAS, Offeror has included in its submission an exhibit entitled “*EXHIBIT – CONFIDENTIAL/PROPRIETARY*” containing records that Offeror has determined to constitute trade secrets or other proprietary information exempt from disclosure under the California Public Records Act; and

WHEREAS the County requires defense and indemnity from Offeror for the County’s ongoing non-disclosure of Offeror’s *EXHIBIT-CONFIDENTIAL/PROPRIETARY*;

NOW, THEREFORE, for good and valuable consideration and the mutual promises contained herein, the parties agree to the following:


1. The above recitals are incorporated herein by this reference.
2. Except as otherwise provided herein, the County will not release Offeror’s *EXHIBIT-CONFIDENTIAL/PROPRIETARY* based on Offeror’s representation that the records contained therein are proprietary and exempt from disclosure under the California Public Records Act and/or are trade secrets as that term is defined in Government Code Section 6250, et seq. Notwithstanding the foregoing, however, the County may release Offeror’s *EXHIBIT-CONFIDENTIAL/PROPRIETARY* in the event of any of the following:
 - a. Offeror fails to comply with the terms and conditions of this Agreement; or
 - b. Offeror provides the County with written notice that some or all of the records may be released; or
 - c. A court of competent jurisdiction orders the County to release the records and the County has exhausted or waived its appeal rights.
3. To the fullest extent allowed by law, the County shall not be liable for, and Offeror shall defend and indemnify County and its Board of Supervisors, officers, directors, employees and agents of County (collectively “County Parties”), against any and all claims, demands, liability, judgments, awards, fines, mechanics’ liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys’ fees (whether incurred by County attorneys or attorneys employed by County) and court costs (hereinafter collectively referred to as “Claims”), related to Offeror’s *EXHIBIT-CONFIDENTIAL/PROPRIETARY*.
4. Offeror waives any and all claims in law or equity and hereby releases the County Parties from any and all claims, deductibles, self-insured retentions, demands, liability, judgments, awards, fines, mechanics’ liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys’ fees and court costs, which arise out of or are in any way connected to Offeror’s *EXHIBIT-CONFIDENTIAL/PROPRIETARY*.

TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE OFFEROR

Offeror Company/Organization Name: Platinum Empire Group, Inc., dba Platinum Healthcare Staffing

Authorized Representative Name: Maluh Silvano

Authorized Representative Title: VP, Business Development

Signature:  Date: 5/27/2021

SUBMIT THIS COMPLETED FORM AS PAGE 3 OF THE BID

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - PRICING SCHEDULE

Pricing shall remain fixed during each separately priced initial year and option period(s). Each hourly rate shall be all inclusive meaning that no additional or extra costs will be paid to Contractor for temporary staffing. Hourly rate is the only pricing allowed on any invoices submitted to County. Estimated annual averages of hours are based on historical data and there is no guarantee of hours for requested services under this contract. Contractor payments will be reimbursed according to the following Payment Schedule:

1. RATES FOR INITIAL TERM: EST. JULY 1, 2021– JUNE 30, 2022

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manger	80	\$ 135.00	37.50%	\$ 185.62	\$ 14,849.60
2.	Pharmacist	280	\$ 105.00	37.50%	\$ 144.37	\$ 40,423.60
2.	Pharmacy Technician	560	\$ 30.00	37.50%	\$ 41.25	\$ 23,100.00
Monthly Total						\$ 78,373.20
Initial Term July 1, 2021- June 30, 2022 Total (Multiply Monthly Total by 12)						\$ 940,478.40

2. RATES FOR OPTION YEAR 1: EST. JULY 1, 2022-JUNE 30, 2023

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manager	80	\$ 141.75	37.50%	\$ 194.91	\$ 15,992.50
2.	Pharmacist	280	\$ 110.25	37.50%	\$ 151.59	\$ 42,446.25
3.	Pharmacy Tech	560	\$ 31.50	37.50%	\$ 43.31	\$ 24,255.00
Monthly Total						\$ 82,293.75
Year 1: July 1, 2022-June 30, 2023 Total (Multiply Monthly Total by 12)						\$ 987,525.00

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

3. RATES FOR OPTION YEAR 2: EST. JULY 1, 2023-JUNE 30, 2024

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manger	80	\$ 148.83	37.50%	\$ 204.65	\$ 16,372.13
2.	Pharmacist	280	\$ 115.76	37.50%	\$ 159.17	\$ 44,568.56
3.	Pharmacy Tech	560	\$ 33.07	37.50%	\$ 45.47	\$ 25,467.75
Monthly Total						\$ 86,408.44
YEAR 2: JULY 1, 2023-JUNE 30, 2024 Total (Multiply Monthly Total by 12)						\$1,036,901.00

4. RATES FOR OPTION YEAR 3: EST. JULY 1, 2024-JUNE 30, 2025

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manager	80	\$ 156.27	37.50%	\$ 214.87	\$ 17,189.87
2.	Pharmacist	280	\$ 121.54	37.50%	\$ 167.12	\$ 46,795.98
3.	Pharmacy Tech	560	\$ 34.72	37.50%	\$ 47.74	\$ 26,737.10
Monthly Total						\$ 90,722.94
YEAR 3: JULY 1, 2024-JUNE 30, 2025 Total (Multiply Monthly Total by 12)						\$1,088,675.28

*Estimated annual hours: The estimated annual hours listed are provided solely for evaluation of bids. They represent approximate anticipated annual hours based on historical data and there is no guarantee of hours for requested services under this contract.

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

5. CONTRACT TERMS

EST. CONTRACT TERM	TOTAL AMOUNT
INITIAL TERM TOTAL JULY 1, 2021-JUNE 30, 2022	\$ 940,478.40
FIRST OPTION YEAR TOTAL JULY 1, 2022-JUNE 30, 2023	\$ 987,525.00
SECOND OPTION YEAR TOTAL JULY 1, 2023- JUNE 30, 2024	\$1,036,901.00
THIRD OPTION YEAR TOTAL JULY 1, 2024- JUNE 30, 2025	\$1,088,675.28
GRAND TOTAL (BASIS OF AWARD)	\$ 4,053,579.68

COMPANY:	Platinum Empire Group, Inc, dba Platinum Healthcare Staffing
Authorized Representative:	Maluh Silvano
Authorized Representative Signature:	
Phone:	310-821-5888
Email:	maluh@platinumhealthcarestaffing.com

6. INVOICES SUBMITTED SHALL CONTAIN THE FOLLOWING:

- a. Certification:
I certify that the above deliverables and/or services were delivered and/or performed specifically for this Agreement in accordance with the terms and conditions set forth herein.

I further certify, under penalty of perjury under the laws of the State of California, that no employee or entity providing services under the terms and conditions of this Agreement is currently listed as debarred, excluded, suspended, or ineligible on the Federal System for Award Management (SAM: <http://SAM.gov>), the Federal Health and Human Services Office of Inspector General List of Excluded Individuals/Entities (LEIE: <http://exclusions.oig.hhs.gov>), or the State of California Medi-Cal Suspended and Ineligible list (www.medical.ca.gov).

<u>MALUH SILVANO</u>		<u>5/27/2021</u>
Printed Name	Signature	Date

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - DVE SUBCONTRACTOR PARTICIPATION SUMMARY

This DVB Subcontractor Participation Summary is required to document Bidder's/Offeror's (Offeror) compliance with the DVB participation goals set forth in Board Policy B-39a.

All Offerors must complete this section	
Offeror:	PLATINUM EMPIRE GROUP, INC., dba PLATINUM HEALTHCARE STAFFING
Offeror's Representative:	MALUH SILVANO

Exemptions (complete only if Offeror qualifies for one of the exemptions below)	
Offeror is exempt from DVB Subcontractor Participation Requirements in accordance with Board Policy B-39a because Offeror is a:	
<input type="checkbox"/>	Government Agency
<input type="checkbox"/>	Nonprofit Organization
<input type="checkbox"/>	Small Business Enterprise (SBE), pursuant to Board Policy B-53 State of California SBE Certification #: _____
<input type="checkbox"/>	Veteran Owned Business (VOB), pursuant to Board Policy B-39a VOB status due to certification as a: <input type="checkbox"/> DVB - State of California Certification #: _____ <input type="checkbox"/> VOSB - U.S. VA Certification #: _____ <input type="checkbox"/> SDVOSB - U.S. VA Certification #: _____

DVB Compliance (complete if Offeror claimed no exemption above)

- Offeror will self-perform 100% of the services.
- Complete and attach DVB Subcontractor Participation Plan
- Complete and attach Documentation of Good Faith Effort (Optional if Offeror has met or exceeded the 3% DVB Subcontractor Participation goal)

Offeror must provide additional supporting documentation upon request.

THIS FORM SHALL BE SUBMITTED WITH BID

Next

Bid

R.L. KLEIN & ASSOCIATES

3553 Atlantic Avenue, Suite #314
Long Beach, California 90807
(562) 427-5577
Fax (562) 427-1807
Email: bob@rklein.com

May 20, 2021

County of San Diego
Department of Purchasing & Contracting
5560 Overland Avenue, #270
San Diego, CA 92123

Jessica Tran,

R.L. Klein & Associates is pleased to respond to this Request for Bid (RFB) #10956.

Please note that your RFB asks to have this response delivered thru BuyNet, however, even though several San Diego RFB's show that one can upload on that system, specific to this bid it did not allow it.

So we sent it via FedEx.

We are a Veteran Service-Disabled owned firm and have experience in providing personnel in many disciplines.

We have been providing temporary personnel in for over 36 years.

We also have had numerous clients both governmental and commercial such as the Department of Corrections and Rehabilitation, Baxter, and the Department of Veterans Affairs to name just a few.

The undersigned will be the point of contact for this project. And R.L. Klein & Associates understands the requirements of this RFP. We bear sole and complete responsibility for all work.

We have the equipment and personnel to successfully fulfill this contract.

We are fully insured to include Medical Professional Liability Insurance, Automobile Insurance, Worker's Compensation Insurance and General Liability Insurance.

Thank you for the opportunity to bid.



Robert L. Klein
CEO



ORIGINAL

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - P&C 600 FORM

Issued: 05/11/2021

COUNTY OF SAN DIEGO
SECTION A-P&C 600 FORM
This is not an order

MAIL OR DELIVER TO:

COUNTY OF SAN DIEGO, RFB No. 10956
DEPARTMENT OF PURCHASING & CONTRACTING
5560 OVERLAND AVE., SUITE 270
SAN DIEGO, CA 92123

AWARD WILL BE MADE TO THE LOWEST RESPONSIVE,

RESPONSIBLE BIDDER BASED ON:

- ALL OR NONE
 EACH LOT
 TOTAL PRICE

UNSPSC commodity code: 801116.0600

FOR INFORMATION, PLEASE CONTACT:

JESSICA TRAN, PCS
JESSICA.TRAN@SDCOUNTY.CA.GOV

BID OPENING DATE: MAY 25, 2021
BIDS MUST BE RECEIVED AT THE ABOVE ADDRESS
PRIOR TO 11:00 A.M. ON DATE OF BID OPENING.

PLEASE STATE YOUR LOWEST PRICE
F.O.B. DESTINATION AND BRAND NAME
OR TRADE NAME IF APPLICABLE.
(Please use typewriter or black ink)
YOUR ENVELOPE MUST INCLUDE RFB NO. 10956

DESCRIPTION

THE COUNTY OF SAN DIEGO (COUNTY), DEPARTMENT OF HEALTH AND HUMAN SERVICES HAS A REQUIREMENT FOR TEMPORARY PHARMACY STAFFING IN ACCORDANCE WITH THE TERMS & CONDITIONS AND THE STATEMENT OF WORK REFLECTED HEREIN.

INITIAL TERM:
1ST COUNTY OPTION:
2ND COUNTY OPTION:
3RD COUNTY OPTION:

ESTIMATED DATE OF AWARD – JUNE 30, 2022
ESTIMATED JULY 1, 2022 – JUNE 30, 2023
ESTIMATED JULY 1, 2023 – JULY 1, 2024
ESTIMATED JULY 1, 2024 – JULY 1, 2025

PRICING SUBMITTED IS TO REMAIN FIRM FOR THE TERM PERIOD IDENTIFIED ABOVE. ALL ITEMS WITHIN EACH TERM PERIOD MUST BE PRICED TO BE CONSIDERED RESPONSIVE.

ARE YOU ABLE TO COMPLY WITH ALL ITEMS SPECIFIED WITHIN THE SCOPE OF WORK? YES ___ OR ___ NO

BIDDER ACKNOWLEDGES ADDENDUM NO. 1 2 3 4 5

SUBJECT TO ACCEPTANCE WITHIN 90 DAYS

NAME AND ADDRESS OF BIDDER

R.L. KLEIN & ASSOCIATES
STREET, CITY, STATE, ZIP
3553 ATLANTIC AVE #314
LONG BEACH, CA 90807
TELEPHONE: NUMBER (562) 427-5577
FAX TELEPHONE: (562) 427-1807

E-MAIL: BOB@RLKLEIN.COM

PAYMENT TERMS NET 30 DAYS OR % DAY

NAME AND TITLE OF PERSON AUTHORIZED

TO SIGN OFFER:

 5/20/21
SIGNATURE OFFEROR DATE

PRINTED NAME: ROBERT L. KLEIN

PRINTED TITLE: CFO

NOTIFICATION OF AWARD -

ACCEPTANCE AS TO ITEM(S) NUMBERED:

(VC No.)

(THIS SECTION FOR COUNTY USE ONLY)

COUNTY OF SAN DIEGO

BY: _____ DATE: _____

JOHN M. PELLEGRINO, DIRECTOR

DEPT OF PURCHASING & CONTRACTING

TOTAL AMOUNT
P&C 600 Form

AWARD No.

NAME AND TITLE OF CONTRACTING OFFICER

SUBMIT THIS COMPLETED FORM AS PAGE 1 OF THE BID

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - REPRESENTATIONS AND CERTIFICATIONS FORM

County of San Diego
Department of Purchasing and Contracting
REPRESENTATIONS AND CERTIFICATIONS

The following representations and certifications are to be completed, signed and returned with the offer (the term "offer" includes a bid, proposal, quote, statement of qualifications, or any other submission to provide goods and/or services).

1. BUSINESS TYPE

For-profit Non-profit Government

2. INTERLOCKING DIRECTORATE

In accordance with Board of Supervisors Policy A-79, if Offeror is a non-profit and will be subcontracting with a related for-profit entity where an interlocking directorate, management or ownership relationship exists, Offeror must list all such entity(ies) on an attached separate sheet, and authorization must be sought from Board of Supervisors. If Offeror is a non-profit and does not submit such a list, Offeror certifies it has not entered into a subcontract relationship with a related for-profit entity.

List Attached? Yes

3. BUSINESS REPRESENTATION

Offeror represents as a part of this offer the following information regarding the ownership, operation, and control of its business:

3.1. Are you a local business with a physical address within the County of San Diego? Yes No

3.2. Are you certified by the State of California as a:

Disabled Veteran Business Enterprise (DVBE)

Certification #: 7110

Small Business Enterprise (SBE)

Certification #: 7110

3.3. Are you certified by the U.S. Dept Of Veterans' Affairs as:

Veteran Owned Small Business (VOSB)

Service Disabled Veteran Owned Small Business (SDVOSB)

Certification # _____

3.4. Estimated percentage of work in this offer to be performed or fulfilled locally (within the geographic boundaries of the County of San Diego): 100 %

4. DEBARMENT, SUSPENSION, AND RELATED MATTERS

4.1. Offeror certifies to the best of its knowledge that neither it nor any of its officers:

4.1.1. Are presently debarred, suspended, declared ineligible, or voluntarily excluded from covered transactions by any state, local, or federal department or agency.

4.1.2. Have within a three (3) year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

4.2. Except as allowed for in Section 4.2.5, Offeror hereby certifies to the best of its knowledge that neither it nor any of its officers:

4.2.1. Are presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state, or local) with the commission of any of the offenses enumerated in paragraph 4.1.2 of this certification;

4.2.2. Have within a three (3) year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default;

4.2.3. Are presently the target or subject of any investigation, accusation or charges by any federal, state or local agency or law enforcement, licensing, certification, ethics, or compliance body;

4.2.4. Are proposed for debarment by any state, local, or federal department or agency.

4.2.5. If Offeror is unable to certify Sections 4.2.1, 4.2.2, 4.2.3, or 4.2.4, it certifies that it has disclosed and attached to this Representations and Certifications the reason(s) it cannot do so. The disclosure must include the Section(s), specific relevant facts including dates, contracts, individuals involved, status of actions, and any other relevant information that prevent it from making the requested certification(s). The County reserves the right to disqualify an Offeror based upon information disclosed.

Disclosure Attached? Yes

5. RELATED WORK

Offeror certifies to the best of its knowledge that, other than as disclosed in an attached separate sheet, it and its proposed subcontractors, agents, and consultants have not previously contracted with the County to perform work on or related to this project (e.g. preparing related studies or recommendations, components of the statement of work, or plans and specifications).

Disclosure Attached? Yes

6. CURRENT COST OR PRICING

Offeror certifies to the best of its knowledge that cost and/or pricing data submitted with this offer, or specifically identified by reference if actual submission of the data is impracticable, are accurate, complete, and current as of the date signed below.

7. INDEPENDENT PRICING

Offeror certifies that in relation to this offer:

7.1. The prices in this offer have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with other offerors, with any competitors, or with any County employee(s) or consultant(s) involved in this or related procurements;

7.2. Unless otherwise required by law, the prices that have been quoted in this offer have not been knowingly disclosed by the Offeror and will not knowingly be disclosed by the Offeror prior to opening, in the case of a bid, or prior to award, in the case of a proposal, directly or indirectly to any other Offeror or to any competitor or with any County employee(s) or consultant(s) involved in this or related procurements; and

7.3. No attempt has been made or will be made by the Offeror to induce any other person or firm to submit or not to submit an offer for the purpose of restricting competition.

8. ADDITIONAL DISCLOSURES

Offeror shall report in writing to the County Department of Purchasing and Contracting within five business days of discovering or having any reason to suspect any change in status as certified in the preceding paragraphs. Upon County's request, Offeror shall provide additional information supporting Offeror's Representations and Certifications. Offeror's obligations under this Section 8 shall continue until Offeror is no longer under consideration for award of a contract, or until termination or expiration of any resulting contract(s).

CERTIFICATION

The information furnished in Paragraphs 1 through 8 and in the accompanying offer is certified to be factual and correct as of the date submitted and this certification is made under penalty of perjury under the laws of the State of California.

Name: ROBERT KLAN

Signature: _____

Title: CEO

Date: 5/20/21

Company/Organization: R.L. KLAN & ASSOCIATES

SUBMIT THIS FORM AS DIRECTED IN THE REQUEST FOR SOLICITATION DOCUMENTS OR WITH THE OFFER

Revised 05-03-17

SUBMIT THIS COMPLETED FORM AS PAGE 2 OF THE BID

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - NONDISCLOSURE INDEMNIFICATION AGREEMENT

IF OFFEROR SUBMITS EXHIBIT CONFIDENTIAL/PROPRIETARY, THE FOLLOWING NONDISCLOSURE INDEMNIFICATION AGREEMENT MUST BE COMPLETED, SIGNED AND RETURNED WITH THE OFFER

This indemnification agreement ("Agreement") is made and entered into by and between the County of San Diego ("County") and Offeror Company/Organization Name: R.L. KLEIN & ASSOCIATES
("Offeror") with reference to the following facts:

WHEREAS the County may receive a request for disclosure of Offeror's submission under the California Public Records Act, Government Code Section 6250, et seq.; and

WHEREAS, Offeror has included in its submission an exhibit entitled "EXHIBIT - CONFIDENTIAL/PROPRIETARY" containing records that Offeror has determined to constitute trade secrets or other proprietary information exempt from disclosure under the California Public Records Act; and

WHEREAS the County requires defense and indemnity from Offeror for the County's ongoing non-disclosure of Offeror's EXHIBIT-CONFIDENTIAL/PROPRIETARY;

NOW, THEREFORE, for good and valuable consideration and the mutual promises contained herein, the parties agree to the following:

1. The above recitals are incorporated herein by this reference.
2. Except as otherwise provided herein, the County will not release Offeror's EXHIBIT-CONFIDENTIAL/PROPRIETARY based on Offeror's representation that the records contained therein are proprietary and exempt from disclosure under the California Public Records Act and/or are trade secrets as that term is defined in Government Code Section 6250, et seq. Notwithstanding the foregoing, however, the County may release Offeror's EXHIBIT-CONFIDENTIAL/PROPRIETARY in the event of any of the following:
 - a. Offeror fails to comply with the terms and conditions of this Agreement; or
 - b. Offeror provides the County with written notice that some or all of the records may be released; or
 - c. A court of competent jurisdiction orders the County to release the records and the County has exhausted or waived its appeal rights.
3. To the fullest extent allowed by law, the County shall not be liable for, and Offeror shall defend and indemnify County and its Board of Supervisors, officers, directors, employees and agents of County (collectively "County Parties"), against any and all claims, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees (whether incurred by County attorneys or attorneys employed by County) and court costs (hereinafter collectively referred to as "Claims"), related to Offeror's EXHIBIT-CONFIDENTIAL/PROPRIETARY.
4. Offeror waives any and all claims in law or equity and hereby releases the County Parties from any and all claims, deductibles, self-insured retentions, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees and court costs, which arise out of or are in any way connected to Offeror's EXHIBIT-CONFIDENTIAL/PROPRIETARY.

TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE OFFEROR

Offeror Company/Organization Name: R.L. KLEIN & ASSOCIATES

Authorized Representative Name: ROBERT L. KLEIN

Authorized Representative Title: CEO

Signature: 

Date: 5/20/21

SUBMIT THIS COMPLETED FORM AS PAGE 3 OF THE BID

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 TEMPORARY PHARMACY STAFFING

SECTION A - PRICING SCHEDULE

Pricing shall remain fixed during each separately priced initial year and option period(s). Each hourly rate shall be all inclusive meaning that no additional or extra costs will be paid to Contractor for temporary staffing. Hourly rate is the only pricing allowed on any invoices submitted to County. Estimated annual averages of hours are based on historical data and there is no guarantee of hours for requested services under this contract. Contractor payments will be reimbursed according to the following Payment Schedule:

1. RATES FOR INITIAL TERM: EST. JULY 1, 2021– JUNE 30, 2022

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manger	80	59.80	42%	84.91	6,792.80
2.	Pharmacist	280	55.60	42%	78.95	22,106.00
2.	Pharmacy Technician	560	24.95	42%	35.42	19,835.20
Monthly Total						48,734.00
Initial Term July 1, 2021- June 30, 2022 Total (Multiply Monthly Total by 12)						584,808.00

2. RATES FOR OPTION YEAR 1: EST. JULY 1, 2022-JUNE 30, 2023

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manager	80	61.89	42%	87.45	6,996.00
2.	Pharmacist	280	57.26	42%	81.30	22,764.00
3.	Pharmacy Tech	560	25.69	42%	36.47	20,423.20
Monthly Total						50,183.20
Year 1: July 1, 2022-June 30, 2023 Total (Multiply Monthly Total by 12)						602,198.40

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

3. RATES FOR OPTION YEAR 2: EST. JULY 1, 2023-JUNE 30, 2024

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manger	80	63.43	42%	90.07	7,205.60
2.	Pharmacist	280	59.97	42%	83.73	23,444.40
3.	Pharmacy Tech	560	26.46	42%	37.57	21,039.20
Monthly Total						51,689.20
YEAR 2: JULY 1, 2023-JUNE 30, 2024 Total (Multiply Monthly Total by 12)						620,270.40

4. RATES FOR OPTION YEAR 3: EST. JULY 1, 2024-JUNE 30, 2025

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manager	80	65.33	42%	92.76	7,420.80
2.	Pharmacist	280	60.73	42%	86.23	24,144.40
3.	Pharmacy Tech	560	27.25	42%	38.69	21,666.40
Monthly Total						53,231.60
YEAR 3: JULY 1, 2024-JUNE 30, 2025 Total (Multiply Monthly Total by 12)						638,779.20

*Estimated annual hours: The estimated annual hours listed are provided solely for evaluation of bids. They represent approximate anticipated annual hours based on historical data and there is no guarantee of hours for requested services under this contract.

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 TEMPORARY PHARMACY STAFFING

5. CONTRACT TERMS

EST. CONTRACT TERM	TOTAL AMOUNT
INITIAL TERM TOTAL JULY 1, 2021-JUNE 30, 2022	\$ 584,808.00
FIRST OPTION YEAR TOTAL JULY 1, 2022-JUNE 30, 2023	\$ 602,198.40
SECOND OPTION YEAR TOTAL JULY 1, 2023- JUNE 30, 2024	\$ 620,270.40
THIRD OPTION YEAR TOTAL JULY 1, 2024- JUNE 30, 2025	\$ 638,779.20
GRAND TOTAL (BASIS OF AWARD)	\$ 2,446,056.00

COMPANY:

Authorized Representative:

Authorized Representative Signature:

Phone:

Email:

R.L. KLEIN & ASSOCIATES
ROBERT L. KLEIN, CEO
562-427-5777
BOB@RLKLEIN.COM

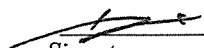
6. INVOICES SUBMITTED SHALL CONTAIN THE FOLLOWING:

a. Certification:

I certify that the above deliverables and/or services were delivered and/or performed specifically for this Agreement in accordance with the terms and conditions set forth herein.

I further certify, under penalty of perjury under the laws of the State of California, that no employee or entity providing services under the terms and conditions of this Agreement is currently listed as debarred, excluded, suspended, or ineligible on the Federal System for Award Management (SAM: <http://SAM.gov>), the Federal Health and Human Services Office of Inspector General List of Excluded Individuals/Entities (LEIE: <http://exclusions.oig.hhs.gov>), or the State of California Medi-Cal Suspended and Ineligible list (www.medi-cal.ca.gov).

ROBERT L. KLEIN
 Printed Name


 Signature

5/20/24
 Date

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - DVE SUBCONTRACTOR PARTICIPATION SUMMARY

This DVB Subcontractor Participation Summary is required to document Bidder's/Offeror's (Offeror) compliance with the DVB participation goals set forth in Board Policy B-39a.

All Offerors must complete this section
Offeror: <i>R. L. KLEIN & ASSOCIATES</i>
Offeror's Representative: <i>ROBERT L. KLEIN, CEO</i>

Exemptions (complete only if Offeror qualifies for one of the exemptions below)
Offeror is exempt from DVB Subcontractor Participation Requirements in accordance with Board Policy B-39a because Offeror is a:
<input type="checkbox"/> Government Agency
<input type="checkbox"/> Nonprofit Organization
<input checked="" type="checkbox"/> Small Business Enterprise (SBE), pursuant to Board Policy B-53 State of California SBE Certification #: <u>7110</u>
<input checked="" type="checkbox"/> Veteran Owned Business (VOB), pursuant to Board Policy B-39a VOB status due to certification as a: <input checked="" type="checkbox"/> DVB - State of California Certification #: <u>7110</u> <input type="checkbox"/> VOSB - U.S. VA Certification #: _____ <input type="checkbox"/> SDVOSB - U.S. VA Certification #: _____

DVB Compliance (complete if Offeror claimed no exemption above)

- Offeror will self-perform 100% of the services.
- Complete and attach DVB Subcontractor Participation Plan - *N/A*
- Complete and attach Documentation of Good Faith Effort (Optional if Offeror has met or exceeded the 3% DVB Subcontractor Participation goal) - *N/A*

Offeror must provide additional supporting documentation upon request.

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 TEMPORARY PHARMACY STAFFING

SECTION A - DVE SUBCONTRACTOR PARTICIPATION PLAN

Offeror: RBA ASSOCIATES Offeror Representative: ROBERT L. KLAN

Project Title: TEMPORARY PHARMACY STAFFING 10956

ITEM NO.	DESCRIPTION OF WORK, SERVICE OR MATERIAL	NAME, ADDRESS, TELEPHONE NUMBER AND CERTIFICATION NUMBER OF CERTIFIED DVB TO BE USED	DOLLAR AMOUNT TO BE PAID THIS DVB
	<p><i>no subs bidder is SDVBE</i></p>	Name:	
		Address:	
		Telephone #: Certification #:	
		Name:	
		Address:	
		Telephone #: Certification #:	
		Name:	
		Address:	
		Telephone #: Certification #:	
		Name:	
		Address:	
		Telephone #: Certification #:	
		Name:	
		Address:	
		Telephone #: Certification #:	
TOTAL AMOUNT TO CERTIFIED DVB			\$

Use additional sheets if necessary. Compute utilization on last sheet.

Sheet ____ of ____ (complete if submitting more than one sheet)

COMPUTATION OF UTILIZATION AND COMPARISON WITH THE SUBCONTRACTOR PARTICIPATION GOAL	
$\frac{\text{Total Amount to Certified DVB}}{\text{Total Bid/Proposal}} \times 100 = \text{Percent of Utilization}$	Goal = 3%
$\underline{\hspace{10em}} \times 100 = \underline{\hspace{2em}}\%$	Submit Documentation of Good Faith Effort if goal is not met.

THIS FORM SHALL BE SUBMITTED WITH BID ON THE DUE DATE

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 TEMPORARY PHARMACY STAFFING

SECTION A - DOCUMENTATION OF GOOD FAITH EFFORT- Page 1 of 2

A. List potential DVBs that the Offeror solicited for participation in this contract along with dates. Use additional sheets if necessary.

	Certified DVB Firm	Date of Contact (Mail, Fax, Telephone, etc)	Responded (Yes/No)
1.	<i>No sub - BIDDERS SDVBE</i>		
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Sheet 1 of 1 (complete if submitting more than one sheet)

B. DVB Solicitations

Solicitation Sample:

Offeror must attach a sample of the solicitation sent to certified DVB firms. If phone contact was made, document conversation: date, time, contact person, and business opportunities discussed.

THIS FORM SHALL BE SUBMITTED WITH BID ON THE DUE DATE

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 TEMPORARY PHARMACY STAFFING

DOCUMENTATION OF GOOD FAITH EFFORT- Page 2 of 2

Identification of: (1) All DVBs that submitted bids/proposals, (2) The qualifying certification (DVB or SDVOSB), (3) Nature of work/supplies/services offered that are not accepted, (4) Dollar amounts of the DVBs bids/proposals not accepted, (5) Subcontractors and/or suppliers that will be used instead of the DVBs, (6) Dollar amounts of these subcontractors and/or suppliers' bids/proposals, and (7) The reason for the bidder/offeror not accepting the DVB's bid/proposal. Use additional sheets if necessary.

Name of DVB (1)	Certification (DVB/SDVOSB) (2)	Nature of Work (3)	DVB Bids/Offer(\$) (4)	Subcontractor/ Supplier to be used (5)	Bid/Proposal Amount Accepted (6)	Reason Not Accepted (7)
<i>NO SUBS - BIDDER V SDVOSB</i>						

Sheet 1 of 1 (complete if submitting more than one sheet)

THIS FORM SHALL BE SUBMITTED WITH BID ON THE DUE DATE

To verify most current certification status go to: <https://www.caleprocure.ca.gov>



Office of Small Business & DVBE Services

Certification ID: 7110

Legal Business Name:

R L KLEIN & ASSOCIATES, INC.

Doing Business As (DBA) Name 1:

R L KLEIN & ASSOCIATES, INC.

Doing Business As (DBA) Name 2:

Address:

3553 ATLANTIC AVE

314

LONG BEACH

CA 90807-3529

Email Address:

bob@rlklein.com

Business Web Page:

Business Phone Number:

562/427-5577

Business Fax Number:

562/427-1807

Business Types:

Service

Certification Type	Status	From	To
DVBE	Approved	02/10/2020	02/28/2022
SB(Micro)	Approved	05/12/2020	05/31/2022

Stay informed! KEEP YOUR CERTIFICATION PROFILE UPDATED!

-LOG IN at [CaleProcure.CA.GOV](https://www.caleprocure.ca.gov)

Questions?

Email: OSDSHELP@DGS.CA.GOV

Call OSDS Main Number: 916-375-4940

707 3rd Street, 1-400, West Sacramento, CA 95605

2021

**CITY OF ROLLING HILLS ESTATES
NON-TRANSFERABLE - POST IN A CONSPICUOUS PLACE**

2021

BUSINESS LICENSE #: 9933014462

ACCOUNT #:	674885	LICENSE VALID:	January 1, 2021
BUSINESS LOCATION:	3553 ATLANTIC AVE LONG BEACH, CA 90807-5606	EXPIRATION DATE:	December 31, 2021
OWNER:	R L KLEIN & ASSOCIATES	BUSINESS TYPE:	00
BUSINESS NAME:	DBA R L KLEIN & ASSOCIATES	BUSINESS CLASSIFICATION:	750
DESCRIPTION:	ALL OTHER BUSINESS NOT ELSEWHERE CLASSIFIED		

THIS BUSINESS LICENSE DOES NOT PERMIT BUSINESS OPERATION UNLESS YOUR BUSINESS IS PROPERLY ZONED AND/OR IN COMPLIANCE WITH ALL APPLICABLE LAWS/REGULATIONS.

This business license is issued without verification that the holder is subject to or exempt from any license or permit issued by any regulatory agency. Annual renewal form is mailed on or before expiration date stated above.



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: R. L. KLEIN & ASSOCIATES INCORPORATED
File Number: C1997873
Registration Date: 01/02/1997
Entity Type: DOMESTIC STOCK CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of May 6, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 7, 2021.

A handwritten signature in black ink, appearing to read "S. N. Weber".

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: Y87NLXZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/12/2020

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

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

PRODUCER License # 0F76001 CTK North American Insurance Services, LLC / INSURICA 1240 North Lakeview Avenue, #240 Anaheim, CA 92807	CONTACT NAME PHONE (A/C, No, Ext): (714) 779-2000	FAX (A/C, No): (714) 779-4129
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Zurich American Insurance Company of Illinois		27855
INSURED R.L. Klein & Associates Incorporated 3553 Atlantic Ave., Ste. A-314 Long Beach, CA 90807	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER: 1

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	PRA590749008	11/15/2020	11/15/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 ABUSIVE ACTS \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		PRA590749008	11/15/2020	11/15/2021	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / <input type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab		PRA590749008	11/15/2020	11/15/2021	\$1M/\$3M DED. \$5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/31/2020

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

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

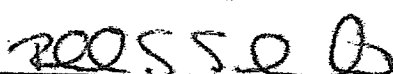
PRODUCER Lockton Companies, LLC 2100 Ross Ave., Suite 1400 Dallas, TX 75201	CONTACT NAME: PHONE (A/C No,Ext): 214-771-4411		FAX (A/C, No):
	E-MAIL ADDRESS: wc@resourcingedge.com		
INSURED R.L. Klein & Associates 3553 Atlantic Ave. Suite 314 LONG BEACH, CA 90807	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Ace American Insurance Co.		22667
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS- <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			C68681650	10/01/2020	10/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage provided for all leased employees but not subcontractors of: R.L. Klein & Associates

CERTIFICATE HOLDER 2494186	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CAPABILITY STATEMENT

**R.L. Klein & Associates
3553 Atlantic Ave #314
Long Beach, CA 90807**

Attn: Bob Klein, CEO, (562)-427-5577 bob@rlklein.com

**We are a personnel agency and bonded medical registry.
We do DOJ background investigations, perform reference checks and ensure our applicants are not on the National Sex Offenders Registry.**

We provide temporary administrative, clerical, technical and medical personnel to our clients.

We have been in business 36 years and incorporated in 1997 (California C corporation).

We are owned by a retired Infantry Colonel with combat tours in three different wars.

We are certified by the Federal Government and the State of California as a Service Disabled Veteran owned firm and a Small Business.

**Federal Cage code: 3TWX6
State of California SDVBE and Small Code: 7110
Los Angeles County LSBE code: 088285
Los Angeles County DVBE code: 088616
Also TACPA certified for the State of California
DUNS#: 156967333**

We have several clients (partial list below):

**California Department of Corrections and Rehabilitation
Los Angeles County
California State Hospitals
California Department of developmental Services
California Department of Veterans Affairs**

NAICS Code: 561320 Temporary Help Services

SIC Code: 7363 Help Supply Services

Next

Bid

RESPONSE FOR:

RFB 10956

Temporary Pharmacy Staffing
County of San Diego

FROM:

Staff Today Inc (STI)

ORIGINAL



STAFF TODAY INC (STI)
The Staffing Company You Keep
212 E. Rowland Street, #313
Covina, CA 91723
800-928-5561
877-858-6263
www.stafftodayinc.com

COVER LETTER

SUBJECT: RFB #10956 :- Temporary Pharmacy Staffing

Staff Today Inc. (STI) is submitting the following proposal for the County of San Diego RFB #10956 for Temporary Pharmacy Staffing. Staff Today Inc. (STI) is a S Corporation located at Covina, California and was registered in 2011. With the ever-changing market, STI saw an opportunity to look at other modalities in the healthcare arena. STI purchased Lead Staffing Corporation (LSC) and created a new division within STI that provided per diem allied and Healthcare staffing. Because of this merger with Lead Staffing Corporation (LSC), STI has benefited from a legacy of successful staffing experience. Lead Staffing Corporation (LSC) had been registered since 2005. Therefore, STI has over 9 years of experience in providing medical personnel.

At Staff Today Inc. (STI) we believe that successful organizations are a product of experienced and talented employees. Our goal is to sustain the outstanding reputation of providing employers access to the most qualified job-seekers in the staffing industry. Our expertise in staffing solutions has given way to the discovery and development of talented individuals, who meet any **employers' needs, across a wide range of job categories that we serve.**

STI is a full service clerical & medical staffing agency that specializes in the placement of experienced nursing, allied healthcare professionals, administrative, clerical, light industrial workers, on long and short term contracts in California and across America. STI is more than willing and capable to handle these and any additional requirements of this contract. STI also has secured a Line of Credit and assets worth over \$5 million to adequately use in marketing, payroll, and research for development of our infrastructure and thus ensuring its financial stability, capacity, and resources.

STI is competitive and our mission is to function as a center and leader of the Staffing Industry. STI is a diversified staffing solutions organization, comprised of a cohesive team of innovative people, and dedicated to providing the highest quality situational staffing solutions with the greatest value.

Staff Today Inc. is committed to providing the necessary Temporary Pharmacy Staffing as required by the County in the RFB and the Anticipated Contract. STI makes full acceptance of the terms and conditions described in this RFB.

The undersigned person is the contact person, she has contractual responsibility and she is authorized to bind STI to the terms of the proposal with the County of San Diego. The proposal shall remain a firm offer that may be accepted by the County at any time within 120 days following the deadline for submitting proposals.

Sincerely,

Andrea Goodwin
HR Manager
Tel: 800-928-5561
Fax: 877-858-6263
Email: hrmanager@stafftodayinc.com

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - P&C 600 FORM

Issued: 05/11/2021

COUNTY OF SAN DIEGO
SECTION A-P&C 600 FORM
This is not an order

MAIL OR DELIVER TO:

COUNTY OF SAN DIEGO, RFB No. 10956
DEPARTMENT OF PURCHASING & CONTRACTING
5560 OVERLAND AVE., SUITE 270
SAN DIEGO, CA 92123

AWARD WILL BE MADE TO THE LOWEST RESPONSIVE,

RESPONSIBLE BIDDER BASED ON:

- ALL OR NONE
 EACH LOT
 TOTAL PRICE

UNSPSC commodity code: **801116.0600**

FOR INFORMATION, PLEASE CONTACT:

JESSICA TRAN, PCS
JESSICA.TRAN@SDCOUNTY.CA.GOV

BID OPENING DATE: MAY 25, 2021
BIDS MUST BE RECEIVED AT THE ABOVE ADDRESS
PRIOR TO 11:00 A.M. ON DATE OF BID OPENING.

PLEASE STATE YOUR LOWEST PRICE
F.O.B. DESTINATION AND BRAND NAME
OR TRADE NAME IF APPLICABLE.

(Please use typewriter or black ink)

YOUR ENVELOPE MUST INCLUDE RFB NO. 10956

DESCRIPTION

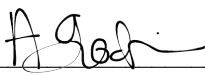
THE COUNTY OF SAN DIEGO (COUNTY), DEPARTMENT OF HEALTH AND HUMAN SERVICES HAS A REQUIREMENT FOR TEMPORARY PHARMACY STAFFING IN ACCORDANCE WITH THE TERMS & CONDITIONS AND THE STATEMENT OF WORK REFLECTED HEREIN.

INITIAL TERM: ESTIMATED DATE OF AWARD – JUNE 30, 2022
1ST COUNTY OPTION: ESTIMATED JULY 1, 2022 – JUNE 30, 2023
2ND COUNTY OPTION: ESTIMATED JULY 1, 2023 – JULY 1, 2024
3RD COUNTY OPTION: ESTIMATED JULY 1, 2024 – JULY 1, 2025

PRICING SUBMITTED IS TO REMAIN FIRM FOR THE TERM PERIOD IDENTIFIED ABOVE. ALL ITEMS WITHIN EACH TERM PERIOD MUST BE PRICED TO BE CONSIDERED RESPONSIVE.

ARE YOU ABLE TO COMPLY WITH ALL ITEMS SPECIFIED WITHIN THE SCOPE OF WORK? YES OR NO

BIDDER ACKNOWLEDGES ADDENDUM NO. 1 2 3 4 5

SUBJECT TO ACCEPTANCE WITHIN 90 DAYS	PAYMENT TERMS NET 30 DAYS OR % DAY
NAME AND ADDRESS OF BIDDER Staff Today Inc (STI)	NAME AND TITLE OF PERSON AUTHORIZED
STREET, CITY, STATE, ZIP 212 E. Rowland St. #313 Covina, CA 91723	TO SIGN OFFER:  05/26/2021
TELEPHONE: NUMBER () 800-928-5561	SIGNATURE OFFEROR DATE
FAX TELEPHONE: () 877-858-6263	PRINTED NAME: <u>ANDREA GOODWIN</u>
E-MAIL: <u>contracts@stafftodayinc.com</u>	PRINTED TITLE: <u>HR MANAGER</u>

NOTIFICATION OF AWARD - (THIS SECTION FOR COUNTY USE ONLY)
ACCEPTANCE AS TO ITEM(S) NUMBERED: COUNTY OF SAN DIEGO
By: _____ DATE: _____
JOHN M. PELLEGRINO, DIRECTOR
DEPT OF PURCHASING & CONTRACTING

TOTAL AMOUNT AWARD No. NAME AND TITLE OF CONTRACTING OFFICER
P&C 600 Form

SUBMIT THIS COMPLETED FORM AS PAGE 1 OF THE BID

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - NONDISCLOSURE INDEMNIFICATION AGREEMENT

IF OFFEROR SUBMITS EXHIBIT CONFIDENTIAL/PROPRIETARY, THE FOLLOWING NONDISCLOSURE INDEMNIFICATION AGREEMENT MUST BE COMPLETED, SIGNED AND RETURNED WITH THE OFFER

This indemnification agreement ("Agreement") is made and entered into by and between the County of San Diego ("County") and Offeror Company/Organization Name: Staff Today Inc (STI)
("Offeror") with reference to the following facts:

WHEREAS the County may receive a request for disclosure of Offeror's submission under the California Public Records Act, Government Code Section 6250, et seq.; and

WHEREAS, Offeror has included in its submission an exhibit entitled "*EXHIBIT – CONFIDENTIAL/PROPRIETARY*" containing records that Offeror has determined to constitute trade secrets or other proprietary information exempt from disclosure under the California Public Records Act; and

WHEREAS the County requires defense and indemnity from Offeror for the County's ongoing non-disclosure of Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*;

NOW, THEREFORE, for good and valuable consideration and the mutual promises contained herein, the parties agree to the following:


1. The above recitals are incorporated herein by this reference.
2. Except as otherwise provided herein, the County will not release Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY* based on Offeror's representation that the records contained therein are proprietary and exempt from disclosure under the California Public Records Act and/or are trade secrets as that term is defined in Government Code Section 6250, et seq. Notwithstanding the foregoing, however, the County may release Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY* in the event of any of the following:
 - a. Offeror fails to comply with the terms and conditions of this Agreement; or
 - b. Offeror provides the County with written notice that some or all of the records may be released; or
 - c. A court of competent jurisdiction orders the County to release the records and the County has exhausted or waived its appeal rights.
3. To the fullest extent allowed by law, the County shall not be liable for, and Offeror shall defend and indemnify County and its Board of Supervisors, officers, directors, employees and agents of County (collectively "County Parties"), against any and all claims, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees (whether incurred by County attorneys or attorneys employed by County) and court costs (hereinafter collectively referred to as "Claims"), related to Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*.
4. Offeror waives any and all claims in law or equity and hereby releases the County Parties from any and all claims, deductibles, self-insured retentions, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees and court costs, which arise out of or are in any way connected to Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*.

TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE OFFEROR

Offeror Company/Organization Name: Staff Today Inc (STI)

Authorized Representative Name: Andrea Goodwin

Authorized Representative Title: HR Manager

Signature:  Date: 05/26/2021

SUBMIT THIS COMPLETED FORM AS PAGE 3 OF THE BID

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - PRICING SCHEDULE

Pricing shall remain fixed during each separately priced initial year and option period(s). Each hourly rate shall be all inclusive meaning that no additional or extra costs will be paid to Contractor for temporary staffing. Hourly rate is the only pricing allowed on any invoices submitted to County. Estimated annual averages of hours are based on historical data and there is no guarantee of hours for requested services under this contract. Contractor payments will be reimbursed according to the following Payment Schedule:

1. RATES FOR INITIAL TERM: EST. JULY 1, 2021– JUNE 30, 2022

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manger	80	\$63.00	39%	\$87.57	\$7,005.60
2.	Pharmacist	280	\$60.00	39%	\$83.40	\$23,352.00
2.	Pharmacy Technician	560	\$19.00	39%	\$26.41	\$14,789.60
Monthly Total						\$45,147.20
Initial Term July 1, 2021- June 30, 2022 Total (Multiply Monthly Total by 12)						\$541,766.40

2. RATES FOR OPTION YEAR 1: EST. JULY 1, 2022-JUNE 30, 2023

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manager	80	\$63.79	39%	\$88.67	\$7,093.45
2.	Pharmacist	280	\$60.69	39%	\$84.36	\$23,620.55
3.	Pharmacy Tech	560	\$19.22	39%	\$26.72	\$14,960.85
Monthly Total						\$45,674.84
Year 1: July 1, 2022-June 30, 2023 Total (Multiply Monthly Total by 12)						\$548,098.13

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

3. RATES FOR OPTION YEAR 2: EST. JULY 1, 2023-JUNE 30, 2024

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manger	80	\$64.52	40%	\$90.33	\$7,226.24
2.	Pharmacist	280	\$61.39	40%	\$85.95	\$24,064.88
3.	Pharmacy Tech	560	\$19.44	40%	\$27.22	\$15,240.96
Monthly Total						\$46,532.08
YEAR 2: JULY 1, 2023-JUNE 30, 2024 Total (Multiply Monthly Total by 12)						\$558,384.96

4. RATES FOR OPTION YEAR 3: EST. JULY 1, 2024-JUNE 30, 2025

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manager	80	\$65.26	40%	\$91.36	\$7,309.12
2.	Pharmacist	280	\$62.09	40%	\$86.93	\$24,339.28
3.	Pharmacy Tech	560	\$19.66	40%	\$27.52	\$15,413.44
Monthly Total						\$47,061.84
YEAR 3: JULY 1, 2024-JUNE 30, 2025 Total (Multiply Monthly Total by 12)						\$564,742.08

*Estimated annual hours: The estimated annual hours listed are provided solely for evaluation of bids. They represent approximate anticipated annual hours based on historical data and there is no guarantee of hours for requested services under this contract.

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 TEMPORARY PHARMACY STAFFING

5. CONTRACT TERMS

EST. CONTRACT TERM	TOTAL AMOUNT
INITIAL TERM TOTAL JULY 1, 2021-JUNE 30, 2022	\$ 541,766.40
FIRST OPTION YEAR TOTAL JULY 1, 2022-JUNE 30, 2023	\$ 548,098.13
SECOND OPTION YEAR TOTAL JULY 1, 2023- JUNE 30, 2024	\$ 558,384.96
THIRD OPTION YEAR TOTAL JULY 1, 2024- JUNE 30, 2025	\$ 564,742.08
GRAND TOTAL (BASIS OF AWARD)	\$ 2,212,991.57

COMPANY: Staff Today Inc (STI)
 Authorized Representative: Andrea Goodwin
 Authorized Representative Signature: 
 Phone: 800-928-5561
 Email: 877-858-6263

6. INVOICES SUBMITTED SHALL CONTAIN THE FOLLOWING:

- a. Certification:
I certify that the above deliverables and/or services were delivered and/or performed specifically for this Agreement in accordance with the terms and conditions set forth herein.

I further certify, under penalty of perjury under the laws of the State of California, that no employee or entity providing services under the terms and conditions of this Agreement is currently listed as debarred, excluded, suspended, or ineligible on the Federal System for Award Management (SAM: <http://SAM.gov>), the Federal Health and Human Services Office of Inspector General List of Excluded Individuals/Entities (LEIE: <http://exclusions.oig.hhs.gov>), or the State of California Medi-Cal Suspended and Ineligible list (www.medi-cal.ca.gov).

ANDREA GOODWIN
 Printed Name


 Signature

05/26/2021
 Date

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - DVE SUBCONTRACTOR PARTICIPATION SUMMARY

This DVB Subcontractor Participation Summary is required to document Bidder's/Offeror's (Offeror) compliance with the DVB participation goals set forth in Board Policy B-39a.

All Offerors must complete this section
Offeror: Staff Today Inc (STI)
Offeror's Representative: Andrea Goodwin

Exemptions (complete only if Offeror qualifies for one of the exemptions below)
Offeror is exempt from DVB Subcontractor Participation Requirements in accordance with Board Policy B-39a because Offeror is a:
<input type="checkbox"/> Government Agency
<input type="checkbox"/> Nonprofit Organization
<input type="checkbox"/> Small Business Enterprise (SBE), pursuant to Board Policy B-53 State of California SBE Certification #: _____
<input type="checkbox"/> Veteran Owned Business (VOB), pursuant to Board Policy B-39a VOB status due to certification as a: <input type="checkbox"/> DVB - State of California Certification #: _____ <input type="checkbox"/> VOSB - U.S. VA Certification #: _____ <input type="checkbox"/> SDVOSB - U.S. VA Certification #: _____

DVB Compliance (complete if Offeror claimed no exemption above)

- Offeror will self-perform 100% of the services.
- Complete and attach DVB Subcontractor Participation Plan
- Complete and attach Documentation of Good Faith Effort (Optional if Offeror has met or exceeded the 3% DVB Subcontractor Participation goal)

Offeror must provide additional supporting documentation upon request.

THIS FORM SHALL BE SUBMITTED WITH BID

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - DVE SUBCONTRACTOR PARTICIPATION PLAN

Offeror: Staff Today Inc (STI) Offeror Representative: Andrea Goodwin

Project Title: Temporary Pharmacy Staffing

ITEM NO.	DESCRIPTION OF WORK, SERVICE OR MATERIAL	NAME, ADDRESS, TELEPHONE NUMBER AND CERTIFICATION NUMBER OF CERTIFIED DVB TO BE USED	DOLLAR AMOUNT TO BE PAID THIS DVB
1	Background Screening Services	Name: <u>AssureHire</u> Contact: <u>Josh Unfried</u> Address: <u>2206 Plaza Drive, Suite 100</u> <u>Rocklin, CA 95765</u> Telephone #: <u>916-970-8241</u> Certification #: <u>2015350</u>	\$66,389.75
		Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
TOTAL AMOUNT TO CERTIFIED DVB			\$ 66,389.75

Use additional sheets if necessary. Compute utilization on last sheet.

Sheet 1 of 1 (complete if submitting more than one sheet)

COMPUTATION OF UTILIZATION AND COMPARISON WITH THE SUBCONTRACTOR PARTICIPATION GOAL	
$\frac{\text{Total Amount to Certified DVB}}{\text{Total Bid/Proposal}} \times 100 = \text{Percent of Utilization}$	Goal = 3%
$\frac{66,389.75}{2,212,991.57} \times 100 = \underline{3} \%$	Submit Documentation of Good Faith Effort if goal is not met.

THIS FORM SHALL BE SUBMITTED WITH BID ON THE DUE DATE

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - DOCUMENTATION OF GOOD FAITH EFFORT- Page 1 of 2

A. List potential DVBs that the Offeror solicited for participation in this contract along with dates. Use additional sheets if necessary.

	Certified DVB Firm	Date of Contact (Mail, Fax, Telephone, etc)	Responded (Yes/No)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Sheet ____ of ____ (complete if submitting more than one sheet)

B. DVB Solicitations

Solicitation Sample:

Offeror must attach a sample of the solicitation sent to certified DVB firms. If phone contact was made, document conversation: date, time, contact person, and business opportunities discussed.

THIS FORM SHALL BE SUBMITTED WITH BID ON THE DUE DATE

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 TEMPORARY PHARMACY STAFFING

DOCUMENTATION OF GOOD FAITH EFFORT- Page 2 of 2

Identification of: (1) All DVBs that submitted bids/proposals, (2) The qualifying certification (DVB or SDVOSB), (3) Nature of work/supplies/services offered that are not accepted, (4) Dollar amounts of the DVBs bids/proposals not accepted, (5) Subcontractors and/or suppliers that will be used instead of the DVBs, (6) Dollar amounts of these subcontractors and/or suppliers' bids/proposals, and (7) The reason for the bidder/offeror not accepting the DVB's bid/proposal. Use additional sheets if necessary.

Name of DVB (1)	Certification (DVB/SDVOSB) (2)	Nature of Work (3)	DVB Bids/Offer(\$) (4)	Subcontractor/ Supplier to be used (5)	Bid/Proposal Amount Accepted (6)	Reason Not Accepted (7)

Sheet ____ of ____ (complete if submitting more than one sheet)

THIS FORM SHALL BE SUBMITTED WITH BID ON THE DUE DATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/11/2021

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

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

PRODUCER New Century Insurance Services License #0B07085 16 N. 2nd Street Alhambra, CA 91801		CONTACT NAME: New Century Ins Srv, Inc. PHONE (A/C, No, Ext): (626)300-9000 E-MAIL ADDRESS: info@usnci.com FAX (A/C, No): (626)570-0908	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Zurich American Insurance Company	NAIC # 16535
		INSURER B: American Guarantee and Liability Insurance Company	26247
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED Staff Today Inc. (STI) 212 E Rowland Street #313 Covina CA 91723			

COVERAGES**CERTIFICATE NUMBER:** ALL 21-22**REVISION NUMBER:**


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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR DEDUCTIBLE: \$10,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PRA 5908050-08	01/17/2021	01/17/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 EE DISHONEST ACTS \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PRA 5908050-08	01/17/2021	01/17/2022	COMBINED SINGLE LIMIT (Ea accident) \$ \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UMB 6513401-06	01/17/2021	01/17/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	PROFESSIONAL LIABILITY Deductible:\$10,000 each "Wrongful Act"			PRA 5908050-08	01/17/2021	01/17/2022	EACH "Claim" \$2,000,000 AGGREGATE \$4,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CRIME COVERAGE FOR CLIENT'S COVERAGE FOR YOUR EMPLOYEE'S DISHONEST ACTS: LIMIT \$1,000,000, DEDUCTIBLE, \$10,000
 CRIME COVERAGE FOR COMPUTER FRAUD: LIMIT\$1,000,000; DEDUCTIBLE \$10,000
 CERTIFICATE HOLDER IS RESPECTED AS AN ADDITIONAL INSURED PER FORM CG 20 26 04 13. THIS CERTIFICATE IS VALID ONLY IF THE CERTIFICATE HOLDER REQUIRES IN A WRITTEN CONTRACT TO BE NAMED AS ADDITIONAL INSURED. AUTO AND PROFESSIONAL LIABILITY ARE FOR INFORMATION ONLY.

CERTIFICATE HOLDER**CANCELLATION**

STAFF TODAY INC./LEAD STAFFING CORP 212 E ROWLAND ST #313 COVINA CA 91723	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/16/2020

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

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

PRODUCER SUNZ Insurance Solutions, LLC ID: (PeopLease) c/o PeopLease LLC 210 Wingo Way, Suite 400 Mount Pleasant, SC 29464	CONTACT NAME: Shelly Weaver PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS: Certs@peoplease.com
	INSURER(S) AFFORDING COVERAGE INSURER A: United Wisconsin Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED PeopLease LLC LCF Staff Today Inc 210 Wingo Way Suite 400 Mount Pleasant SC 29464	NAIC # 29157

COVERAGES

CERTIFICATE NUMBER: 56598086

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WC532-00240-020-SZ WC532-00240-019-SZ	7/23/2020 6/1/2020	7/23/2021 7/23/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage provided for all leased employees but not subcontractors of: Staff Today Inc
 Client Effective: 6/1/2020

CERTIFICATE HOLDER

3457 (CA)
 Staff Today Inc
 750 Terrado Plaza Suite 52
 Covina CA 91723

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Rick Leonard

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ACORD 25 (2016/03)

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Next

Bid

PROPOSAL RESPONSE

RFB Number:10956
Title: Temporary Pharmacy Staffing
The County of San Diego (County),
Department of Health and Human Services



Date: May 27, 2021

Submitted to:	Attn: Jessica Tran, PCS County of San Diego, Department of Purchasing & Contracting 5560 Overland Avenue, Suite 270, San Diego, CA 92123-1204
----------------------	---

Submitted By:

Tri-Force Consulting Services, Inc.
 Address: Business Center, of Lansdale, 650 North Cannon Avenue, Lansdale, PA 19446
 POC: Manish Gorawala, President
 Phone: (215) 362-2611, Cell: (215) 740-6806, Fax: (267)-200-0026
 Email: mgorawala@triforce-inc.com
 Website: www.triforce-inc.com
 Business Size: Small Business, GSA 8(a) Stars II Contract # GS06F0964Z
 GSA Schedule IT-70 SINS 132-51, Contract Number: 47QTCA19D00ET
 CAGE Code: 39SG4
 DUNS Number: 098793321

➤ **Our Government Clients:**



Department of Navy



City of Philadelphia



US Environment Agency



Bureau of Reclamation



Philadelphia Prisons



American Stock Transfer



Department of Army



Department of the Interior



NAVSUP Philadelphia
(ITT Corp)



Delaware Dept. of Technology
and Information



Philadelphia Gas Works

SECTION A - P&C 600 FORM

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - P&C 600 FORM

COUNTY OF SAN DIEGO
SECTION A-P&C 600 FORM
This is not an order

Issued: 05/11/2021

MAIL OR DELIVER TO:

COUNTY OF SAN DIEGO, RFB No. 10956
DEPARTMENT OF PURCHASING & CONTRACTING
5560 OVERLAND AVE., SUITE 270
SAN DIEGO, CA 92123

FOR INFORMATION, PLEASE CONTACT:

|| JESSICA TRAN, PCS
|| JESSICA.TRAN@SDCOUNTY.CA.GOV
||
||

AWARD WILL BE MADE TO THE LOWEST RESPONSIVE,

|| **BID OPENING DATE: MAY 25, 2021**
|| **BIDS MUST BE RECEIVED AT THE ABOVE ADDRESS**
|| **PRIOR TO 11:00 A.M. ON DATE OF BID OPENING.**

RESPONSIBLE BIDDER BASED ON:

- ALL OR NONE
- EACH LOT
- TOTAL PRICE

|| PLEASE STATE YOUR LOWEST PRICE
|| F.O.B. DESTINATION AND BRAND NAME
|| OR TRADE NAME IF APPLICABLE.
|| **(Please use typewriter or black ink)**
|| **YOUR ENVELOPE MUST INCLUDE RFB NO. 10956**

UNSPSC commodity code: **801116.0600**

DESCRIPTION

THE COUNTY OF SAN DIEGO (COUNTY), DEPARTMENT OF HEALTH AND HUMAN SERVICES HAS A REQUIREMENT FOR TEMPORARY PHARMACY STAFFING IN ACCORDANCE WITH THE TERMS & CONDITIONS AND THE STATEMENT OF WORK REFLECTED HEREIN.

INITIAL TERM:

ESTIMATED DATE OF AWARD – JUNE 30, 2022

1ST COUNTY OPTION:

ESTIMATED JULY 1, 2022 – JUNE 30, 2023

2ND COUNTY OPTION:

ESTIMATED JULY 1, 2023 – JULY 1, 2024

3RD COUNTY OPTION:

ESTIMATED JULY 1, 2024 – JULY 1, 2025

PRICING SUBMITTED IS TO REMAIN FIRM FOR THE TERM PERIOD IDENTIFIED ABOVE. ALL ITEMS WITHIN EACH TERM PERIOD MUST BE PRICED TO BE CONSIDERED RESPONSIVE.

ARE YOU ABLE TO COMPLY WITH ALL ITEMS SPECIFIED WITHIN THE SCOPE OF WORK? YES OR NO

BIDDER ACKNOWLEDGES ADDENDUM NO. 1 2 3 4 5

SUBJECT TO ACCEPTANCE WITHIN 90 DAYS

PAYMENT TERMS NET 30 DAYS OR % DAY

NAME AND ADDRESS OF BIDDER
Tri-Force Consulting Services, Inc.

NAME AND TITLE OF PERSON AUTHORIZED
TO SIGN OFFER: Manish Gorawala, President

STREET, CITY, STATE, ZIP

Business Center, of Lansdale, 650 North Cannon Avenue,

Manish Gorawala 05/25/2021

Lansdale, PA 19446

SIGNATURE OFFEROR DATE

TELEPHONE: NUMBER (215) 362-2611

FAX TELEPHONE: (267) 200-0026

PRINTED NAME: Manish Gorawala

E-MAIL: mgorawala@triforce-inc.com

PRINTED TITLE: President

NOTIFICATION OF AWARD -
ACCEPTANCE AS TO ITEM(S) NUMBERED:

(THIS SECTION FOR COUNTY USE ONLY)

COUNTY OF SAN DIEGO

(VC No.)

By: _____ DATE: _____

JOHN M. PELLEGRINO, DIRECTOR

DEPT OF PURCHASING & CONTRACTING

TOTAL AMOUNT
P&C 600 Form

AWARD No.

NAME AND TITLE OF CONTRACTING OFFICER

SECTION A - Representations and Certifications Form

County of San Diego
Department of Purchasing and Contracting

REPRESENTATIONS AND CERTIFICATIONS

The following representations and certifications are to be completed, signed and returned with the offer (the term "offer" includes a bid, proposal, quote, statement of qualifications, or any other submission to provide goods and/or services).

1. BUSINESS TYPE

For-profit Non-profit Government

2. INTERLOCKING DIRECTORATE

In accordance with Board of Supervisors Policy A-79, if Offeror is a non-profit and will be subcontracting with a related for-profit entity where an interlocking directorate, management or ownership relationship exists, Offeror must list all such entity(ies) on an attached separate sheet, and authorization must be sought from Board of Supervisors. If Offeror is a non-profit and does not submit such a list, Offeror certifies it has not entered into a subcontract relationship with a related for-profit entity.

List Attached? Yes

3. BUSINESS REPRESENTATION

Offeror represents as a part of this offer the following information regarding the ownership, operation, and control of its business:

3.1. Are you a local business with a physical address within the County of San Diego? Yes No

3.2. Are you certified by the State of California as a:
 Disabled Veteran Business Enterprise(DVBE)
Certification #: _____

Small Business Enterprise (SBE)
Certification #: _____

3.3. Are you certified by the U.S. Dept Of Veterans' Affairs as:
 Veteran Owned Small Business (VOSB)
Certification # _____

Service Disabled Veteran Owned Small Business (SDVOSB)
Certification # _____

3.4. Estimated percentage of work in this offer to be performed or fulfilled locally (within the geographic boundaries of the County of San Diego): _____ %

4. DEBARMENT, SUSPENSION, AND RELATED MATTERS

4.1. Offeror certifies to the best of its knowledge that neither it nor any of its officers:

4.1.1. Are presently debarred, suspended, declared ineligible, or voluntarily excluded from covered transactions by any state, local, or federal department or agency.

4.1.2. Have within a three (3) year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

4.2. Except as allowed for in Section 4.2.5, Offeror hereby certifies to the best of its knowledge that neither it nor any of its officers:

4.2.1 Are presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state, or local) with the commission of any of the offenses enumerated in paragraph 4.1.2 of this certification;

4.2.2 Have within a three (3) year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default;

4.2.3 Are presently the target or subject of any investigation, accusation or charges by any federal, state or local agency or law enforcement, licensing, certification, ethics, or compliance body;

4.2.4 Are proposed for debarment by any state, local, or federal department or agency.

4.2.5 If Offeror is unable to certify Sections 4.2.1, 4.2.2, 4.2.3, or 4.2.4, it certifies that it has disclosed and attached to this Representations and Certifications the reason(s) it cannot do so. The disclosure must include the Section(s), specific relevant facts including dates, contracts, individuals involved, status of actions, and any other relevant information that prevent it from making the requested certification(s). The County reserves the right to disqualify an Offeror based upon information disclosed.

Disclosure Attached? Yes

5. RELATED WORK

Offeror certifies to the best of its knowledge that, other than as disclosed in an attached separate sheet, it and its proposed subcontractors, agents, and consultants have not previously contracted with the County to perform work on or related to this project (e.g. preparing related studies or recommendations, components of the statement of work, or plans and specifications).

Disclosure Attached? Yes

6. CURRENT COST OR PRICING

Offeror certifies to the best of its knowledge that cost and/or pricing data submitted with this offer, or specifically identified by reference if actual submission of the data is impracticable, are accurate, complete, and current as of the date signed below.

7. INDEPENDENT PRICING

Offeror certifies that in relation to this offer:

7.1. The prices in this offer have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with other offerors, with any competitors, or with any County employee(s) or consultant(s) involved in this or related procurements;

7.2. Unless otherwise required by law, the prices that have been quoted in this offer have not been knowingly disclosed by the Offeror and will not knowingly be disclosed by the Offeror prior to opening, in the case of a bid, or prior to award, in the case of a proposal, directly or indirectly to any other Offeror or to any competitor or with any County employee(s) or consultant(s) involved in this or related procurements; and

7.3. No attempt has been made or will be made by the Offeror to induce any other person or firm to submit or not to submit an offer for the purpose of restricting competition.

8. ADDITIONAL DISCLOSURES

Offeror shall report in writing to the County Department of Purchasing and Contracting within five business days of discovering or having any reason to suspect any change in status as certified in the preceding paragraphs. Upon County's request, Offeror shall provide additional information supporting Offeror's Representations and Certifications. Offeror's obligations under this Section 8 shall continue until Offeror is no longer under consideration for award of a contract, or until termination or expiration of any resulting contract(s).

CERTIFICATION

The information furnished in Paragraphs 1 through 8 and in the accompanying offer is certified to be factual and correct as of the date submitted and this certification is made under penalty of perjury under the laws of the State of California.

Name: Manish Gorawala

Signature: _____

Title: President

Date: 05/27/2021

Company/Organization: _____

SUBMIT THIS FORM AS DIRECTED IN THE REQUEST FOR SOLICITATION DOCUMENTS OR WITH THE OFFER

Revised 05-02-17

SECTION A - Indemnification Agreement

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - NONDISCLOSURE INDEMNIFICATION AGREEMENT

IF OFFEROR SUBMITS EXHIBIT CONFIDENTIAL/PROPRIETARY, THE FOLLOWING NONDISCLOSURE INDEMNIFICATION AGREEMENT MUST BE COMPLETED, SIGNED AND RETURNED WITH THE OFFER

This indemnification agreement ("Agreement") is made and entered into by and between the County of San Diego ("County") and Offeror Company/Organization Name: Tri-Force Consulting Services, Inc. ("Offeror") with reference to the following facts:

WHEREAS the County may receive a request for disclosure of Offeror's submission under the California Public Records Act, Government Code Section 6250, et seq.; and

WHEREAS, Offeror has included in its submission an exhibit entitled "*EXHIBIT – CONFIDENTIAL/PROPRIETARY*" containing records that Offeror has determined to constitute trade secrets or other proprietary information exempt from disclosure under the California Public Records Act; and

WHEREAS the County requires defense and indemnity from Offeror for the County's ongoing non-disclosure of Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*;

NOW, THEREFORE, for good and valuable consideration and the mutual promises contained herein, the parties agree to the following:

1. The above recitals are incorporated herein by this reference.
2. Except as otherwise provided herein, the County will not release Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY* based on Offeror's representation that the records contained therein are proprietary and exempt from disclosure under the California Public Records Act and/or are trade secrets as that term is defined in Government Code Section 6250, et seq. Notwithstanding the foregoing, however, the County may release Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY* in the event of any of the following:
 - a. Offeror fails to comply with the terms and conditions of this Agreement; or
 - b. Offeror provides the County with written notice that some or all of the records may be released; or
 - c. A court of competent jurisdiction orders the County to release the records and the County has exhausted or waived its appeal rights.
3. To the fullest extent allowed by law, the County shall not be liable for, and Offeror shall defend and indemnify County and its Board of Supervisors, officers, directors, employees and agents of County (collectively "County Parties"), against any and all claims, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees (whether incurred by County attorneys or attorneys employed by County) and court costs (hereinafter collectively referred to as "Claims"), related to Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*.
4. Offeror waives any and all claims in law or equity and hereby releases the County Parties from any and all claims, deductibles, self-insured retentions, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees and court costs, which arise out of or are in any way connected to Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*.

TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE OFFEROR	
Offeror Company/Organization Name:	<u>Tri-Force Consulting Services, Inc.</u>
Authorized Representative Name:	<u>Manish Gorawala</u>
Authorized Representative Title:	<u>President</u>
Signature:	Date: <u>05/25/2021</u>

SECTION A - Pricing Schedule

Pricing shall remain fixed during each separately priced initial year and option period(s). Each hourly rate shall be all inclusive meaning that no additional or extra costs will be paid to Contractor for temporary staffing. Hourly rate is the only pricing allowed on any invoices submitted to County. Estimated annual averages of hours are based on historical data and there is no guarantee of hours for requested services under this contract. Contractor payments will be reimbursed according to the following Payment Schedule:

1. RATES FOR INITIAL TERM: EST. JULY 1, 2021– JUNE 30, 2022

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manger	80	\$70.00	25%	\$87.50	\$7,000.00
2.	Pharmacist	280	\$65.00	25%	\$81.25	\$22,750.00
2.	Pharmacy	560	\$16.00	25%	\$20.00	\$11,200.0
Monthly Total						\$40,950.00
Initial Term July 1, 2021- June 30, 2022 Total (Multiply Monthly Total by 12)						\$491,400.00

2. RATES FOR OPTION YEAR 1: EST. JULY 1, 2022-JUNE 30, 2023

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manager	80	\$71.40	25%	\$89.25	\$7,140.00
2.	Pharmacist	280	\$66.30	25%	\$82.88	\$23,205.00
3.	Pharmacy Tech	560	\$16.32	25%	\$20.40	\$11,424.00
Monthly Total						\$41,769.00
Year 1: July 1, 2022-June 30, 2023 Total (Multiply Monthly Total by 12)						\$501,228.00

3. RATES FOR OPTION YEAR 2: EST. JULY 1, 2023-JUNE 30, 2024

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manger	80	\$72.83	25%	\$91.04	\$7,282.80
2.	Pharmacist	280	\$67.63	25%	\$84.53	\$23,669.10
3.	Pharmacy Tech	560	\$16.65	25%	\$20.81	\$11,652.48
Monthly Total						\$42,604.38
YEAR 2: JULY 1, 2023-JUNE 30, 2024 Total (Multiply Monthly Total by 12)						\$511,252.56

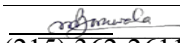
4. RATES FOR OPTION YEAR 3: EST. JULY 1, 2024-JUNE 30, 2025

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1	Pharmacy Manager	80	\$74.28	25%	\$92.86	\$7,428.46
2	Pharmacist	280	\$68.98	25%	\$86.22	\$24,142.48
3	Pharmacy Tech	560	\$16.98	25%	\$21.22	\$11,885.53
Monthly Total						\$43,456.47
YEAR 3: JULY 1, 2024-JUNE 30, 2025 Total (Multiply Monthly Total by 12)						\$521,477.61

*Estimated annual hours: The estimated annual hours listed are provided solely for evaluation of bids. They represent approximate anticipated annual hours based on historical data and there is no guarantee of hours for requested services under this contract.

5. CONTRACT TERMS

EST. CONTRACT TERM	TOTAL AMOUNT
INITIAL TERM TOTAL JULY 1, 2021-JUNE 30, 2022	\$491,400.00
FIRST OPTION YEAR TOTAL JULY 1, 2022-JUNE 30, 2023	\$501,228.00
SECOND OPTION YEAR TOTAL JULY 1, 2023- JUNE 30, 2024	\$511,252.56
THIRD OPTION YEAR TOTAL JULY 1, 2024- JUNE 30, 2025	\$521,477.61
GRAND TOTAL (BASIS OF AWARD)	\$2,025,358.17

COMPANY: Tri-Force Consulting Services, Inc.
 Authorized Representative: Manish Gorawala, President
 Authorized Representative Signature: 
 Phone: (215) 362-2611
 Email: mgorawala@triforce-inc.com

6. INVOICES SUBMITTED SHALL CONTAIN THE FOLLOWING:

a. Certification:
I certify that the above deliverables and/or services were delivered and/or performed specifically for this Agreement in accordance with the terms and conditions set forth herein.

I further certify, under penalty of perjury under the laws of the State of California, that no employee or entity providing services under the terms and conditions of this Agreement is currently listed as debarred, excluded, suspended, or ineligible on the Federal System for Award Management (SAM: <http://SAM.gov>), the Federal Health and Human Services Office of Inspector General List of Excluded Individuals/Entities (LEIE: <http://exclusions.oig.hhs.gov>), or the State of California Medi-Cal Suspended and Ineligible list (www.medi-cal.ca.gov).

Manish Gorawala, President  05/27/2021
Printed Name Signature Date

SECTION A - DVE SUBCONTRACTOR PARTICIPATION SUMMARY

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - DVE SUBCONTRACTOR PARTICIPATION SUMMARY

This DVB Subcontractor Participation Summary is required to document Bidder's/Offeror's (Offeror) compliance with the DVB participation goals set forth in Board Policy B-39a.

All Offerors must complete this section	
Offeror:	Tri-Force Consulting Services, Inc.
Offeror's Representative:	Manish Gorawala, President

Exemptions (complete only if Offeror qualifies for one of the exemptions below)
<p>Offeror is exempt from DVB Subcontractor Participation Requirements in accordance with Board Policy B-39a because Offeror is a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Government Agency <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Small Business Enterprise (SBE), pursuant to Board Policy B-53 State of California SBE Certification #: _____ <input type="checkbox"/> Veteran Owned Business (VOB), pursuant to Board Policy B-39a VOB status due to certification as a: <ul style="list-style-type: none"> <input type="checkbox"/> DVB - State of California Certification #: _____ <input type="checkbox"/> VOSB - U.S. VA Certification #: _____ <input type="checkbox"/> SDVOSB - U.S. VA Certification #: _____

DVB Compliance (complete if Offeror claimed no exemption above)

- Offeror will self-perform 100% of the services.
- Complete and attach DVB Subcontractor Participation Plan
- Complete and attach Documentation of Good Faith Effort (Optional if Offeror has met or exceeded the 3% DVB Subcontractor Participation goal)

Offeror must provide additional supporting documentation upon request.

Transmittal Letter

Attn: Jessica Tran, PCS
County of San Diego,
Department of Purchasing & Contracting
5560 Overland Avenue, Suite 270,
San Diego, CA 92123-1204

From:
Tri-Force Consulting Services, Inc.
Business Center, of Lansdale
650 North Cannon Avenue
Lansdale, PA 19446

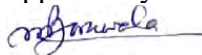
Respected Distinguished Evaluation Panel Team members,

Tri-Force Consulting Services, Inc. (Tri-Force) is pleased to submit the enclosed proposal response to the County of San Diego (County) to provide Temporary Pharmacy Staffing Services. By submitting our proposal, Tri-Force hereby agrees with all the terms and conditions of the bid.

Tri-Force offers the following advantages and differentiators:


- ▼ ***Firm-Wide Technical Expertise and Past Performance:*** Tri-Force incorporated under the jurisdiction of State of Pennsylvania, the USA operating under its current name since December 2000, a period of over 20 years. Tri-Force is currently providing Information Technology Staff Augmentation services for the City of Philadelphia. Responsibilities included supporting the excellent resources for software development, web development and a vast variety of other IT services, including Programming, Web Designing, Application Development, Internet Marketing, Multimedia development, Open Source Development, and Oracle Database and Data warehouse services. Tri-Force is also providing Temporary Staffing Services for Information Services Department for the Philadelphia Gas Works (PGW).
- ▼ ***Key Personnel Advantages:*** We have team of resources that are experienced in the Pharmacy technical services, Pharmacy management and technical services to support the scope of work outlined in the RFP led by strong technical personnel. Based on our successfully executed contract experiences for City of Philadelphia and PGW, we are very confident in our ability to successfully phase-in to this new contract from the award date.
- ▼ ***Proven Contract Transitions:*** It is very important to us to have the most productive and efficient team. Based on our successfully executed contract transition experiences in the past for BRACBIMS, BRACMIS and KMS in 2008, 2009, and 2012, we are very confident in our ability to successfully phase-in to this new contract from the award date. Our team is also providing application support to the NAVSUP agency.

As the Program Manager of this critical undertaking, I will be responsible for the performance of Tri-Force team members for this contract. Tri-Force is absolutely committed to perform all the necessary tasks needed to achieve the County's mission success. We look forward to this opportunity to extend our commitment to the County.



Sincerely, Manish Gorawala, President/CEO,
Tri-Force Consulting Services, Inc.

Exhibit B – Insurance Requirements

ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 3/25/2021			
<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p>							
<p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>							
PRODUCER Lacher & Associates Insurance Agency Lacher Insurance Group 632 East Broad Street Souderton PA 18964			CONTACT NAME: PHONE (A/C No. Ext): 215-723-4378 FAX (A/C No.): 215-723-5757 E-MAIL ADDRESS: certificate@lacherinsurance.com				
INSURED Tri-Force Consulting Service, Inc. 650 N. Cannon Ave. Suite 134 Lansdale PA 19446			TRI-CON-01 INSURER A: Erie Insurance Exchange NAIC # 26271 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:				
COVERAGES		CERTIFICATE NUMBER: 1525821982		REVISION NUMBER:			
<p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>							
INSTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			Q47-3050399	11/30/2020	11/30/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			Q47-3050399	11/30/2020	11/30/2021	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			Q35-3070377	11/30/2020	11/30/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Q88-0500542	4/5/2021	4/5/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) This certificate is for information purposes only. Coverage reflects the limits that are in force effective the date that the certificate is issued. To verify ongoing coverage please contact agent for current certificate.							
CERTIFICATE HOLDER				CANCELLATION			
For Information Only				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 			

Next

Bid

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 TEMPORARY PHARMACY STAFFING

SECTION A - P&C 600 FORM

COUNTY OF SAN DIEGO
 SECTION A-P&C 600 FORM
This is not an order

Issued: 05/11/2021

MAIL OR DELIVER TO:

COUNTY OF SAN DIEGO, RFB No. 10956
 DEPARTMENT OF PURCHASING & CONTRACTING
 5560 OVERLAND AVE., SUITE 270
 SAN DIEGO, CA 92123

FOR INFORMATION, PLEASE CONTACT:

JESSICA TRAN, PCS
JESSICA.TRAN@SDCOUNTY.CA.GOV

AWARD WILL BE MADE TO THE LOWEST RESPONSIVE,

BID OPENING DATE: MAY 25, 2021
BIDS MUST BE RECEIVED AT THE ABOVE ADDRESS
PRIOR TO 11:00 A.M. ON DATE OF BID OPENING.

RESPONSIBLE BIDDER BASED ON:

- ALL OR NONE
- EACH LOT
- TOTAL PRICE

PLEASE STATE YOUR LOWEST PRICE
 F.O.B. DESTINATION AND BRAND NAME
 OR TRADE NAME IF APPLICABLE.
(Please use typewriter or black ink)
YOUR ENVELOPE MUST INCLUDE RFB NO. 10956

UNSPSC commodity code: 801116.0600

DESCRIPTION

THE COUNTY OF SAN DIEGO (COUNTY), DEPARTMENT OF HEALTH AND HUMAN SERVICES HAS A REQUIREMENT FOR TEMPORARY PHARMACY STAFFING IN ACCORDANCE WITH THE TERMS & CONDITIONS AND THE STATEMENT OF WORK REFLECTED HEREIN.

INITIAL TERM: ESTIMATED DATE OF AWARD – JUNE 30, 2022
 1ST COUNTY OPTION: ESTIMATED JULY 1, 2022 – JUNE 30, 2023
 2ND COUNTY OPTION: ESTIMATED JULY 1, 2023 – JULY 1, 2024
 3RD COUNTY OPTION: ESTIMATED JULY 1, 2024 – JULY 1, 2025

PRICING SUBMITTED IS TO REMAIN FIRM FOR THE TERM PERIOD IDENTIFIED ABOVE. ALL ITEMS WITHIN EACH TERM PERIOD MUST BE PRICED TO BE CONSIDERED RESPONSIVE.

ARE YOU ABLE TO COMPLY WITH ALL ITEMS SPECIFIED WITHIN THE SCOPE OF WORK? YES OR NO

BIDDER ACKNOWLEDGES ADDENDUM NO. 0 [] 2 [] 3 [] 4 [] 5 []

<u>SUBJECT TO ACCEPTANCE WITHIN 90 DAYS</u>	<u>PAYMENT TERMS NET 30 DAYS OR % DAY</u>
NAME AND ADDRESS OF BIDDER Professional Resource Enterprises dba UNI	NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER:
STREET, CITY, STATE, ZIP 600 B St. Ste. 1570 San Diego, CA 92101	<u>Veerpal B</u> 5/26/21
TELEPHONE: NUMBER (619) 615-0439	SIGNATURE OFFEROR DATE
FAX TELEPHONE: (619) 615-3197	PRINTED NAME: <u>Veerpal Brar</u>
E-MAIL: <u>vbrar@unihar.com</u>	PRINTED TITLE: <u>Program Manager</u>

NOTIFICATION OF AWARD -	(THIS SECTION FOR COUNTY USE ONLY)
ACCEPTANCE AS TO ITEM(S) NUMBERED:	COUNTY OF SAN DIEGO
(VC No.)	BY: _____ DATE: _____
	JOHN M. PELLEGRINO, DIRECTOR
	DEPT OF PURCHASING & CONTRACTING

TOTAL AMOUNT	AWARD No.	NAME AND TITLE OF CONTRACTING OFFICER
P&C 600 Form		

SUBMIT THIS COMPLETED FORM AS PAGE 1 OF THE BID

County of San Diego
Department of Purchasing and Contracting
REPRESENTATIONS AND CERTIFICATIONS

The following representations and certifications are to be completed, signed and returned with the offer (the term "offer" includes a bid, proposal, quote, statement of qualifications, or any other submission to provide goods and/or services).

1. BUSINESS TYPE

For-profit Non-profit Government

2. INTERLOCKING DIRECTORATE

In accordance with Board of Supervisors Policy A-79, if Offeror is a non-profit and will be subcontracting with a related for-profit entity where an interlocking directorate, management or ownership relationship exists, Offeror must list all such entity(ies) on an attached separate sheet, and authorization must be sought from Board of Supervisors. If Offeror is a non-profit and does not submit such a list, Offeror certifies it has not entered into a subcontract relationship with a related for-profit entity.

List Attached? Yes

3. BUSINESS REPRESENTATION

Offeror represents as a part of this offer the following information regarding the ownership, operation, and control of its business:

3.1. Are you a local business with a physical address within the County of San Diego? Yes No

3.2. Are you certified by the State of California as a:

Disabled Veteran Business Enterprise(DVBE)

Certification #: _____

Small Business Enterprise (SBE)

Certification #: _____

3.3. Are you certified by the U.S. Dept Of Veterans' Affairs as:

Veteran Owned Small Business (VOSB)

Certification # _____

Service Disabled Veteran Owned Small Business (SDVOSB)

Certification # _____

3.4. Estimated percentage of work in this offer to be performed or fulfilled locally (within the geographic boundaries of the County of San Diego): 100 %

4. DEBARMENT, SUSPENSION, AND RELATED MATTERS

4.1. Offeror certifies to the best of its knowledge that neither it nor any of its officers:

4.1.1. Are presently debarred, suspended, declared ineligible, or voluntarily excluded from covered transactions by any state, local, or federal department or agency.

4.1.2. Have within a three (3) year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

4.2. Except as allowed for in Section 4.2.5, Offeror hereby certifies to the best of its knowledge that neither it nor any of its officers:

4.2.1 Are presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state, or local) with the commission of any of the offenses enumerated in paragraph 4.1.2 of this certification;

4.2.2 Have within a three (3) year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default;

4.2.3 Are presently the target or subject of any investigation, accusation or charges by any federal, state or local agency or law enforcement, licensing, certification, ethics, or compliance body;

4.2.4 Are proposed for debarment by any state, local, or federal department or agency.

4.2.5 If Offeror is unable to certify Sections 4.2.1, 4.2.2, 4.2.3, or 4.2.4, it certifies that it has disclosed and attached to this Representations and Certifications the reason(s) it cannot do so. The disclosure must include the Section(s), specific relevant facts including dates, contracts, individuals involved, status of actions, and any other relevant information that prevent it from making the requested certification(s). The County reserves the right to disqualify an Offeror based upon information disclosed.

Disclosure Attached? Yes

5. RELATED WORK

Offeror certifies to the best of its knowledge that, other than as disclosed in an attached separate sheet, it and its proposed subcontractors, agents, and consultants have not previously contracted with the County to perform work on or related to this project (e.g. preparing related studies or recommendations, components of the statement of work, or plans and specifications).

Disclosure Attached? Yes

6. CURRENT COST OR PRICING

Offeror certifies to the best of its knowledge that cost and/or pricing data submitted with this offer, or specifically identified by reference if actual submission of the data is impracticable, are accurate, complete, and current as of the date signed below.

7. INDEPENDENT PRICING

Offeror certifies that in relation to this offer:

7.1. The prices in this offer have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with other offerors, with any competitors, or with any County employee(s) or consultant(s) involved in this or related procurements;

7.2. Unless otherwise required by law, the prices that have been quoted in this offer have not been knowingly disclosed by the Offeror and will not knowingly be disclosed by the Offeror prior to opening, in the case of a bid, or prior to award, in the case of a proposal, directly or indirectly to any other Offeror or to any competitor or with any County employee(s) or consultant(s) involved in this or related procurements; and

7.3. No attempt has been made or will be made by the Offeror to induce any other person or firm to submit or not to submit an offer for the purpose of restricting competition.


8. ADDITIONAL DISCLOSURES

Offeror shall report in writing to the County Department of Purchasing and Contracting within five business days of discovering or having any reason to suspect any change in status as certified in the preceding paragraphs. Upon County's request, Offeror shall provide additional information supporting Offeror's Representations and Certifications. Offeror's obligations under this Section 8 shall continue until Offeror is no longer under consideration for award of a contract, or until termination or expiration of any resulting contract(s).

CERTIFICATION

The information furnished in Paragraphs 1 through 8 and in the accompanying offer is certified to be factual and correct as of the date submitted and this certification is made under penalty of perjury under the laws of the State of California.

Name: Veerpal Brar

Signature: 

Title: Program Manager

Date: 5/26/21

Company/Organization: Professional Resource Enterprises, Inc dba UNI

SUBMIT THIS FORM AS DIRECTED IN THE REQUEST FOR SOLICITATION DOCUMENTS OR WITH THE OFFER

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - NONDISCLOSURE INDEMNIFICATION AGREEMENT

IF OFFEROR SUBMITS EXHIBIT CONFIDENTIAL/PROPRIETARY, THE FOLLOWING NONDISCLOSURE INDEMNIFICATION AGREEMENT MUST BE COMPLETED, SIGNED AND RETURNED WITH THE OFFER

This indemnification agreement ("Agreement") is made and entered into by and between the County of San Diego ("County") and Offeror Company/Organization Name: Professional Resource Enterprises dba UNI ("Offeror") with reference to the following facts:

WHEREAS the County may receive a request for disclosure of Offeror's submission under the California Public Records Act, Government Code Section 6250, et seq.; and

WHEREAS, Offeror has included in its submission an exhibit entitled "*EXHIBIT - CONFIDENTIAL/PROPRIETARY*" containing records that Offeror has determined to constitute trade secrets or other proprietary information exempt from disclosure under the California Public Records Act; and

WHEREAS the County requires defense and indemnity from Offeror for the County's ongoing non-disclosure of Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*;

NOW, THEREFORE, for good and valuable consideration and the mutual promises contained herein, the parties agree to the following:

1. The above recitals are incorporated herein by this reference.
2. Except as otherwise provided herein, the County will not release Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY* based on Offeror's representation that the records contained therein are proprietary and exempt from disclosure under the California Public Records Act and/or are trade secrets as that term is defined in Government Code Section 6250, et seq. Notwithstanding the foregoing, however, the County may release Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY* in the event of any of the following:
 - a. Offeror fails to comply with the terms and conditions of this Agreement; or
 - b. Offeror provides the County with written notice that some or all of the records may be released; or
 - c. A court of competent jurisdiction orders the County to release the records and the County has exhausted or waived its appeal rights.
3. To the fullest extent allowed by law, the County shall not be liable for, and Offeror shall defend and indemnify County and its Board of Supervisors, officers, directors, employees and agents of County (collectively "County Parties"), against any and all claims, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees (whether incurred by County attorneys or attorneys employed by County) and court costs (hereinafter collectively referred to as "Claims"), related to Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*.
4. Offeror waives any and all claims in law or equity and hereby releases the County Parties from any and all claims, deductibles, self-insured retentions, demands, liability, judgments, awards, fines, mechanics' liens or other liens, labor disputes, losses, damages, expenses, charges or costs of any kind or character, including attorneys' fees and court costs, which arise out of or are in any way connected to Offeror's *EXHIBIT-CONFIDENTIAL/PROPRIETARY*.

TO BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE OF THE OFFEROR	
Offeror Company/Organization Name:	<u>Professional Resource Enterprises dba UNI</u>
Authorized Representative Name:	<u>Veerpal Brar</u>
Authorized Representative Title:	<u>Program Manager</u>
Signature: <u>Veerpal L</u>	Date: <u>5/26/21</u>

SUBMIT THIS COMPLETED FORM AS PAGE 3 OF THE BID

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 TEMPORARY PHARMACY STAFFING

5. CONTRACT TERMS

EST. CONTRACT TERM	TOTAL AMOUNT
INITIAL TERM TOTAL JULY 1, 2021-JUNE 30, 2022	\$520,046.40
FIRST OPTION YEAR TOTAL JULY 1, 2022-JUNE 30, 2023	\$520,046.40
SECOND OPTION YEAR TOTAL JULY 1, 2023- JUNE 30, 2024	\$520,046.40
TIDRD OPTION YEAR TOTAL JULY 1, 2024- JUNE 30, 2025	\$520,046.40
GRAND TOTAL <BASIS OF AWARD>	\$2,080,185.60

COMPANY: Professional Resource Enterprises dba UNI
 Authorized Representative: Veerpal Brar
 Authorized Representative Signature: *Veerpal Brar*
 Phone: 619 615 0439
 Email: vbrar@unihcr.com

6. INVOICES SUBMITTED SHALL CONTAIN THE FOLLOWING:

a. Certification:

I certify that the above deliverables and/or services were delivered and/or performed specifically for this Agreement in accordance with the terms and conditions set forth herein.

If further certify, under penalty of perjury under the laws of the State of California, that no employee or entity providing services under the terms and conditions of this Agreement is currently listed as debarred, excluded, suspended, or ineligible on the Federal System for Award Management (SAM: <http://SAM.gov>), the Federal Health and Human Services Office of Inspector General List of Excluded Individuals/Entities (LEIE: <http://exclusions.oig.hhs.gov>), or the State of California Medi-Cal/ Suspended and Ineligible list (www.medi-cal.ca.gov).

Veerpal Brar
 Printed Name

Veerpal B
 Signature

5/26/21
 Date

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - PRICING SCHEDULE

Pricing shall remain fixed during each separately priced initial year and option period(s). Each hourly rate shall be all inclusive meaning that no additional or extra costs will be paid to Contractor for temporary staffing. Hourly rate is the only pricing allowed on any invoices submitted to County. Estimated annual averages of hours are based on historical data and there is no guarantee of hours for requested services under this contract. Contractor payments will be reimbursed according to the following Payment Schedule:

1. RATES FOR INITIAL TERM: EST. JULY 1, 2021-JUNE 30, 2022

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manger	80	\$61.00	38.89	\$84.72	\$6,777.60
2.	Pharmacist	280	\$59.00	38.89	\$81.95	\$22,946.00
2.	Pharmacy Technician	560	\$17.50	38.89	\$24.31	\$13,613.60
Monthly Total						\$43,337.20
Initial Term July 1, 2021- June 30, 2022 Total (Multiply Monthly Total by 12)						\$520,046.40

2. RATES FOR OPTION YEAR 1: EST. JULY 1, 2022-JUNE 30, 2023

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manager	80	\$61.00	38.89	\$84.72	\$6,777.60
2.	Pharmacist	280	\$59.00	38.89	\$81.95	\$22,946.00
3.	Pharmacy Tech	560	\$17.50	38.89	\$24.31	\$13,613.60
Monthly Total						\$43,337.20
Year 1: July 1, 2022-June 30, 2023 Total (Multiply Monthly Total by 12)						\$520,046.40

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

3. RATES FOR OPTION YEAR 2: EST. JULY 1, 2023-JUNE 30, 2024

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Phannacy Manger	80	\$61.00	38.89	\$84.72	\$6,777.60
2.	Pharmacist	280	\$59.00	38.89	\$81.95	\$22,946.00
3.	Pharmacy Tech	560	\$17.50	38.89	\$24.31	\$13,613.60
Monthly Total						\$43,337.20
YEAR 2: JULY 1, 2023-JUNE 30, 2024 Total (Multiply Monthly Total by 12)						\$520,046.40

4. RATES FOR OPTION YEAR 3: EST. JULY 1, 2024-JUNE 30, 2025

Line	Job Classification	*Estimated Monthly Average Hours	Staff Pay Rate (Hourly)	Percentage Mark-up (%)	Bill Rate (Hourly) All Inclusive Rate	Extended Total Price
1.	Pharmacy Manager	80	\$61.00	38.89	\$84.72	\$6,777.60
2.	Phannacist	280	\$59.00	38.89	\$81.95	\$22,946.00
3.	Pharmacy Tech	560	\$17.50	38.89	\$24.31	\$13,613.60
Monthly Total						\$43,337.20
YEAR 3: JULY 1, 2024-JUNE 30, 2025 Total (Multiply Monthly Total by 12)						\$520,046.40

*Estimated annual hours: The estimated annual hours listed are provided solely for evaluation of bids. They represent approximate anticipated annual hours based on historical data and there is no guarantee of hours for requested services under this contract.

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - DVE SUBCONTRACTOR PARTICIPATION SUMMARY

This DVB Subcontractor Participation Summary is required to document Bidder's/Offeror's (Offeror) compliance with the DVB participation goals set forth in Board Policy B-39a.

All Offerors must complete this section	
Offeror:	Professional Resource Enterprises dba UNI
Offeror's Representative:	Veerpal Brar

Exemptions (complete only if Offeror qualifies for one of the exemptions below)	
Offeror is exempt from DVB Subcontractor Participation Requirements in accordance with Board Policy B-39a because Offeror is a:	
<input type="checkbox"/>	Government Agency
<input type="checkbox"/>	Nonprofit Organization
<input type="checkbox"/>	Small Business Enterprise (SBE), pursuant to Board Policy B-53 State of California SBE Certification #: _____
<input type="checkbox"/>	Veteran Owned Business (VOB), pursuant to Board Policy B-39a VOB status due to certification as a: <input type="checkbox"/> DVB - State of California Certification #: _____ <input type="checkbox"/> VOSB - U.S. VA Certification #: _____ <input type="checkbox"/> SDVOSB - U.S. VA Certification #: _____

DVB Compliance (complete if Offeror claimed no exemption above)

- Offeror will self-perform 100% of the services.
- Complete and attach DVB Subcontractor Participation Plan
- Complete and attach Documentation of Good Faith Effort (Optional if Offeror has met or exceeded the 3% DVB Subcontractor Participation goal)

Offeror must provide additional supporting documentation upon request.

THIS FORM SHALL BE SUBMITTED WITH BID

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
DEPARTMENT OF HEALTH AND HUMAN SERVICES
TEMPORARY PHARMACY STAFFING

SECTION A - DVE SUBCONTRACTOR PARTICIPATION PLAN

Offeror: Professional Resource Enterprises dba UNI Offeror Representative: Veerpal Brar

Project Title: RFB 10956 Temporary Pharmacy Staffing

ITEM NO.	DESCRIPTION OF WORK, SERVICE OR MATERIAL	NAME, ADDRESS, TELEPHONE NUMBER AND CERTIFICATION NUMBER OF CERTIFIED DVB TO BE USED	DOLLAR AMOUNT TO BE PAID THIS DVB
	Temp Pharm Staffing	Name: <u>American Small Business Alliance, Inc.</u> Address: <u>6021 University Blvd 160</u> <u>Elliot City, MD 21043</u> Telephone #: <u>443 325 5020</u> Certification #: <u>128598013</u>	\$ 62405.57
		Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
		Name: Address: Telephone #: Certification #:	
TOTAL AMOUNT TO CERTIFIED DVB			\$ 62405.57

Use additional sheets if necessary. Compute utilization on last sheet.

Sheet ____ of ____ (complete if submitting more than one sheet)

COMPUTATION OF UTILIZATION AND COMPARISON WITH THE SUBCONTRACTOR PARTICIPATION GOAL	
<u>Total Amount to Certified DVB</u> x 100 = <u>Percent of Utilization</u>	Goal = 3%
<u>Total Bid/Proposal</u> <u>62405.57</u> <u>2,080,185.60</u> x 100 = <u>3</u> %	Submit Documentation of Good Faith Effort if goal is not met.

THIS FORM SHALL BE SUBMITTED WITH BID ON THE DUE DATE

COUNTY OF SAN DIEGO - REQUEST FOR BIDS (RFB) 10956
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 TEMPORARY PHARMACY STAFFING

SECTION A - DOCUMENTATION OF GOOD FAITH EFFORT- Page 1 of 2

A. List potential DVBs that the Offeror solicited for participation in this contract along with dates. Use additional sheets if necessary.

	Certified DVB Firm	Date of Contact (Mail, Fax, Telephone, etc)	Responded (Yes/No)
1.	<i>American Small Business Alliance, Inc.</i>	<i>5/26/21</i>	<i>Yes</i>
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Sheet ____ of ____ (complete if submitting more than one sheet)

B. DVB Solicitations

Solicitation Sample:

Offeror must attach a sample of the solicitation sent to certified DVB firms. If phone contact was made, document conversation: date, time, contact person, and business opportunities discussed.

THIS FORM SHALL BE SUBMITTED WITH BID ON THE DUE DATE

