



Fulton County, GA

Department of Purchasing & Contract Compliance

December 4, 2012

Re: 13RFP86393A-CC, Health Promotion Initiatives

Dear Proposers:

Attached is one (1) copy of Addendum 1, hereby made a part of the above referenced RFP.

Except as provided herein, all terms and conditions in the RFP referenced above remain unchanged and in full force and effect.

Sincerely,

Cheryl Cochran

Cheryl Cochran
Chief Assistant Purchasing Agent

Winner 2000 - 2009 Achievement of Excellence in
Procurement Award • National Purchasing Institute



**13RFP86393A-CC, Health Promotion Initiatives
Addendum No. 1
Page Two**

This Addendum forms a part of the contract documents and **modifies** the original RFP documents as noted below:

- **The legal prevailing time for the Pre-proposal Conference scheduled for Thursday, December 13, 2012 is hereby changed from 9:30 AM to 2:00 PM.**
- **Attachment 1, Section 7, titled Insurance Risk Management Promotions – Health Promotion Initiatives is hereby added to page 65 of the RFP.**
- **Responses To Questions are hereby added under Attachment 2 to this RFP.**

NOTE:

Please provide the name(s) or number of representatives your company will send to the Pre-proposal Conference no later than December 11, 2012 2:00 PM legal prevailing time to Cheryl.Cochran@fultoncountyga.gov and/or Sharon.Ellis-Keeley@fultoncountyga.gov.

If you plan to attend, please bring a copy of your RFP package. If you cannot attend the Pre-Proposal Conference due to previous scheduling or out of town/state, etc., you may participate in **teleconferencing**. If you are interested, please e-mail your request to Cheryl.Cochran@fultoncountyga.gov and/or Sharon.Ellis-Keeley@fultoncountyga.gov. The telephone number and access code will be provided to you by e-mail response.

ACKNOWLEDGEMENT OF ADDENDUM NO. 1

The undersigned proposer acknowledges receipt of this addendum by returning one (1) copy of this form with the proposal package to the Department of Purchasing & Contract Compliance, Fulton County Public Safety Building, 130 Peachtree Street, Suite 1168, Atlanta, Georgia 30303 by the RFP due date and time, **Thursday, December 27, 2012, 11:00 A.M. legal prevailing time.**

This is to acknowledge receipt of Addendum No. 1, _____ day of _____, 2012.

_____ Legal Name of Proposer

Signature of Authorized Representative

Title

Insurance and Risk Management Provisions Health Promotion Services

It is Fulton County Government’s practice to obtain Certificates of Insurance from our Contractors and Vendors. Insurance must be written by a licensed agent in a company licensed to write insurance in the State of Georgia, with an A.M. Best rating of at least A- VI, subject to final approval by Fulton County. Respondents shall submit with the bid/proposal evidence of insurability satisfactory to Fulton County Government as to form and content. Either of the following forms of evidence is acceptable:

- A letter from an insurance carrier stating that upon your firm/company being the successful Bidder/Respondent that a Certificate of Insurance shall be issued in compliance with the Insurance and Risk Management Provisions outlined below.
- A Certificate of Insurance complying with the Insurance and Risk Management Provisions outlined below (Request for Bid/Proposal number and Scope of Services must appear on the Certificate of Insurance).
- A combination of specific policies written with an umbrella policy covering liabilities in excess of the required limits is acceptable to achieve the applicable insurance coverage levels.

Upon award, the Contractor/Vendor must maintain at their expense, insurance with policy limits equal to or greater than the limits described below. Proof of insurance must be provided to Fulton County Government prior to the start of any activities/services as described in the bid document(s). Any and all Insurance Coverage(s) and Bonds required under the terms and conditions of the contract shall be maintained during the entire length of the contract, including any extensions or renewals thereto, and until all work has been completed to the satisfaction of Fulton County Government.

Accordingly the Respondent shall provide a certificate evidencing the following:

1. WORKERS COMPENSATION/EMPLOYER’S LIABILITY INSURANCE – STATUTORY (In compliance with the Georgia Workers Compensation Acts and any other State or Federal Acts or Provisions in which jurisdiction may be granted)

Employer’s Liability Insurance	BY ACCIDENT	EACH ACCIDENT	\$100,000
Employer’s Liability Insurance	BY DISEASE	POLICY LIMIT	\$500,000
Employer’s Liability Insurance	BY DISEASE	EACH EMPLOYEE	\$100,000

2. COMMERCIAL GENERAL LIABILITY INSURANCE (Including contractual Liability Insurance)

Bodily Injury and Property Damage Liability (Other than Products/Completed Operations)	Each Occurrence	\$1,000,000
	General Aggregate	\$2,000,000

Products\Completed Operation	Aggregate Limit	\$2,000,000
Personal and Advertising Injury	Limits	\$1,000,000
Damage to Rented Premises	Limits	\$100,000

*CGL - No Exclusion for Abuse, Molestation, Harassment, Sexual Abuse/Conduct Allegations

3. BUSINESS AUTOMOBILE LIABILITY INSURANCE

Combined Single Limits Each Occurrence \$1,000,000
(Including operation of non-owned, owned, and hired automobiles).

4. UMBRELLA LIABILITY Each Occurrence \$1,000,000
(In excess of above noted coverages)

5. PROFESSIONAL LIABILITY Per Claim/Aggregate \$1,000,000/\$1,000,000
(To be provided when the Contract includes specified Professional Services)

Certificates of Insurance

Certificates shall state that the policy or policies shall not expire, be cancelled or altered without at least thirty (30) days prior written notice to Fulton County Government. Policies and Certificates of Insurance are to list Fulton County Government as an Additional Insured (except for Workers' Compensation) and shall conform to all terms and conditions (including coverage of the indemnification and hold harmless agreement) contained in the Insurance and Risk Management Provisions. The General Liability Additional Insured language should apply to on-going and completed-operations, using ISO form CG 2010 (11/85 version) or equivalent.

The Contractor agrees to name the Owner and all other parties required of the Contractor/Vendor shall be included as additional insureds on the CGL, using ISO Additional Insured Endorsement forms CG 2010 11/85 or its equivalent coverage to the additional insureds. This insurance for the additional insureds shall be as broad as the coverage provided for the named insured Contractor. It shall apply as Primary Insurance before any other insurance or self-insurance, including any deductible, non-contributory, and Waiver of Subrogation provided to the Additional Insureds.

Additional Insured under the General Liability, Auto Liability, Umbrella Policies (with exception of Workers Compensation and Professional Liability), with no Cross Suits exclusion.

If Fulton County Government shall so request, the Respondent, Contractor or Vendor will furnish the County for its inspection and approval such policies of insurance with all endorsements, or confirmed specimens thereof certified by the insurance company to be true and correct copies.

Such certificates and notices **must** identify the "Certificate Holder" as follows:

Fulton County Government – Purchasing and Contract Compliance Department
130 Peachtree Street, S.W.
Suite 1168
Atlanta, Georgia 30303-3459

Certificates **must** list Project Name (where applicable).

Important:

It is understood that **Insurance in no way Limits the Liability of the Contractor/Vendor.**

USE OF PREMISES

Contractor/Vendor shall confine its apparatus, the storage of materials and the operations of its workers to limits/requirements indicated by law, ordinance, permits and any restrictions of Fulton County Government and shall not unreasonably encumber the premises with its materials.

PROTECTION OF PROPERTY

Contractor/Vendor will adequately protect its own work from damage, will protect Fulton County Government's property from damage or loss and will take all necessary precautions during the progress of the work to protect all persons and the property of others from damage or loss.

Contractor/Vendor shall take all necessary precautions for the safety of employees of the work and shall comply with all applicable provisions of the Federal, State and local safety laws and building codes to prevent accidents or injury to persons on, about, or adjacent to the premises where work is being performed.

Contractor/Vendor shall erect and properly maintain at all times as required by the conditions and progress of the work, all necessary safeguards for the protection of its employees, Fulton County Government employees and the public and shall post all applicable signage and other warning devices to protect against potential hazards for the work being performed.

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

To the fullest extent of the Law, Contractor/Vendor hereby agrees to release, indemnify, defend and hold harmless Fulton County, its Commissioners, officers, employees, subcontractors, successors, assigns and agents, from and against any and all losses (including death), claims, damages, liabilities, costs and expenses (including but not limited to all actions, proceedings, or investigations in respect thereof and any costs of judgments, settlements, court costs, attorney's fees or expenses, regardless of the outcome of any such action, proceeding, or investigation), caused by, relating to, based upon or arising out of any act or omission by Contractor/Vendor, its directors, officers, employees, subcontractors, successors, assigns or agents, or otherwise in connection (directly or indirectly) with its acceptance, or the performance, or nonperformance, of its obligations under these agreements. Such obligations shall not be construed to negate, abridge or otherwise reduce any other rights or obligations of indemnity which would otherwise exist as to any party or person as set forth in this paragraph.

Contractor/Vendor further agrees to protect, defend, indemnify and hold harmless Fulton County, its Commissioners, officers, employees, subcontractors, successors, assigns and agents from and against any and all claims or liability for compensation under the Worker's Compensation Act, Disability Benefits Act, or any other employee benefits act arising out of injuries sustained by any employees of Contractor/Vendor. These indemnities shall not be limited by reason of the listing of any insurance coverage.

CONTRACTOR/VENDOR ACKNOWLEDGES HAVING READ, UNDERSTANDING, AND AGREEING TO COMPLY WITH THIS INDEMNIFICATION AND HOLD HARMLESS AGREEMENT, AND THE REPRESENTATIVE OF THE CONTRACTOR/VENDOR IDENTIFIED BELOW IS AUTHORIZED TO SIGN CONTRACTS ON BEHALF OF THE RESPONDING CONTRACTOR/VENDOR.

COMPANY: _____ SIGNATURE: _____

NAME: _____

TITLE: _____

DATE: _____

ATTACHMENT 2

1. I wanted to see if it's possible to converse with someone about the current RFP: 13RFP86393A-CC. My company has been doing business around the state for the past 20 years and I just wanted to make sure it fits our current skill set. I've tried this number but it only seems to ring to a fax line. 404-893-1723

Response: Your contact can only be in writing and that is why the RFP document has the fax number only. Please submit your questions in writing through e-mail and/or fax.

A Pre-proposal Conference will be held on Thursday, December 13, 2012 2:00 P.M. legal prevailing time in lieu of 9:30 A.M. in the location specified in the RFP document. This conference will allow you to hear an overview of the project and ask questions.

2. I'm writing in reference to the recently released announcement regarding potential funding for health initiatives aimed at reducing heart disease in Fulton County. If possible, I'd like to ask you a couple of questions regarding the requirements for applications. I've tried to reach you at the number listed, but it appears to go directly to fax. Would it be possible for us to speak by phone early next week? If it is easier for you, I can pose my questions via email.

Response: See response to no. 1 above.

3. What time is the meeting on the 13th?

Response: The time is changed from 9:30 AM to 2:00 PM as specified in this addendum.

4. Question No. 5: I have been invited to apply for the Health Promotions Initiative 13FP85393A. I am new to this process. I would like to know how to access this proposal before the December 13 meeting if possible to review the criteria of the proposal. Any assistance you could give me would be greatly appreciated. I can be reached by e-mail or 770-313-5844. Thanks for your assistance.

Response: Go to www.fultoncountyga.gov
Click Bid Opportunities
Click Bid Opportunities again
At top, click current RFP
Scroll down for the RFP No. and click on the tablet to the left of the RFP No.
Download RFP