

**Gary Palmer
City Administrator**

**Lori Henry
Mayor**

ADDENDUM 1

City of Roswell Purchasing Division

Request for Proposal #18-114-E

March 7, 2018

To All Prospective Offerors:

In reference to the RFP listed above, the following answers to questions, additions, deletions and changes are hereby incorporated into the Request for Proposal:

1. The last sentence of section 3.2 states, "The City is looking for the awarded vendor to provide 2-3 ten (10) week sessions over the course of the calendar year." However, the first sentence of section 3.3 states, "The elected vendor will perform a 10-week functional movement screening program each quarter.

Answer: The City of Roswell is looking to have 2-3 (10) week sessions during course of the calendar year.

2. Would you please clarify: will this program run quarterly or less frequently (2-3 times per year)? Does this mean there will be 2-3 groups of 48 participants each quarter?

Answer: The goal is to have 48 participants in each session. The City is looking to have 2-3 sessions take place during the course of the calendar year.

3. Towards the end of section 3.2, it states, "In addition, each member shall receive an evaluation that gives him or her instruction on exercises that can be completed at home." However, there is no mention of this extra session in the Scope of Work, section 3.3. We just want to clarify that this should be included in our program proposal.

Answer: In session 10 when participants go to complete their second of two FMS screenings, the City is requesting "participants receive information on how/if they improved and corrective exercises for them to continue with their progress"

4. My questions are (1) are the group specific classes different from the group sessions given as part of the Functional Movement Screening program? (2) are these components to be specified in the proposal? How detailed do these components need to be? (3) are the costs of these items supposed to be detailed in the cost proposal or under the other special Projects section in the Cost Proposal?

Answer: The City is omitting the need for newsletters, lunch and learns, group specific classes, and healthy challenges.

5. In the References section, if we do not have five clients of similar size and scope, should we only list those that we do have.

Answer: Yes, only list those references that are of comparable size and scope.

6. Who did you do a pilot with, and was the pilot similar to the specifications outlined in the RFP?

Answer: A Step Ahead Physical Therapy, the pilot program was approved by Council

7. What were the results of the Pilot?

Answer: It was an 8-week session and the results were favorable.

Participation – 12 enrolled, 9 completed, 3 discontinued (1 employee left Roswell, 2 withdrew from the program)

Primary changes from initial to final screening:

- **43% reduction in the painful movement pattern**
- **29% improvement in FMS score**
- **27% reduction in Asymmetries**
- **27% reduction in 1s**

Feedback from program participants:

- **Improved energy**
- **Stronger**
- **Less pain**
- **Less stress**
- **More mobility**
- **Maintained straighter posture at my desk and while driving**
- **Flexibility**

50% of participants stated they increased their physical activity level while in this program

- **100% of those individuals plan to continue**
- **One additional participant planned to increase their physical activity over the next month.**

8. Is the 2-3 times (10 week Session) identified in the RFP limited to 20-30 weeks for budget reasons, or is that a recommendation based on what the City is willing to fund for employees?

Answer: For budgetary reason, but also to determine how success when the program is offered to larger group.

9. If an Offeror's solution varies from the RFP, but provides a better outcome, is that the primary concern of the City of Roswell (process vs. results).

Answer: After consideration, the City would like a proposal that mirrors the specifications provided.

10. Total Musculoskeletal spend for Roswell 2016 and 2017 (includes but not limited to: Any work related injury that includes surgeries, sprains, strains, PT referral, etc., and any other direct cost.

	FY17	FY16
	7/1/2016-6/30/17	7/1/2015-6/30/16
TOTAL # OF CLAIMS	82	78
TOTAL INCURRED	\$696,043.00	\$521,461.00
# OF STRAINS/SPRAINS	32	30
COST FOR STRAINS/SPRAIN	\$501,495.00	\$330,211.00
# OF CLAIMS LOST TIME	13	10

Answer: The information above is a breakdown of our total claims and how many claims were associated with strains and sprains as well as the cost incurred. Currently the information is not available for claims that required surgery, physical therapy referrals, etc. The same holds true for indirect costs but The City is willing to work with the awarded vendor to obtain the data.

11. What is the trend year over year for MSK costs and what is your goal for reduction in spending/cost with this program?

Answer: Seeing the benefit of this program will take possibly 3-5 years. The City would like to see a reduction in our sprains/strains and possibly other areas that would make up for the cost incurred by providing this program. However, the City hopes to give its employees the opportunity for a better quality of life at work and in their home life by providing the FMS to them.

As you can see in 2016 we spent \$330,211.00 for 30 claims in FY16 (relating to strains & sprains), \$501,495 for 32 claims in FY17, so far in FY18 we have spent \$134,661.00 for 18 claims—total incurred in FY18 has been \$173,738. The trend is that sprains and strains are a large percentage of our cost. As you can see:

FY16 63% of our cost in claims were from strains/sprains
FY17 72%
FY18 77%

COMPLETE THIS ADDENDUM, SIGN and SUBMIT with the RFP to:

**City of Roswell – Purchasing Division
Roswell City Hall
38 Hill Street, Suite 130
Roswell, GA 30075**

I hereby acknowledge receipt of Addendum 1 and have incorporated the changes into my proposal response for the above mentioned RFP.

COMPANY NAME: _____ **CONTACT PERSON:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** ____ **ZIP:** ____

PHONE: _____ **FAX:** _____ **EMAIL ADDRESS:** _____

SIGNATURE: _____ **DATE:** _____