



February 12, 2025

Dear Prospective Vendor:

I am very pleased to invite your company to participate in Tallahassee Memorial HealthCare, Inc.'s ***Request For Proposal*** process to identify the right business partner to provide Disaster Recovery Consultant Services at TMH.

Tallahassee Memorial HealthCare, Inc. is a vibrant healthcare facility located in Tallahassee, Florida, and is a vital part of the community that we serve. Our fiscal health as a facility is paramount to our continued success as it affects our ability to deliver quality patient care. The business partners we choose have a profound impact on our success as well.

The following pages provide detailed information about our facility and the services that we would expect you to provide should you become our vendor of choice for Disaster Recovery Consultant Services. To be considered a competitor for this book of business, you will also find a "*Business Associate Agreement Addendum*" attached to the email that must be completed and returned along with your RFP response.

Each participant will have until close of business on **March 14, 2025**, in which to submit a preliminary proposal based on the stated Project Scope.

I ask that you respond immediately via email to kathy.summers@tmh.org to confirm receipt of this invitation.

If you have any questions during the process, please feel free to contact me via email at your discretion.

Thank you in advance for your participation.

Kathy Summers

Data Architect

850-431-5587

Kathy.Summers@tmh.org



Disaster Recovery Consultant Services
(RFP)
Tallahassee Memorial HealthCare, Inc.

RFP Issue Date – February 12, 2025

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DISCLAIMERS

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The information contained in this document is subject to change by TMH from time-to-time.

GENERAL INFORMATION

PREFACE

The purpose of this RFP is to solicit Disaster Recovery Consultant Services for Tallahassee Memorial HealthCare, Inc.

RFP OFFICIAL CONTACTS

Vendor Communication and Contact during the RFP and Selection Process:

Vendor agrees not to contact any TMH employees regarding this RFP until a contract is fully executed with the successful vendor. If vendor has questions regarding the RFP during response development, vendor shall submit in writing via e-mail the question(s) to the contact persons listed below. Any vendor that fails to comply with this limitation may be disqualified from consideration.

Name	Kathy Summers, Data Architect
Address	1300 Miccosukee Road
City	Tallahassee, FL 32308
Telephone	850.431.5587
Email	kathy.summers@tmh.org

Name	Michael Tolbert, Assistant Controller
Address	1300 Miccosukee Road
City	Tallahassee, FL 32308
Telephone	850.431.7239
Email	Michael.tolbert@tmh.org

EXECUTIVE SUMMARY

Tallahassee Memorial HealthCare, Inc. Background

TMH is an integrated health care system located in Tallahassee, Florida, that offers a unique setting in which to pursue perfection. TMH is a private, not-for-profit, full-service system providing 50+ years of service to the big bend region of North Florida. The healthcare system, commanding a nearly 80% market share, includes 772 licensed beds (a 597-bed tertiary hospital, a 60-bed psychiatric hospital, a 53-bed sub-acute facility, a home health agency, 12 primary care clinics in 7 surrounding counties, a family practice residency program, and a state-of-the-art health and fitness facility. TMH has a very highly regarded medical staff of over 500 physicians. TMH serves a population base of about 600,000 in sixteen counties of North Florida, Southwest Georgia, and Southeast Alabama.

PROJECT SCOPE

TMH is actively seeking sealed proposals for the Project Scope included in this RFP. TMH anticipates that it will award one (1) hourly rate contract to the successful Proposer for a term of one (1) year, with (1) year automatic renewals unless otherwise canceled but reserves the right to award multiple contracts. The hourly rate contract awarded will include a not-to-exceed amount which the contractor exceeds at its own risk. The not-to-exceed amount may be included in the contract itself, work orders issued authorizing a specific scope of work, or both.

TMH has incurred disaster-related costs for multiple declared disasters since 2020, including COVID-19 and 3 hurricanes, and has been working with a disaster consultant for the past several years. The contract with the disaster consultant expired and therefore TMH is seeking a professional consultant(s) or consulting firm(s) (“Disaster Consultant” or “Consultant”) to provide expertise to augment the hospital’s capabilities to receive the maximum recovery funding from the Federal Emergency Management Agency (“FEMA”) and State of Florida. The ideal Consultant(s) shall possess demonstrated experience in programmatic disaster recovery and must have intimate knowledge and expertise in the operations of the FEMA Public Assistance Program including hazard mitigation, as well as Department of Economic Opportunity and other Federal, State, and local grant sources. Further, the ideal Consultant(s) should have extensive experience in assisting a private nonprofit (PNP) organization with applying for funding through FEMA’s Public Assistance (PA) Program and maximizing FEMA reimbursement of costs incurred under emergency and major disaster declarations.

The Successful Proposer’s scope of services shall include, but is not limited to, the following:

- A. Provide technical advisory services related to recovery from previous declared and future disasters.
- B. Develop and implement strategies designated to maximize federal and state assistance.
- C. Provide expert programmatic and policy advice on federal disaster relief programs.
 - i. Provide support for strategic planning and coordination of all recovery efforts.
 - ii. Review contracts and purchasing documentation to ensure maximum cost recovery.
 - iii. Represent TMH and attend meetings with FEMA, Florida Division of Emergency Management, and their representatives.
 - iv. Damage site assessment.
 - v. Assist with the entire Request for Public Assistance (RPA) process:
 - a) Assist TMH with the completion and submission of the RPA.
 - b) Project worksheet formulation and submission.
 - c) Upload documents to Grants Portal.
 - d) Assist with responses to FEMA RFIs.
 - vi. Identify potential improvements and maximize public assistance 406 Mitigation funding in conjunction with TMH.
 - vii. Meet with TMH regarding disaster related repairs, damage mitigation efforts, and possible improvements and collect and compile cost documentation.
 - viii. Assist and provide oversight to TMH in relation to difficulties with claims or claims process.

- ix. Continued interaction and communication with TMH staff.
- x. Assist and advise in applying for Department of Economic Opportunity, Hazard Mitigation, Flood Mitigation, and other Federal, State, and local grant sources.
- xi. Assist in tracking costs for TMH staff and resources and volunteer time.
- xii. Provide advice and assistance in applying for grants to rebuild necessary infrastructure.
- xiii. Work with TMH to resolve disputes with FEMA, FDEM, or other agencies as may be necessary including but not limited to preparation of appeals.
- xiv. Provide TMH with grant close-out services to ensure funding is maximized.
- xv. Provide TMH with the education and training of staff that will or may be involved with the various aspects of disaster recovery.
- xvi. Provide advice and assistance in the allocation of insurance proceeds to maximize federal and state reimbursements.
- xvii. Assist with opt-in to the F-ROC program, requirements for participation, and maximizing the F-ROC score.
- xviii. Provide advice and assistance on aligning TMH policies with FEMA's requirements.
- xix. Provide related work as assigned, including support in future disasters.

The Successful Proposer shall serve as the lead and managing agents for all disciplines required for the Project. The Successful Proposer's work shall be directed by Key Personnel employed directly by the Successful Proposer, as described in this RFP document, and shall consist at a minimum of the following disciplines:

- A. Lead Consultant
- B. Financial (Grant) Information Management Expert
- C. Legal

Note: As further detailed in the ensuing Agreement, as may be amended from time to time, TMH, acting by and through its authorized designee, prior to award, or at other reasonable intervals decided by TMH, may elect at the TMH's discretion, to proceed with the Work on a phased basis. A detailed Scope of Work will be developed by TMH for each Work Order issued.

GENERAL INSTRUCTIONS FOR RESPONSE

1. Vendors must make every attempt to use terminology in their proposal that is consistent with that of the healthcare industry. Comparable terminology may be substituted where appropriate if vendor provides clear and concise definitions.
2. Vendor's responses to this RFP will become part of and incorporated into the final executed contract in the form of representations and deliverables.
3. TMH reserves the right to amend this RFP without altering the timing requirements indicated. Any changes or addenda to these documents will be communicated in writing via email to all vendors as quickly as possible.
4. Vendor will assume all costs for proposal preparation and submission.

TMH also reserves the right to award or cancel this process at any time. TMH is not bound to accept the lowest bid, nor any proposal submitted. TMH reserves the right to change all timelines if more time is necessary to make a final decision. Any changes to the timeline will be communicated in writing to all vendors as quickly as possible.

The RFP response package must arrive no later than March 14, 2025 @ 5:00 PM Eastern Daylight time. This due date may be extended by TMH in its sole discretion. Please provide your response in an electronic copy via email. The package must be directed to:

**Tallahassee Memorial HealthCare, Inc.
c/o *Kathy Summers, Data Architect*
kathy.summers@tmh.org**

VENDOR RESPONSE

Format of Proposal

Please be sure that your proposal satisfies the following outline and addresses each item in this section. Compliance with this format will help us to compare proposals. Failure to comply may eliminate your proposal from consideration.

The response must comply with the following format requirements:

- The response must be submitted in the attached format and must be typed in Microsoft Word or Excel, as applicable.
- Any supporting documents submitted by vendor must be named and attached to the proposal.
- Original signatures in ink are required; facsimile or rubber stamp signatures will not be permitted.
- The Proposal Documents shall be included and incorporated into the final Contract. For purposes of interpretation, the order of contract precedence will be the Contract and then the remaining Proposal Documents. The Proposal Documents shall be construed in a manner so as to give effect to each term and condition whenever possible. In the event of an express conflict, the more restrictive or specific provision shall control.

To ensure that each vendor response is reviewed on a consistent and thorough basis, we ask that all responses use the following outline:

Outline of Proposal

SECTION I	Cover Letter
SECTION II	Table of Contents
SECTION III	Executive Summary
SECTION IV	Vendor Background / Financial Information
SECTION V	References - 3 Comparable Clients & Scope
SECTION VI	Cost Proposal
SECTION VII	Proposed Timeline / Availability
SECTION VIII	Bios of Proposed Consulting Team Members
SECTION IX	Business Associate Agreement (see attached)

REQUIRED SECTION CONTENT DETAILS

Section I – Cover Letter

Provide a cover letter signed by a member of your firm authorized to sign on behalf of the company.

Section II – Table of Contents

The proposal must include a Table of Contents consistent with the outline provided below with regard to numbering. Please provide the question or information request in advance of each response.

Section III – Executive Summary

In 100 Words or fewer, provide the value proposition of your firm.

Section IV – Vendor Background / Financial Information

1. Provide the name and address of your firm and the location of each of your firm's offices. Indicate which location would service this account, including the name, phone number and e-mail address of the primary contact.
2. What is the average ratio of clients to consultants? Describe your plans for managing future growth of your firm.
3. Describe any significant developments affecting your firm in the last five years, such as changes in ownership, restructuring, personnel changes, etc. Please note any planned or anticipated changes in the ownership or management of your firm during the next two years.
4. In the last five years, has the firm, any primary consultant or any other officer or principal been involved in any business litigation, regulatory, or other legal proceedings or government investigation involving allegations of fraud, negligence, or criminal activity? If so, please describe the case, provide an explanation, and indicate the status.
5. Describe in detail any potential conflicts of interest your firm, or any affiliates may have in the management of this account, and your method and procedures for addressing these conflicts of interest.

Section V – References – 3 Comparable Clients & Scope

Please provide three client references. References should be similar in size and scope (private nonprofit, COVID-19 FEMA projects, and weather-related FEMA projects) to Tallahassee Memorial HealthCare, Inc. If your client list includes healthcare organizations, at least one of the references should be a healthcare organization.

Section VI – Cost Proposal

Unless otherwise indicated, all services performed under this contract shall be paid in accordance with this Cost Proposal.

An authorized representative of the firm offering this proposal must complete this form in its entirety.

Prices entered herein shall not be subject to withdrawal or escalation by Respondent unless expressly approved by the TMH.

PROPOSED HOURLY RATES

Only the below categories will be evaluated in the RFP review. The successful Proposer may offer different or additional labor categories during contract negotiations. Additional labor categories will not be added to the resulting contract unless approved, in writing.

Position Description	Hourly Rate
Principal Consultant	\$
Project Specialist	\$
Other (specify):	\$
Other (specify):	\$

Labor rates shall include all equipment, tools, and supplies necessary for the employee to perform the tasks assigned, including any costs associated with necessary software or data management.

Any other out of pocket expenses, such as travel-related expenses, meal allowances, or hotel rooms shall be reimbursed at cost, with no mark-up, and must be pre-approved in writing.

Proposer: _____

By: _____

Section VII – Proposed Timeline / Availability

Provide a proposed timeline to initiate a draft contract based on your successful award of this contract and the timeline to begin services based on execution of the contract.

Section VIII – Bios of Proposed Consulting Team Members

List the name and location of the primary individual(s) who would be responsible for our account. Provide brief biographies including titles, current functions, credentials, relevant experience, year they joined the firm, and detail their role with our account.

Section IX – Business Associate Agreement

All business partners of TMH are required to sign a Business Associate Agreement (BAA) that will accompany the final version of the contract between TMH and vendor. Please provide an executed copy of the attached TMH Business Associate Agreement with your proposal.