

Florida Department of Health

DIVISION OF EMERGENCY PREPAREDNESS AND COMMUNITY SUPPORT

Formal Scope of Work

High Performance Resuscitation Training

City of Key West, Florida

SOW23-347

Payment

BUDGET AMOUNT: \$54,600.00

1. PURPOSE:

This scope of work is for providing first responder high performance resuscitation (HP-RT) workforce training in the City of Key West, Florida. Contractor will provide these services to the Florida Department of Health (Department).

2. TERM:

This scope of work will begin on 3/20/2024 or the date on which the purchase order is issued, whichever is later. It will end at midnight, Eastern Time on 6/30/2024 The State of Florida’s performance and obligation to pay under this purchase order and any subsequent renewal is contingent upon annual appropriation by the Legislature and satisfactory performance of the Contractor.

3. LOCATION OF WORK:

The worksite for this scope of work is the following location(s):

City of Key West Fire Department 1499 Kennedy Dr. Key West, FL 33040	
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4. CONTRACTOR QUALIFICATIONS AND EXPERIENCE:

- Contractor staff assigned to this agreement must possess the following minimum qualifications and experience:
- 4.1. Must be a licensed EMS Agency in good standing pursuant to Chapter 401, Part III, Florida Statutes with jurisdictional authority to provide Emergency Medical Services within the City of Key West, Florida.
 - 4.2. If outsourced to a vendor, provide the Department with proof that the peer reviewed medical literature provided aligns with the curriculum that the vendor plans to use during first responder high performance resuscitation instruction.

5. CONTRACTOR RESPONSIBILITIES:

- 5.1. **SERVICE TASKS:** Contractor will perform the following tasks in the time and manner specified:
 - 5.1.1. Submit a first responder high performance resuscitation Training Plan to the Department Contract Manager for review and approval within 30 days of the issuance of the Purchase Order. The Training Plan shall include the following minimum components:
 - 5.1.1.1. Name of EMS Agency.
 - 5.1.1.2. Description of the HP-RT training to be conducted including any models or interactive items that may be used.
 - 5.1.1.3. Confirmation from the EMS Medical Director that they have read and reviewed the training and will assist in implementing the training.

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- 5.1.1.4. Name of third-party training vendor, if applicable.
- 5.1.1.5. Maximum number of staff to be trained at each location.
- 5.1.1.6. Timeline for the delivery of the training and anticipated training dates.
- 5.1.1.7. Description of how training completion will be documented. This can include attendance sheets, certificates, or attestations from the EMS training officer or agency designee.
- 5.1.2. Conduct HP-RT workforce training(s) in accordance with the approved Training Plan as follows:
 - 5.1.2.1. Ensure each training is conducted in-person for all training participants. This must include hands on and interactive elements for each training session.
 - 5.1.2.2. Document the date of each training, the location of each training, the length of each training, and the number of staff members that successfully complete the training. Submit the documentation with the corresponding invoice.
 - 5.1.2.3. All trainings must be completed by June 30, 2024.
- 5.1.3. Document HP-RT workforce training(s) in accordance with the approved Training Plan as follows:
 - 5.1.3.1. Create an attendance sheet for each day of the training and ensure each trainee signs the attendance sheet at the beginning and end of each day of the training.
 - 5.1.3.2. Ensure each completed attendance sheet is signed by an EMS training officer or agency designee attesting to its accuracy. Submit the completed attendance sheets and any other documentation certifying training completion as approved in the Training Plan, with the invoice.
 - 5.1.3.3. All training documentation must be submitted by June 30, 2024.
- 5.1.4. Attend any meetings, conference calls and respond to requests for information, as directed by the Department.
 - 5.1.4.1. The Department will schedule all meetings and conference calls at least one week prior to the meeting.
 - 5.1.4.2. Responses for information requests should be received within three days of the Department's request.

5.2. DELIVERABLES:

Contractor will complete and submit the following deliverables to the Department in the time and manner specified:

- 5.2.1. Upon Completion: Provision of HP-RT workforce training with submission of supporting documentation in the time and manner specified in Tasks 5.1.1. through 5.1.4.

6. METHOD OF PAYMENT:

- 6.1. A purchase order will be issued to the Contractor.
- 6.2. The method of payment for this purchase order is unit rate.
- 6.2. The Contractor will be paid a unit rate for each trainee that successfully completes the training program. Proof of completion, as specified in the approved Training Plan, is required as evidence of completion.
- 6.3. The Contractor will not receive payment in advance for goods or services described in this scope of work.

FINAL

12/12/2023

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- 6.4. The Contractor must submit an invoice upon completion of all deliverables that provides a detailed accounting of the deliverables performed during the invoice period for which payment is being requested.
- 6.5. The Contractor is responsible for the performance of all tasks and deliverables contained in this scope of work.

7. PERFORMANCE MEASURES AND FINANCIAL CONSEQUENCES:

All deliverables and related tasks must be completed 100% as specified. Failure to satisfactorily complete or submit a deliverable in the time and manner specified will result in a financial consequence as indicated below:

- 7.1. Failure to complete and submit Deliverables in 5.2. in the time and manner specified will result in 5 percent reduction of invoiced amount.

8. CONTRACTOR TRAVEL REIMBURSEMENT:

The Contractor will not be reimbursed for any travel expenses under this agreement.

9. DEPARTMENT CONTRACT MANAGER:

The Department Contract Manager for this scope of work is:

Teresa Mathew BEMO Grants (850) 245-4440 EMS@flhealth.gov	Florida Department of Health Department of Emergency Preparedness and Community Support Bureau of Emergency Medical Oversight 4052 Bald Cypress Way, BIN A-22 Tallahassee, FL 32399-1722
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10. CONTROLLING TERMS AND CONDITIONS:

- 10.1. Department Request for Quote;
10.2. METHOD OF PROCUREMENT: Governmental Agency;
10.3. Department Purchase Order Terms and Conditions;
10.4. Contractor's Response to the Department's Request for Quote; and
10.5. Department Scope of Work SOW23-347.