



**City of O'Fallon**  
**Aquatic Risk Management & Lifeguarding Services (Rebid)**  
**Request for Proposals #23-091R**

**CITY OF O'FALLON, MISSOURI**

**REQUEST FOR PROPOSALS**

**RFP NUMBER 23-091R**

**AQUATIC RISK MANAGEMENT & LIFEGUARDING SERVICES  
(REBID)**

**December 8, 2023**

INCLUDED ARE:

Proposal Instructions

Terms and Conditions

Scope of Work

Proposal Form

## CITY OF O’FALLON, MISSOURI

### PROPOSAL INSTRUCTIONS

#### **PURPOSE**

The purpose of this Request for Proposal (RFP) is to obtain competitive sealed proposals from qualified companies capable of providing aquatic risk management and lifeguarding services to the City of O’Fallon.

This RFP provides prospective companies with sufficient information to enable them to prepare and submit proposals for consideration by the City of O’Fallon (hereafter referred to as “the City”) to satisfy the needs as outlined in the RFP.

There is not an expressed or implied obligation of the City to reimburse responding firms for any expenses incurred in preparing proposals in response to this request.

#### **SCHEDULE OF ACTIVITIES**

Release of RFP:	December 8, 2023
Deadline for submission of questions:	December 13, 2023 at 12:00 P.M. CST
Proposal submission deadline:	December 19, 2023 at 12:00 P.M. CST

#### **PROPOSAL SUBMISSION**

Sealed proposals must be received by the City of O’Fallon, Missouri; Purchasing Office, 100 North Main Street; O’Fallon, Missouri 63366 on or before December 19, 2023, at 12:00 P.M. (prevailing central time). Each proposal shall consist of one (1) original (identified as such) and one electronic copy on flash/thumb drive of the complete proposal. The file submitted on flash/thumb drive shall include all attachments and signatures, where applicable.

It is the responsibility of the proposer to ensure that their proposal is received in the Purchasing Office, prior to the deadline. Companies mailing proposals should allow ample mail delivery time to ensure timely receipt of their proposals. Proposals received after the deadline for receipt of proposals will not be opened or considered. Proposals will not be opened publicly.

Proposals must be clearly identified as a proposal for the City of O’Fallon, Missouri “**RFP # 23-091R Aquatic Risk Management & Lifeguarding Services (Rebid)**” and shall show such information on the outside of the proposal packet. Proposals will not be accepted by facsimile or email transmittal. Do not staple or submit bid in any type of binder; binder clips are acceptable.

#### **QUESTIONS**

All questions must be submitted in writing to Christine Grabin, Purchasing Agent, no later than 12:00 P.M. (CST) on December 13, 2023 via email [cgrabin@ofallon.mo.us](mailto:cgrabin@ofallon.mo.us). The City will only respond by the end of day on December 15, 2023 to questions from Respondents. Answers to questions will only be answered and distributed via addendum and posted on our website. <http://www.ofallon.mo.us/bid-opportunities>

## **AMENDMENTS TO RFP**

In the event it should be necessary to revise any portion of this RFP, addenda will be provided to all proposers who received the original RFP from the City of O'Fallon. This does not relieve the submitting company the responsibility of regularly checking the City website listed below for updates regarding any addenda associated with this proposal request. Addenda are available on our website at: <http://www.ofallon.mo.us/bid-opportunities>. If you received this RFP by means other than the bid system, you must furnish your company name, address, and telephone number to the Purchasing Agent identified in the Proposal Instructions section in order to receive any addendum to this RFP. Proposers shall acknowledge receipt of each addendum issued in the space provided on the RFP form.

END OF PROPOSAL INSTRUCTIONS

## CITY OF O'FALLON, MISSOURI

### TERMS AND CONDITIONS

#### **QUALIFICATIONS:**

All companies shall be licensed, insured, and bonded and shall furnish satisfactory evidence to the City that they have previously performed/provided the types of services as specified below.

#### **LAWS AND ORDINANCES, REGULATIONS, LICENSING FEES:**

Firm shall conform to all rules, regulations, ordinances, laws, or directives set forth by the City of O'Fallon and/or the State of Missouri.

#### **LAW GOVERNING:**

All State of Missouri and/or Federal Laws shall be hereby specifically made a part of this contract as set forth herein.

#### **NON-DISCRIMINATING:**

The Contractor, its employees, and subcontractors, agree not to commit unlawful discrimination and agree to comply with applicable provisions of the U.S. Civil Rights Act and Section 504 of the Federal Rehabilitation Act, and rules applicable to each.

Firm shall comply with Section 285.525 – 285.550 RSMo regarding enrollment in a federal work authorization program. **A signed, notarized affidavit (attached) and supporting documentation affirming enrollment in a federal work authorization program must be submitted with proposal. Failure to comply with this provision may result in rejection of proposal.**

#### **E-VERIFY:**

Company shall be E-Verify compliant and shall provide documentation to support this requirement within the proposal including the memorandum of understanding (MOU) and the electronic signature page completed in its entirety.

#### **METHOD OF AWARD / SELECTION:**

The proposals will be evaluated by the City. A response summary of proposals will be available by contacting Julie Moellering, Purchasing Agent. The response summary will only include the names of the companies that submitted proposals that were delivered by the required RFP submittal date and time. Until award of the contract, the Responses shall be held in confidence and shall not be available for public review.

#### **TERMS/CANCELLATION AND DAMAGES:**

This contract may be terminated by either or both parties upon thirty (30) days written notice or upon mutual agreement of both parties.

If the City, because of the Vendor's breach, terminates this Contract, the City shall have the right to purchase service elsewhere and to charge the Vendor with any additional cost incurred.

Notwithstanding the above, the Vendor shall not be relieved of any liability to the City for damages sustained by the City by virtue of any breach of this contract by the Vendor and the City may withhold any payments to the Vendor until such time as the amount of such damages due the City from the Vendor shall be determined.

## **PRICING:**

This request for proposal is a three (3) year agreement, with the City's option of two (2) additional one (1) year periods, exercised at the sole discretion of the City of O'Fallon, Missouri. The pricing stated by the respondent in the cost proposal section shall remain firm for a three (3) year period from the start date of the contract. No price increases will be allowed for the duration of the contract. Price decreases are allowed at any time.

## **RENEWAL & EXTENSION:**

The successful bidder will be awarded a three (3) year agreement effective the date of award. Prices must not be increased for the entire agreement period. At the City's option, the agreement may be renewed for two (2) additional one (1) year periods. **In no event shall the term plus renewals exceed five (5) years.** The items or services purchased under this agreement may be subject to a price increase at the time of renewal, by mutual agreement. The exact increase or maximum percent increase shall be indicated on the price sheet of the proposal packet. Request for a price increase for each period must be presented to the City at least sixty (60) days before the expiration of the current agreement. If a request for increase is not presented, the prices will remain. Price decreases are allowed at any time.

## **CONTACT WITH CITY OF O'FALLON PERSONNEL:**

All contact with the City should be channeled through the Purchasing Agent. No contact with other City employees, officials, or City Council members is to be made by responding proposers throughout the entire process. Any contact will result in immediate disqualification of the proposer.

## **RESPONSE MATERIAL OWNERSHIP:**

All proposals become the property of the City of O'Fallon, Missouri upon receipt and will only be returned to the proposer at the City's option. Selection or rejection of the proposal will not affect this right. The City shall have the right to use all ideas or adaptations of the ideas contained in any proposal received in response to this RFP. Disqualification of a proposal does not eliminate this right.

## **PROPRIETARY INFORMATION:**

All material submitted in response to this RFP will become public record and will be subject to inspection after an Intent to Award notice is issued. Any material requested to be treated as proprietary or confidential must be clearly identified and easily separable from the rest of the proposal. Such request must include justification for the request and approval by the City Clerk. Neither cost or pricing information nor a total proposal will be considered proprietary.

## **CONFIDENTIALITY:**

The Vendor agrees that it will not permit the disclosure or duplication of any information received from the City or stored on City systems unless such disclosure or duplication is specifically authorized in writing by the City, or as required by law.

The City agrees that it will not disclose or duplicate any information designated in advance by the Vendor as "Confidential/Proprietary" information to any person (other than City personnel who must have access to such information) unless such duplication, use or disclosure is specifically authorized in writing by the Vendor or is required by law. The term "Confidential/Proprietary" does not include ideas, techniques, or concepts that are in the public domain.

**EVALUATION RIGHTS:**

The City reserves the right to: a) reject any or all proposals, or to make no award, b) require modifications to initial proposals, c) make partial or multiple awards, or d) further negotiate costs submitted in proposals. The City reserves the right to award the contract in any manner deemed in the best interest of its citizens.

**REJECTION OF PROPOSALS:**

The City of O’Fallon, Missouri reserves the right to reject any or all proposals received in response to this RFP, or to cancel this RFP if it is in the best interest of the City to do so. Failure to furnish all information or to follow the proposal format requested in this RFP may disqualify the proposal. Any exception to the Scope of Work must be identified in the proposal.

**INCURRING COSTS:**

The City of O’Fallon, Missouri shall not be obligated or be liable for any cost incurred by proposers prior to issuance of a contract. All costs to prepare and submit a response to this solicitation shall be borne by the proposer.

**SUBMISSION OF PROPOSALS AND SUPPLEMENTAL MATERIALS:**

Proposals shall be submitted to the Purchasing Office. If supplemental materials are required or requested, then they must be submitted to the Purchasing Office as part of the proposal. Supplemental materials will not be accepted after the proposals have been opened, unless requested by the Purchasing Office. Submission or distribution by the company of unsolicited supplemental materials to City employees or Officials may result in rejection of the proposal.

**DISCRIMINATION POLICY:**

The City of O’Fallon advises the public that it does not discriminate against any person on account of race, color, religion, creed, sex, age, ancestry, or national origin, and that such nondiscrimination is extended to procurement of materials and/or the provision of municipal services.

**WAIVER:**

The City reserves the right to waive any variances from the original RFP in cases where the variances are considered to be in the best interest of the City.

**INDEMNITY:**

The Vendor shall, at all times, fully indemnify, hold harmless, and defend the City and its officers, members, agents, and employees from and against any and all claims and demands, actions, causes of action, and cost and fees of any character whatsoever made by anyone whomsoever on account of or in any way growing out of the performance of this contract by the Vendor and its employees, or because of any act or omission, neglect or misconduct of the Vendor, its employees and agents or its subcontractors including, but not limited to, any claims that may be made by the employees themselves for injuries to their person or property or otherwise.

Such indemnity shall not be limited by reason of the enumeration of any insurance coverage herein provided.

Nothing contained herein shall be construed as prohibiting the City, its directors, officers, agents, or its employees, from defending through the selection and use of their own agents, attorneys and experts, any claims, actions, or suits brought against them.

The Vendor shall likewise be liable for the cost, fees and expenses incurred in the City's or the Vendor's defense of any such claims, actions, or suits.

**INSURANCE:**

The firm or company that is awarded a contract shall maintain during the life of the agreement and furnish to the City the appropriate Professional Liability, Commercial General Liability, and Workers Compensation insurance certificates listing the City of O'Fallon as an "Additional Insured" during the Term of the Agreement, and a copy of such "Additional Insured" endorsement must accompany the certificate.

**PAYMENT TERMS AND CONDITIONS:**

The City's payment terms are Net 30 days. The City is exempt from Missouri sales and use taxes and will not pay taxes for any product or service. A copy of the City's tax-exempt certificate shall be presented to the firm or company that is awarded a contract.

**Inquiries concerning this Request for Proposals shall be directed to:**

Christine Grabin  
Purchasing Agent  
City of O'Fallon, Missouri  
100 North Main Street  
O'Fallon, Missouri  
Phone: (636) 379-5527  
[cgrabin@ofallon.mo.us](mailto:cgrabin@ofallon.mo.us)

END OF TERMS AND CONDITIONS

## **CITY OF O'FALLON, MISSOURI**

### **SCOPE OF SERVICES**

The City of O'Fallon is seeking sealed proposals for aquatic risk management and lifeguarding services per the information described below. It is not the intention of the City to employ a management company to assume operations of our aquatics department.

#### **Background Information:**

The City of O'Fallon currently operates two aquatic centers: one (1) year-round indoor facility and one (1) outdoor seasonal facility. We employ and train an average of 60 lifeguards between September and April and an additional 140 during the peak season, which includes the months of May, June, July, and August.

##### Pool Locations:

Renaud Center – Indoor Aquatic Center (year-round)

2650 Tri Sports Circle

O'Fallon, MO 63368

Alligator's Creek Aquatic Center – Outdoor Aquatic Center (seasonal)

403 Civic Park Drive

O'Fallon, MO 63366

#### **Scope of Services:**

Qualifications are not limited to, but shall include the following:

1. The specialized experience and technical competence of the firm with respect to the type of services required including, but not limited to:
  - a. A brief description of the firm
  - b. A list of key personnel to be involved in the work and any experience or expertise they have related to the type of work being requested, and the role those key personnel will fulfill in the project
  - c. This summary should include the same information as to specialized experience and technical competence, as well as firm description and key personnel information for any and all associated or sub-consultants anticipated to be involved in providing services on the project on behalf of the firm
  - d. As a minimum, please include at least four references. Include company name, contact person, address, and phone number.



2. The capacity and capability of the firm to implement a nationally or internationally recognized lifeguarding program, including detailed information of any/all options available.
  - a. A summary of the types of facilities the company currently serves including the types of services provides.
  - b. A detailed description of the process to convert the facility and staff from the current provider to your program.
    - Approximately – 60 lifeguards (September – April)
    - Approximately – 200 lifeguards (May – August)
    - Approximately – 6 Lifeguard Instructors
    - Approximately – 20 Managers/Head Lifeguard/Vanguard/Shift Leads
3. Member or retainer fee – Any fee that the Aquatic Safety and Risk Management Company charge annually to start a new contract or renew a contract from year to year.
4. Facility inspection or initial meeting fee – This is for any inspections that need to take place to look over the two aquatic centers to make sure they are safe and that they meet the requirements of your company.
5. Audits, on-site evaluations, observations – We require, at minimum, four unannounced observations. These observations must include both the indoor and outdoor pool during the summer season. These observations must include an auditor or examiner with video that provides information to the Aquatic team at the City of O’Fallon with the following:
  - a. Individual lifeguard evaluations
    - i. Lifeguard activated EAP protocols
    - ii. Lifeguard performed a safe and effective water entry with equipment
    - iii. Lifeguard executed a safe and successful in-water rescue
    - iv. Lifeguard communicated with the patient
  - b. Team rescues to include a major aquatic emergency such as unconscious guest, spinal management, or major first aid
    - i. Lifeguard(s) activated EAP protocols
    - ii. Lifeguards(s) performed a safe and effective water entry with equipment
    - iii. Lifeguard(s) provided airway assessment in water when necessary
    - iv. Lifeguard(s) utilized in-water rescue equipment

- v. Team provided extrication technique, safe for lifeguard and patient
  - vi. Team maintained universal precautions during scenario
  - vii. Team provided obstructed airway management techniques when necessary
  - viii. Team provided circulatory management techniques
  - ix. Team maintained in-line stabilization during back boarding when necessary
  - x. Team utilized backboard effectively when necessary
  - xi. Team managed time effectively
  - xii. Team met all EAP operating criteria for AED and Oxygen
  - xiii. Team provided overall patient management
  - xiv. Effective/Verbal Team Communication
- c. Facility evaluation report
- i. Water clarity
  - ii. Glare issues have been addressed
  - iii. Slip and fall issues have been addressed
  - iv. General facility signage is present and visible
  - v. Specific attraction signage is present and visible
  - vi. Depth markers are present and visible
  - vii. Access is controlled by fences and gates
  - viii. Spinal Management Equipment is present and maintained
  - ix. Supplemental Oxygen Equipment is present and maintained
  - x. AED is present and maintained
- d. Supervisory evaluation report
- i. Number of lifeguards on duty met 10/20 standards
  - ii. Proactive management (guard placement to address glare)
  - iii. Lifeguard rotations match zone coverage/zone validation
  - iv. Manager training
  - v. Supervisor(s) visible at aquatic center
  - vi. Supervisor(s) attire addresses environmental concerns
  - vii. Supervisor(s) exhibit professional image and behavior
- e. Administration evaluation report

- i. Lifeguard licenses organized and available
  - ii. Instructor license(s) available
  - iii. In-service records current and available
  - iv. AFO/CPO available
  - v. Rescue reports available
  - vi. Incident reports available
  - vii. Zone coverage diagrams for all staffing levels
  - viii. Zone validation for all staffing levels
  - ix. Operational Manikin Drop documentation
  - x. Program in place to correct when lifeguards miss a manikin drop
  - xi. Guest education on manikin drops
  - xii. AED logs are present and current
  - xiii. In-service documentation current
6. Through the audit if problems were encountered suggestions must be made. In the event that the problems were serious enough to jeopardize the safety of the facility the Aquatic Safety & Risk Management company must come back to make sure the issues have been rectified by city staff.
  - a. Please list cost if any for the recheck.
7. All staff must be licensed by the Aquatic Safety & Risk Management Company. A licensed guard is held accountable to always maintain the highest level of swimmer protection standards in addition to maintaining all rescue/CPR skills to a “test ready” level.
8. Lifeguard Class must include
  - a. Deep water training up to 12ft
  - b. First Aid
  - c. CPR for Adult, child, and infant
  - d. AED for Adult and child
  - e. Oxygen support
  - f. Unconscious in water rescue
  - g. In water Spinal management
  - h. Land spinal management

- i. Scanning techniques and protocols
  - j. Emergency Action Plan
  - k. Whistle codes
  - l. Active patient rescues
  - m. Seizures
  - n. Rotations
  - o. Obstructed airway
  - p. 200-yard minimum swim requirement
  - q. Written and in water testing
9. Lifeguard training and new licenses – List cost of 100 licenses for new lifeguards (Original) (65 is an estimate actual number for 2024 could be more or less) City of O’Fallon instructors will train staff in house.
- a. List number of hours required to train a new lifeguard
  - b. List how long license is valid
  - c. List instructor to participant ratio
  - d. Cost per license
10. Lifeguard training and renewal licenses – List cost of licenses for 100 renewal lifeguards (60 is an estimate, actual number for 2024 could be more or less) City of O’Fallon instructors will train staff in house.
- a. List number of hours required to renew the license from year to year.
  - b. List how long license is valid
  - c. List instructor to participant ratio
  - d. Cost per license
11. Lifeguard training to transfer from an Ellis & Associates lifeguard to your Aquatic Safety and Risk Management Company (List number of licenses for 100 transfer lifeguards, actual number for 2024 could be more or less)
- a. List number of hours required to transfer an individual lifeguard
  - b. List how long license is valid
  - c. List instructor to participant ratio
  - d. Cost per license

12. Required lifeguard class course materials – this is to include any manuals that need to be purchased for each participant and videos. Assume the facility already has manikins available to them. (List number of materials for 200 guards. This number for 2024 may be more or less.)
  - a. Cost per guard
13. Required manager training – this is any training that your company requires the acting pool manager or head guard of the day to have. List cost of course materials/License for 20 staff.
  - a. List number of hours required for manager training
  - b. Cost per staff person
14. Lifeguard New Instructor License – Cost to train a new instructor and license them
  - a. List how long license is valid
  - b. List number of hours required to license an instructor
15. Lifeguard Renewal Instructor License – Cost to renew an existing instructor
  - a. List how long license is valid
  - b. List number of hours required to renew an existing instructor
16. Lifeguard Transfer Instructor License – List cost to transfer and Ellis & Associates Instructor to your instructor license (List cost for 4 instructors to transfer)
  - a. List number of hours required to transfer an individual instructor
17. Competition – Does your company host a lifeguard competition (Optional)
18. Aquatic Safety & Risk Management Company must require mandatory training – List any mandatory training that is required for lifeguards to maintain their license as a lifeguard monthly, quarterly, etc.
19. Must have a zone validation program
20. Legal support – Provide all information in detail what support your Aquatic Safety and Risk Management company will provide if our facility were to experience an aquatic emergency.
21. Aquatic Safety & Risk Management Company must have and provide a Professional Liability policy that extends their professional liability insurance to cover our lifeguards.

**Supplemental Information (use additional sheets as necessary):**

1. Name of primary contact, address, and phone number. \_\_\_\_\_  
\_\_\_\_\_
2. What day(s) and time(s) is the primary contact available? \_\_\_\_\_
3. Provide a brief history of the company. \_\_\_\_\_  
\_\_\_\_\_
4. Describe any name or ownership changes in the past five (5) years. \_\_\_\_\_  
\_\_\_\_\_
5. Submit a sample copy of your current contract/agreement with all terms and conditions (subject to review by the City's legal review).
6. Provide at least four (4) references of current or past clients for the same services being requested. Include the following information for each reference:
  - Business name
  - Address, city, state, zip
  - Contact information
7. Cost Proposal:
  - Provide a comprehensive cost proposal with a complete breakdown and a grand total.
  - The City reserves the right to choose all, or a portion of the items proposed.
8. Renewal & Extension:
  - In the event that the City of O'Fallon exercises its options to renew the contract for two (2) additional one (1) year periods pursuant to the applicable provisions outlined in this document, the Proposer shall provide below, the maximum percentages of increase or maximum percentage of decrease for each renewal period. The proposer is cautioned that the percentages shall be computed against the ORIGINAL contract/unit prices during renewal periods. Furthermore, the Bidder is advised that the City does not automatically grant increases at the time of renewing the contract and that if an increase isn't requested, documentation of need must be provided at the time of renewal.

Optional 1<sup>st</sup> Renewal Period Maximum % Increase over Year 1-3 Total Bid Price: \_\_\_\_\_ %

Optional 1<sup>st</sup> Renewal Period Maximum % Decrease over Year 1-3 Total Bid Price: \_\_\_\_\_ %

Optional 2<sup>nd</sup> Renewal Period Maximum % Increase over Year 1-3 Total Bid Price: \_\_\_\_\_ %

Optional 2<sup>nd</sup> Renewal Period Maximum % Decrease over Year 1-3 Total Bid Price: \_\_\_\_\_ %

**Evaluation Criteria:**

The City reserves the right to select the Vendor who best meets the “overall” needs of the City of O’Fallon based primarily on the following criteria (not listed in any order of importance):

1. Proven background and experience of the firm in the work required.
2. The firm’s demonstrated understanding of the work required as well as the work plan proposed for accomplishing it.
3. References provided.
4. Overall make-up of program—components of training and accountability.
5. Local/Geographical Vendor

**Checklist:**

Use and submit the following checklist to ensure your proposal includes all of the requested information:

Item #	Description	Check for Yes	Check for No	If No, provide additional details (use additional sheets as necessary)
1.	Specialized experience and technical competence requirements included.			
2.	Capacity and capability requirements included.			
3.	Member or retainer fee-Any fee that the Aquatic Safety and Risk Management Company charge annually to start a new contract or renew a contract from year to year.			
4.	Facility inspection or initial meeting fee This is for any inspections that need to take place to look over the two aquatic centers to make sure they are safe and that they meet the requirements of your company.			

Item #	Description	Check for Yes	Check for No	If No, provide additional details (use additional sheets as necessary)
5.	Audits, on-site evaluations, observations			
5a.	Individual lifeguard evaluations			
5a(i).	i. Lifeguard activated EAP protocol			
5a(ii).	ii. Lifeguard performed a safe and effective water entry with equipment			
5a(iii).	iii. Lifeguard executed a safe and successful in-water rescue			
5a(iv).	iv. Lifeguard communicated with the patient			
5b.	Team rescue to include a major aquatic emergency			
5b(i).	Lifeguard(s) activated EAP protocols			
5b(ii).	Lifeguards(s) performed a safe and effective water entry with equipment			
5b(iii).	Lifeguard(s) provided airway assessment in water when necessary			
5b(iv).	Lifeguard(s) utilized in-water rescue equipment			
5b(v).	Team provided extrication technique, safe for lifeguard and patient			
5b(vi).	Team maintained universal precautions during scenario			
5b(vii).	Team provided obstructed airway management techniques when necessary			



Item #	Description	Check for Yes	Check for No	If No, provide additional details (use additional sheets as necessary)
5b(viii).	Team provided circulatory management techniques			
5b(ix).	Team maintained in-line stabilization during back boarding when necessary			
5b(x).	Team utilized backboard effectively when necessary			
5b(xi).	Team managed time effectively			
5b(xii).	Team met all EAP operating criteria for AED and Oxygen			
5b(xiii).	Team provided overall patient management			
5b(xiv).	Effective/Verbal Team Communication			
5c.	Facility evaluation report			
5c(i).	Water clarity			
5c(ii).	Glare issues have been addressed			
5c(iii).	Slip and fall issues have been addressed			
5c(iv).	General facility signage is present and visible			
5c(v).	Specific attraction signage is present and visible			
5c(vi).	Depth markers are present and visible			
5c(vii).	Access is controlled by fences and gates			
5c(viii).	Spinal Management Equipment is present and maintained			

Item #	Description	Check for Yes	Check for No	If No, provide additional details (use additional sheets as necessary)
5c(ix).	Supplemental Oxygen Equipment is present and maintained			
5c(x).	AED is present and maintained			
5d.	Supervisory evaluation report			
5d(i).	Number of lifeguards on duty met 10/20 standards			
5d(ii).	Proactive management (guard placement to address glare)			
5d(iii).	Lifeguard rotations match zone coverage/zone validation			
5d(iv).	Manager training			
5d(v).	Supervisor(s) visible at aquatic center			
5d(vi).	Supervisor(s) attire addresses environmental concerns			
5d(vii).	Supervisor(s) exhibit professional image and behavior			
5e.	Administration evaluation report			
5e(i).	Lifeguard licenses organized and available			
5e(ii).	Instructor license(s) available			
5e(iii).	In-service records current and available			
5e(iv).	AFO/CPO available			
5e(v).	Rescue reports available			
5e(vi).	Incident reports available			

Item #	Description	Check for Yes	Check for No	If No, provide additional details (use additional sheets as necessary)
5e(vii).	Zone coverage diagrams for all staffing levels			
5e(viii).	Zone validation for all staffing levels			
5e(ix).	Operational Manikin Drop documentation			
5e(x).	Program in place to correct when lifeguards miss a manikin drop			
5e(xi).	Guest education on manikin drops			
5e(xii).	AED logs are present and current			
5e(xiii).	In-service documentation current			
6.	Through the audit if problems were encountered suggestions must be made.			
6a.	Please list cost (if any) for the recheck.			
7.	All staff must be licensed (certified) by the Aquatic Safety & Risk Management Company. A licensed guard is held accountable to always maintain the highest level of swimmer protection standards in addition to maintaining all rescue/CPR skills to a "test ready" level.			
8.	Lifeguard Class must include but is not limited to:			
8a.	Deep water training up to 12ft			

Item #	Description	Check for Yes	Check for No	If No, provide additional details (use additional sheets as necessary)
8b.	First Aid			
8c.	CPR for Adult, child, and infant			
8d.	AED for Adult and child			
8e.	Oxygen support			
8f.	Unconscious in water rescue			
8g.	In water spinal management			
8g.	Land spinal management			
8i.	Scanning techniques and protocols			
8j.	Emergency Action Plan			
8k.	Whistle codes			
8l.	Active patient rescues			
8m.	Seizures			
8n.	Rotations			
8o.	Obstructed airway			
8p.	200-yard minimum swim requirement			
8q.	Written and in water testing			
9.	Lifeguard training and license – List cost of 65 licenses for new lifeguards (Original) (65 is an estimate actual number for 2024 could be more or less) City of O’Fallon instructors will train staff in house.			

Item #	Description	Check for Yes	Check for No	If No, provide additional details (use additional sheets as necessary)
9a.	List number of hours required to train a new lifeguard			
9b.	List how long license is valid			
9c.	List instructor to participant ratio			
9d.	Cost per license			
10.	Lifeguard training and license – List cost of licenses for 60 renewal lifeguards (60 is an estimate, actual number for 2024 could be more or less) City of O’Fallon instructors will train staff in house.			
10a.	List number of hours required to renew the license from year to year.			
10b.	List how long license is valid			
10c.	List instructor to participant ratio			
10d.	Cost per license			
11.	Lifeguard training to transfer from an Ellis & Associates lifeguard to your Aquatic Safety and Risk Management Company (List number of licenses for 60 transfer lifeguards, actual number for 2024 could be more or less)			
11a.	List number of hours required to transfer an individual lifeguard			
11b.	List how long license is valid			

Item #	Description	Check for Yes	Check for No	If No, provide additional details (use additional sheets as necessary)
11c.	List instructor to participant ratio			
11d.	Cost per license			
12.	Required lifeguard class course materials – this is to include any manuals that need to be purchased for each participant and videos. Assume the facility already has manikins available to them. (List number of materials for 120 guards. This number for 2024 may be more or less.)			
12a.	Cost per guard			
13.	Required manager training – this is any training that your company requires the acting pool manager or head guard of the day to have. List cost of course materials/License for 14 staff.			
13a.	List number of hours required for manager training			
13b.	Cost per staff person			
14.	Lifeguard Instructor License – Cost to train a new instructor and license them			
14a.	List how long license is valid			
14b.	List number of hours required to license an instructor			
15.	Lifeguard Instructor License – Cost to renew an existing instructor			

Item #	Description	Check for Yes	Check for No	If No, provide additional details (use additional sheets as necessary)
15a.	List how long license is valid			
15b.	List number of hours required to renew and existing instructor			
16.	Lifeguard Instructor License – List cost to transfer an Ellis & Associates Instructor to your instructor license (List cost for 4 instructors to transfer)			
16a.	List number of hours required to transfer an individual instructor			
17.	Competition (optional)			
18.	Aquatic Safety & Risk Management Company is preferred to require mandatory training – List any mandatory training that is required for lifeguards to maintain their license as a lifeguard monthly, quarterly, etc...			
19.	Must have a zone validation program			
20.	Legal support – Provide all information in detail what support your Aquatic Safety and Risk Management company will provide if our facility were to experience an aquatic emergency.			
21.	Aquatic Safety & Risk Management Company must have a Professional Liability policy. It is preferred that the professional liability insurance covers our lifeguards.			

END OF SCOPE OF SERVICES



**CITY OF O’FALLON, MISSOURI**

**PROPOSAL FORM**

Signature of proposer indicates that the proposer understands and will comply with all terms and conditions and all other specifications made a part of this Request for Proposals and any subsequent award or contract. All terms, conditions and representations made in this invitation will become an integral part of the contract.

In compliance with this Request for Proposal Number 23-091R and to all the conditions imposed herein, the undersigned offers and agrees to provide aquatic risk management and lifeguarding services for the City of O’Fallon in accordance with the scope of services and intent of the request for proposals contained herein.

Proposal Form shall be attached to respondent’s proposal.

Indicate whether: ( ) Individual; ( ) Partnership; ( ) Corporation

Incorporated in the state of: \_\_\_\_\_

COMPANY: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ NAME: \_\_\_\_\_

CITY: \_\_\_\_\_ TITLE: \_\_\_\_\_

STATE/ZIP: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

TAX ID NO.: \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

<b>Acknowledge the receipt of addenda by initialing box below as appropriate.</b>			
Addenda 1 _____	Addenda 2 _____	Addenda 3 _____	Addenda 4 _____

**WORKER ELIGIBILITY VERIFICATION AFFIDAVIT**

STATE OF \_\_\_\_\_ )  
 ) ss  
COUNTY OF \_\_\_\_\_ )

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared \_\_\_\_\_,  
Affiant name

personally known to me or proved to me on the basis of satisfactory evidence to be a person whose name is subscribed to this affidavit, who being by me duly sworn, stated as follows:

- I, the Affiant, am of sound mind, capable of making this affidavit, and personally certify the facts herein stated, as required by Section 285.530, RSMo, to enter into any contract agreement with the City to perform any job, task, employment, labor, personal services, or any other activity for which compensation is provided, expected, or due, including but not limited to all activities conducted by business entities.
- I, the Affiant, am the \_\_\_\_\_ of \_\_\_\_\_, and I am duly  
title business name  
authorized, directed, and/or empowered to act officially and properly on behalf of this business entity.
- I, the Affiant, hereby affirm and warrant that the aforementioned business entity is enrolled in a federal work authorization program operated by the United States Department of Homeland Security, and the aforementioned business entity shall participate in said program to verify the employment eligibility of newly hired employees working in connection with any services contracted by the City of O’Fallon. I have attached documentation to this affidavit to evidence enrollment/participation by the aforementioned business entity in a federal work authorization program, as required by Section 285.530, RSMo.
- I, the Affiant, also hereby affirm and warrant that the aforementioned business entity does not and shall not knowingly employ, in connection with any services contracted by the City, any alien who does not have the legal right or authorization under federal law to work in the United States, as defined in 8 U.S.C. § 1324a(h)(3).
- I, the Affiant, am aware and recognize that, unless certain contract and affidavit conditions are satisfied pursuant to Section 285.530, RSMo, the aforementioned business entity may be held liable under Sections 285.525 through 285.550, RSMo, for subcontractors that knowingly employ or continue to employ any unauthorized alien to work within the state of Missouri.
- I, the Affiant, acknowledge that I am signing this affidavit as a free act and deed of the aforementioned business entity and not under duress.

\_\_\_\_\_  
Affiant Signature

Subscribed and sworn to before me in \_\_\_\_\_, \_\_\_\_\_, the day and year first above-written.  
city (or county) state

My commission expires:

\_\_\_\_\_  
Notary Public

*[Attach documentation of enrollment/participation in a federal work authorization program]*