PROCUREMENT DIVISION

**MEMORANDUM**

**DATE:** **August 3, 2016**

**TO:** **Gregory Pease, Chairman**
**Professional Services Evaluation Committee**

**FROM:** **Twane Duckworth, Chief of Risk Management**

**SUBJECT:** **Certification Letter for P-48-16 Workers' Compensation Surveillance and SIU Services**

---

Please take appropriate action to issue a Request for Proposal (RFP) for the referenced professional services.

The following information is furnished in accordance with chapter 126.302 of the City Ordinance Code.

1. The general purpose of the service or study: IS TO PERFORM SURVEILLANCE SERVICES FOR RISK MANAGEMENT AND DETECT FRAUD.

2. The Objective of the study or services: REDUCE FRAUDULENT CLAIMS AGAINST CITY'S SELF-INSURANCE FUND.

3. The estimated period of time needed for the service or study: ONGOING NEED; PROPOSED ONE YEAR CONTRACT WITH FOUR ONE-YEAR RENEWALS.

4. The estimated cost of the service or study: APPROXIMATELY $100,000.00 ANNUALLY.

5. Whether the proposed study or service would or would not duplicate a prior or existing study or service: THE PROPOSED SERVICE WILL NOT BE DUPLICATIVE.

6. List of current contracts or prior services or studies which are related to the proposed study or service. NONE.

7. A statement as to why the service/study cannot be done by department or agency staff: NO ADEQUATE STAFF, WITH APPROPRIATE TRAINING AND EXPERTISE TO CONDUCT SURVEILLANCE.

8. The **names** and **telephone numbers** of **two** representatives from the using agency designated to serve on the evaluation committee as subcommittee members:
TWANE DUCKWORTH 904-630-2777
BARBARA HOLTON 904-630-7388

9. A project funding account number: AFRM561WC - 04508

10. The **names** and **email addresses** of **specific consultants** the using agency wishes to be included in the solicitation process.

NONE

11. A signed statement to the effect the individuals responsible for developing the scope and Certification letter and the two individuals named herein to serve as subcommittee Members, have read and understand the Procurement Manual and Procurement Committee Guidelines dated August, 2013

(See: http://inside.coj.net/op/pr/default.aspx)

Twane Duckworth
Subcommittee Member Signature

Chief of Risk Management
TITLE

Barbara Holton
Subcommittee Member Signature

WC Claims Manager
TITLE



FINANCE AND ADMINISTRATION DEPARTMENT
204 N Hogan Street, Suite 800 Jacksonville, FL 32202 Phone 904-255-8800 Fax 904-255-8837 www.coj.net