

#### **Notice of Intent to Award**

Solicitation Number	149215	Award Date	4/6/2022   4:45 PM CDT		
Solicitation Title	Temporary Nursing Related Staffing Positions				
Buyer Name	Sandra Walker	Buyer Email	sandra.walker@nashville.gov		
BAO Rep	Jeremy Frye	BAO Email	jeremy.frye@nashville.gov		

#### Awarded Supplier(s)

In reference to the above solicitation and contingent upon successful contract negotiation, it is the intent of the Metropolitan Government of Nashville and Davidson County to award to the following supplier(s):

Company Name	Appddiction Studio, LLC	Company Contact		Timothy Porte	er	
Street Address	17211 Jones Maltsberger Rd.					
City	San Antonio	State	TX	Zipcode	78247	
			•			
Company Name	DELTA-T Group Company Contact Rac					
Street Address	950 Haverford Rd					
City	Bryn Mawr	vr State PA		Zipcode	19010	
Company Name	RCM Health Care Services Company Contact Andrew Hay					
Street Address	1628 John F. Kennedy Blvd Suite 401					
City	Philadelphia	State	PA	Zipcode	19103	

#### **Certificate of Insurance**

The awarded supplier(s) must submit a certificate of insurance (COI) indicating all applicable coverage required by the referenced solicitation. The COI should be emailed to the referenced buyer no more than 15 days after the referenced award date.

#### **Equal Business Opportunity Program**

Where applicable, the awarded supplier(s) must submit a signed copy of the letter of intent to perform for any and all minority-owned (MBE) or woman-owned (WBE) subcontractors included in the solicitation response. The letter(s) should be emailed to the referenced business assistance office (BAO) rep no more than two business days after the referenced award date.

letter(s) should be emailed to the referenced business assistance office (BAO) rep no more than two business days after the referenced award date.
Yes, the EBO Program is applicable.  No, the EBO Program is not applicable.
Monthly Reporting
Where applicable, the awarded supplier(s) will be required monthly to submit evidence of participation and payment to all small (SBE), minority-owned (MBE), women-owned (WBE), LGBT-owned (LGBTBE), and service disabled veteran owned (SDV) subcontractors. Sufficient evidence may include, but is not necessarily limited to copies of subcontracts, purchase orders, applications for payment, invoices, and cancelled checks.
Questions related to contract compliance may be directed to the referenced BAO rep.
Yes, monthly reporting is applicableNo, monthly reporting is not applicable.
Public Information and Records Retention
Solicitation and award documentation are available upon request. Please email the referenced buyer to arrange

Solicitation and award documentation are available upon request. Please email the referenced buyer to arrange.

A copy of this notice will be placed in the solicitation file and sent to all offerors.

## **Right to Protest**

Per MCL 4.36.010 – any actual or prospective bidder, offeror, or contractor who is aggrieved in connection with the solicitation or award of a contract may protest to the purchasing agent. The protest shall be submitted in writing within ten (10) days after such aggrieved person knows or should have known of the facts giving rise thereto.

mal	_Supervisor (Initial)
Michell	e d. Hernandez lane
Miche	lle A. Hernandez Lane
Purcha	asing Agent & Chief Procurement Officer

# RFQ: 1149215 - Temporary Nursing Related Staffing Positions

Offeror	ATC Healthcare Services	Appddiction Studio, LLC	DELTA-T Group	Infojini Inc	Maxim Healthcare Staffing Services, Inc	RCM Health Care Services
Cost (35 Points)	30.53	31.00	35.00	24.16	22.79	27.68
Methodology and Approach (35 Points)	30.00	34.00	33.00	34.00	34.00	34.00
Qualifications and Experience (30 Points)	rience (30 Points) 15.00		25.00	28.00	30.00	30.00
	75.53	89.00	93.00	86.16	86.79	91.68

#### **Evaluation Comments**

#### **ATC Healthcare Services**

**Strengths** - Detail description on how the requirements and provisions of the scope of this project would be implemented. Provided a detailed flow chart. Good organizational structure.

Weaknesses - Comprehensive plan for completing the specified work in accordance with the scope lacked specific detail. Demonstration on the team's knowledge and project experience in the provision of services related to the project lacked specific detail. Proposal referenced incorrect solicitation in their proposal. Overall qualification and experience lacked specific detail. Overall responses were difficult to locate. Failed to provide a response to current litigations. Failed to provide type of projects and dollar value. Failed to provide a description of how the scope of their projects are linked to the scope of services for this solicitation. Failed to provide an email address for reference projects for verification.

#### **Appddiction Studio, LLC**

Strengths - Good overall methodology and approach. Detailed description on how the requirements and provisions of the scope of this project would be implemented. Detailed description on knowledge of the project objectives/goals and existing conditions/assumptions, identify potential issues/challenges, your approach to minimizing any disruptions to performance. Detailed comprehensive plan. Detailed project management process. Detailed employee retainage plan. Projects listed were of similar scope. Good qualifications and experience.

**Weaknesses**- Some of the information was difficult to locate. Project experience in the provision of services related to the project lacked specific detail. Organizational structure lacked detail.

#### **DELTA-T Group**

Strengths - Good overall methodology and approach. Detailed comprehensive plan. Good overall qualifications and experience. Good Organizational structure. Detailed Project experience in the provision of services related to the project.

**Weaknesses**- Information was difficult to locate. Responses to project objectives/goals and existing conditions/assumptions, identify potential issues/challenges, your approach to minimizing any disruptions to performance were generalized. Failed to provide dollar amounts on referenced projects. Failed to provide resumes.

#### Infojini Inc

Strengths - Good overall methodology and approach. Detailed description on how the requirements and provisions of the scope of this project would be implemented. Detailed comprehensive plan. Detailed employee retainage plan. Good overall qualifications and experience. Detailed team's knowledge and project experience in the provision of services related to this project. Detailed team's capacity to perform work. Good organizational structure. Projects listed were of similar scope.

**Weaknesses**- Types of projects lacked specific detail. Responses to project objectives/goals and existing conditions/assumptions, identify potential issues/challenges, your approach to minimizing any disruptions to performance were generalized.

#### Maxim Healthcare Staffing Services, Inc

Strengths - Good overall methodology and approach. Detailed description on how the requirements and provisions of the scope of this project would be implemented. Detailed comprehensive plan. Detailed recruitment plan. Detailed chart of objective and deliverables. Good overall qualifications and experience. Detailed team's knowledge and project experience in the provision of services related to this project. Detailed team's capacity to perform work. Good organizational structure. Projects listed were of similar scope.

**Weaknesses**- Responses to project objectives/goals and existing conditions/assumptions, identify potential issues/challenges, your approach to minimizing any disruptions to performance were generalized.

#### **RCM Health Care Services**

Strengths - Good overall methodology and approach. Detailed description on how the requirements and provisions of the scope of this project would be implemented. Detailed comprehensive plan. Detailed retainage with rewards incentives. Detailed training plan provided. Continuing education plan provided. Extensive recruitment plan for nurses already executed. Good overall qualifications and experience. Detailed team's knowledge and project experience in the provision of services related to this project. Detailed team's capacity to perform work. Good organizational structure. Projects listed were of similar scope. Good overall qualifications and experience. Detailed team's knowledge and project experience in the provision of services related to this project. Detailed team's capacity to perform work. Good organizational structure. Projects listed were of similar scope.

**Weaknesses**- Responses to project objectives/goals and existing conditions/assumptions, identify potential issues/challenges, your approach to minimizing any disruptions to performance were generalized.

RFQ:149215-Temporary Nursing Related Staffing Positions		Max. RFP Cost Points
-		35
Offeror's Name	Total Cost	RFP Cost Point Distribution
ATC Healthcare Services	\$2,031,912.46	30.53
Appddiction Studio, LLC	\$2,001,272.00	31.00
DELTA-T Group	\$1,772,401.90	35.00
Infojini Inc	\$2,567,641.88	24.16
Maxim Healthcare Staffing Services, Inc	\$2,722,045.66	22.79
RCM Health Care Services	\$2,241,192.75	27.68

類			Statement o	of M/WBE U	<b>Jtilization</b>				
Proposer's/Firm's Name: Delta-T Group Tennessee, Inc				Proposer's Phone #	<sub>#:</sub> 484-381-3112				
	citation Title: Temporary Nursing Related					ddress: rfp@deltatg.c	om		
Solic	itation #: 149215				Amount Self-perfo	rmed : 89%			
Prop	poser's/Firm's Ownership: Non-M/WBE	=			Total Bid Amount:	TBD			
Prop	oosed EBO Goal (%): 11 MBE%	WBE%			EBO Goal Met? (Y/	N) YES			
The	following MWBE* subcontractor(s)/supplier(s)	will be utilized for the performance of this	project:	Certificate					
	MBE/WBE Firm Name	MBE/WBE Firm Address	Phone/E-Mail	Type (MBE or WBE)	* MBE/WBE Group Type *	Code # UNSPS/NAICS	Description of Work	MBE/WBE Dollars (\$)	Percent of Total Contrac
1	Atlas Management Corp	7500 Old Hickory Blvd, Ste 265, Brentwood, TN 37027	wsawyer@atlasmanagement.us 6	MBE	Select		Nurse Staffing	TBD	11%
2				Select	Select				
3				Select	Select				
4				Select	Select				
5				Select	Select				
6				Select	Select				
7				Select	Select				
I am	the duly authorized representative and certify t	the facts and representations contained in	this form and support	ting documents are tr	ue and correct.				
	horized Representative (Printed Name/Title achana Patel, Senior Vice							Date	10/25/2021
*Note	:: MWBE is defined as business enterprise maintaining a signific	ant business prescience in the Program Area & performir	ng a commercial useful functi	ion that is owned by one or n	ore of the following: (1) A	frican Americans (2) Native Ame	ericans, (3) Hispanic Americans, (4) Asian Ai	nericans, and (5) W	omen.
Has	s Prime Complied with EBO Goal?	ES	For Inter	nal Office Use If No, Good Fait	ONLY h Efforts Met?	BAO Only			
	O Representative: Jeremy Frye		Buyer: Sandra		Project Man		Date:	01/25/	22
	al MBE Subcontracting	11 % %	\$_TBD \$						

\$ TBD

BAO Notes:

IDIQ contract

Total MBE/WBE Participation:

11

## METROPOLITIAN GOVERNMENT OF NASHVILLE - DAVIDSON COUNTY

### M/WBE SUBCONTRACTORS GOOD FAITH EFFORTS

#### SUMMARY SHEET

THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL						
	(Due with Bid Sub	omission if Applicabl	le)			
Project Name: Temporary Nursin	as Polotod Stoffing Positions	Project Number:	40045			
			49215			
Company Name: RCM Health Care Ser	rvices Date Submitted: 11	/09/2021	Total Contract Value: n/k			
Address: 575 8th Ave #6 NY, NY 10	0018	Federal Tax ID# 22	-2069427			
Contact Person: Andrew Hay	Email:		Phone #: 917-286-5150			
<u> </u>	GOOD FAITH EFFO					
Number		er Action(s)	BAO Only			
1.	Solicitation and written notice certified MWBEs: Soliciting specific individual MW availability as potential sources of services can be reasonably ascert measure includes sending letters personal contacts with specific certification in the past as well as other MWB Bidder may be unfamiliar, but who be ascertained from a directory of MWBEs maintained by the BAO.  The written notices contain:  I. Enough information about the specs, and terms & contains.	WBEs whose of goods or ained. This or making other ertified MWBEs as contracted with Es with which the chose identities can f certified.	Pass			
E I MDEAVAE	solicitation;  II. A contact person knowled project documents available questions about the concentract;  III. Information regarding the bonding requirements;  IV. The deadline for submist quotations.	able to answer dition of the ne Bidder's ssion of price	requested below related to the above			

Company Name/Address/Contact	Type of	Type of	How	Response to	Bid/Quote	Company
Person/Phone/Email	Business	Work/Service(s)	Business	Solicitation	Amount	Selected (Write
		Solicited	was	(i.e. will		Yes or NO)
			contacted	submit bid,		
			(i.e. email,	no		
			phone,	response,		
			letter,	not		
			etc.?)	interested		
ATLAS MANAGEMENT CORPORATION	MBE	Nursing	Phone	No response	11%	NO
Oloop LLC	MBE	Nursing	Phone	Not a good fit	n/a	NO

# METROPOLITIAN GOVERNMENT OF NASHVILLE - DAVIDSON COUNTY $\mbox{M/WBE SUBCONTRACTORS GOOD FAITH EFFORTS}$ $\mbox{SUMMARY SHEET}$

THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL (Due with Bid Submission if Applicable)					
Project Name: Temporary Nursing Related Staffing Positions			149215		
Company Name: RCM Health Care	e Services	Date Submitted: 11	/09/2021	Total Contract Value: n/k	
Address: 575 8th Ave #6 NY, NY 10018		Federal Tax ID# 22-2069427			
Contact Person: Andrew Hay		Email:		Phone #: 917-286-5150	
	GOOD FAI	TH EFFORTS SU	MMARY SHEET	CHECKLIST	
Number		Bidder A	Action(s)	BAO Only	
2.	Meetings: Attended or held informational meetings to update potential subcontractors or vendors of subcontracting or supply opportunities.			Fail	

List all information requested below related to the above project. If additional space is required, this form may be duplicated.

Description of Meeting Notices for M/W/SDVEs	Date M/W/SDVE Attended, if applicable
	M/W/SDVES

THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL  (Due with Bid Submission if Applicable)  Project Name: Temporary Nursing Related Staffing Positions  Project Number: 149215					
Project Name: Temporary Nursing Related		Data Submitted			
Company Name: RCM Health Ca	re Services	Date Submitted: 11	/09/2021	Total Contract Value: n/k	
Address: 575 8th Ave #6 NY, NY 10018			Federal Tax ID#	22-2069427	
Contact Person: Andrew Hay		Email:		Phone #: 917-286-5150	
	GOOD FAI	TH EFFORTS SU	UMMARY SHEE	T CHECKLIST	
Number		Bidder A	Action(s)	BAO Only	
3.	accordance w small, economic be performed circumstances work solely for as subcontractin accordance industry practi	Divided the contra ith normal industry nically feasible seg by MWBEs. Under s, however, shall a loor the purpose of ut tors where such seg with common and cices relating to the subcontractors.	r practice, into ments that could er no bidder segment tilizing MWBEs gmentation is not accepted	Pass	

## What Scope of Project Was Divided?

1. Nursing ( RN / LPN)	2.
3.	4.
5.	6.

# METROPOLITIAN GOVERNMENT OF NASHVILLE - DAVIDSON COUNTY M/WBE SUBCONTRACTORS GOOD FAITH EFFORTS SUMMARY SHEET

THIS DOCUMENT MUST DE	ACCLIDATI	ELV COMDI ETER	CICNED AND C	HDMITTED WITH THE DID OD DDODOCAL	
THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL (Due with Bid Submission if Applicable)					
		(Duc with Did Sub	шізмон н Аррпсас	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Project Name:	D 1 1 101	«. D	Project Number:	4004 <i>E</i>	
Project Name: Temporary Nursing	Related St	affing Positions		49215	
Company Name: RCM Health Care	Services	Date Submitted: 11	/09/2021	Total Contract Value: n/k	
Address: 575 8th Ave #6 NY, NY 10018 Federal T		Federal Tax ID# 22	2-2069427		
Contact Person: Andrew Hay		Email:		Phone #: 917-286-5150	
GOOD FAITH EFFORTS SUMMARY SHEET CHECK				CHECKLIST	
Number		Bidder A	Action(s)	BAO Only	
4. I	Rejection: Provided a written explanation for		planation for		
		ny potential subcont		<b>D</b>	
	to the Bidder, including the name of the firm			Pass	
[ 8	awarded the subcontract or supply agreement.				
For each MRE/WRE fix	rm contacted	list the name(s) a	nd all information	requested below related to the above	
project. If additional sp				requested below related to the above	

M/WBE Firm Name/Address/Contact Person/Phone Number/Email	Description of Proposed Work	Reason for Rejection
The only agency we could find did not respond in time. we will continue to call them pending award of the contract.	Nursing	ТВА

THIS DOCUMENT MUST I	BE ACCURATI		<mark>), SIGNED AND SU</mark> mission if Applicabl	JBMITTED WITH THE BID OR PROPOSAL  e)
Project Name: Temporary Nursing Related	I Staffing Positions		Project Number:	149215
Company Name: RCM Health C	are Services	Date Submitted:	11/09/2021	Total Contract Value: <sub>n/k</sub>
Address: 575 8th Ave #6 NY, NY 10018			Federal Tax ID#	22-2069427
Contact Person: Andrew Hay		Email:		<b>Phone #:</b> 917-286-5150
	<b>GOOD FAI</b>	TH EFFORTS SU	MMARY SHEET	<b>CHECKLIST</b>
Number		Bidder A	Action(s)	BAO Only
5.	Non-discrimination: Providing a non-discriminatory work site. Maintaining a work environment free of harassment, intimidation and coercion at all construction sites, offices and other facilities at which the Bidder's employees are assigned to work. The Bidder shall specifically ensure that all labor supervisors, superintendents, and other on-site supervisory personnel are aware of and carry out the Bidder's obligation to maintain a non-discriminatory work environment.		ning a work ntimidation and offices and other aployees are ll specifically superintendents, sonnel are aware gation to maintain	Pass

## For each training, list the type of training and date.

Type of Training	Date of Training
SOME of the trainings include:Verbal Harassment	01/03/2022
Visual Forms of Harassment	01/03/2022
Sexual Harassment	01/03/2022
Physical Harassment	01/03/2022

THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL							
(Due with Bid Submission if Applicable)							
(Due with Did Shormssion if Applicatio)							
Project Name: Temporary Nursing Related Staffing Posi	ions	Project Number:	149215				
Company Name: RCM Health Care Serv	ces Date Submitted:	11/09/2021	Total Contract Value: <sub>n/k</sub>				
Address: 575 8th Ave #6 NY, NY 10018		Federal Tax ID#	22-2069427				
Contact Person: Andrew Hay Email:			<b>Phone #:</b> 917-286-5150				
GOOI	FAITH EFFORTS SU	MMARY SHEET	CHECKLIST				
Number	Bidder .	Action(s)	BAO Only				
6. Commu	Community and Other Organizational Services						
Suppor	: Advertising in trade p	ublications of					
general	general circulation in the Program Area. The		Fail				
advertis	advertisement shall identify and describe the						
specific	specific subcontracting or other opportunity in						
reasonal	le detail.						

Publication Name	Date of Publication	Please provide copy.
No need to publish articles as all agencies are listed for free online		

# METROPOLITIAN GOVERNMENT OF NASHVILLE - DAVIDSON COUNTY M/WBE SUBCONTRACTORS GOOD FAITH EFFORTS SUMMARY SHEET

THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL					
	(Due with Bid Submission if Applicable)				
Project Name: Temporary Nursing Related	Staffing Positions		Project Number:	149215	
Company Name: RCM Health Ca	are Services	<b>Date Submitted:</b>	11/09/2021	Total Contract Value: n/k	
Address: 575 8th Ave #6 NY, NY 10018			Federal Tax ID#	22-2069427	
Contact Person: Andrew Hay		Email:		<b>Phone #:</b> 917-286-5150	
	GOOD FA	ITH EFFORTS SU	JMMARY SHEET	CHECKLIST	
Number		Bidder A	Action(s)	BAO Only	
7.	Assistance: I	<b>Bonding/Lines of C</b>	redit/Insurance:		
		sonable assistance to			
	need of equipment, supplies, bonding, letters of			N/A	
	credit and/or insurance.				
	order and or r	iis arairee.			
For each MBE/WBE firm contacted, list the name(s) and all information requested below related to the above					
project. If additional energy is required, this form may be duplicated					

project. If additional space is required, this form may be duplicated.

Company Name/Address/Contact Person/Phone Number/Email	Type of Assistance
None to list	

THIS DOCUMENT M	UST BE ACCU	RATELY COMPLETED, SIGNATION (Due with Bid Submission		ED WITH THE BID OR PROPOSAL
Project Name: Temporary Nurs	sing Related Staffing Po	ositions ]	Project Number: 1492	215
Company Name: RCM Hea	Ilth Care Services	Date Submitted: 11/09/202	21	Total Contract Value: n/k
Address: 575 8th Ave #6 NY, NY			Federal Tax ID# 22-20	069427
Contact Person: Andrew	/ нау	Email:		<b>Phone</b> #: 917-286-5150
	GOOD	FAITH EFFORTS SUMMAR	RY SHEET CHECK	LIST
Number		Bidder Action	n(s)	BAO Only
8.	not limited to https://www. Assistance-Of	ilization easonable and available mea the following examples: nashville.gov/Finance/Procus fice/SMWBE-Lists-and-Forms ille.diversitycompliance.com/	rement/Business- s.aspxor	Pass

Database Accessed	Date of Access	Results
Cetified Metro Nashville Database	11/03/21	One agency seemed to qualify but did not respond in time, our bid was submitted the day of.
https://nashville.diversitycompliance.co m/	11/03/21	No nursing agencies found

THIS DOCUMENT	MUST BE ACCURATE	ELY COMPLETED (Due with Bid Sub		UBMITTED WITH THE BID OR PROPOSAL
			mission ii Applicao	
Project Name: Temporary Nur	sing Related Staffing Positions		Project Number:	149215
Company Name: RCM H		Date Submitted:	11/09/2021	Total Contract Value: n/k
Address: 575 8th Ave #6 NY, NY			Federal Tax ID#	22-2069427
Contact Person: Andrey		Email:	T CWCI WI TWILLEN	<b>Phone #:</b> 917-286-5150
		TH EFFORTS SU	MMARY SHEET	
Numb	er	Bidder A	Action(s)	BAO Only
9.		gé' Relationship/T		
		Providing reasonable		
		MWBEs to amelio		N/A
		f technical knowled		
		ich assistance is und		
		litate the MWBE's a		
For each MRI				equested below related to the above
	ditional space is requir			equested below related to the above
				non-out Decelot Disease Decelot Comm
Company Name	Type of Assistance	2   11	Mentor Protege A	greement Reached, Please Provide Copy.
		Not Appli	cable	
		'''		
ti Pada sala sa	and the state of t	<b>.</b>		
				an opportunity to respond on the
	·			e account of all firms' responses to
our solicitation	on. Copies of all bids a	nd/or quotes will	be made availabl	e upon request.
	7 Hau		Andrew Hay	Director of Business
Signature: <u>(</u>	i suiy	Print Name:	Andrew Hay	Title: Development

Statement of M/WBE Utilization								
Proposer's/Firm's Name: RCM Health Care S			•	Proposer's Phone	#: 917-286-5150			
					ddress: andrew,hay@	rcmt.com		
Solicitation #: 149215				Amount Self-perfo				
Proposer's/Firm's Ownership: Non-M/WBE				Total Bid Amount:	n/k			
Proposed EBO Goal (%): 11 MBE%	WBE%			EBO Goal Met? (Y/	<sub>(N)</sub> NO			
The following MWBE* subcontractor(s)/supplier(s)  MBE/WBE Firm Name	will be utilized for the performance of this  MBE/WBE Firm Address	project:  Phone/E-Mail	Certificate Type (MBE or WBE)	* MBE/WBE Group Type *	Code # UNSPS/NAICS	Description of Work	MBE/WBE	Percent of Total Contrac
See Waiver			Select	Select		2000, paion or tronk	(φ)	
See Walver								
2			Select	Select				
3			Select	Select				
4			Select	Select				
5			Select	Select				
6			Select	Select				
7			Select	Select				
I am the duly authorized representative and certify	the facts and representations contained in	this form and suppor	rting documents are tr	ue and correct.				
Authorized Representative (Printed Name/Title	e/Signature)						Date	
Andrew Hay, Director of Bu	usiness Development	(	А Нау					11/09/2021
*Note: MWBE is defined as business enterprise maintaining a significant business prescience in the Program Area & performing a commercial useful function that is owned by one or more of the following: (1) African Americans (2) Native Americans, (3) Hispanic Americans, (4) Asian Americans, and (5) Women.								
For Internal Office Use ONLY  Has Prime Complied with EBO Goal? NO  If No, Good Faith Efforts Met?  YES								
BAO Representative: Jeremy Frye		<i>Buyer</i> : Sandr		Project Mar		Date:	11/03/	21
Total MBE Subcontracting Total WBE Subcontracting Total MBE/WBE Participation:	0 % 0 % 0 %	\$ 0 \$ 0 \$ 0						

BAO Notes:

	Statement of M/WBE Utilization							
Ann delication Of P. J.		otatement (	OI WIT WEE		(040) 050 0077			
Proposer's/Firm's Name: Appddiction Studio L					#: (210) 859-9677			
Solicitation Title: Temporary Nursing Related Staffing Positions					Address: tporter@appd	dictionstudio.com		
Solicitation #: 149215				Amount Self-perfo				
					\$2,001,376.00			
Proposed EBO Goal (%):         11%         MBE%         0         WBE%         EB				EBO Goal Met? (Y	/N) YES			
The following MWBE* subcontractor(s)/supplier(s)	will be utilized for the performance of this	project:						
			Certificate Type	* MBE/WBE	Code #		MBE/WBE	Percent
MBE/WBE Firm Name	MBE/WBE Firm Address	Phone/E-Mail	(MBE or WBE)	Group Type *	UNSPS/NAICS	Description of Work	•	of Total Contract
Astounding Medical Management	724 Allen Pass, Madison, TN 37115	(615) 806-5917	MBE	1	80111603, 85101600, 85101605	Medical Care / Case Management	\$220,151.36	11%
2			MBE	Select				
3			MBE	Select				
4			Select	Select				
5			Select	Select				
6			Select	Select				
7			Select	Select				
I am the duly authorized representative and certify the facts and representations contained in this form and supporting documents are true and correct.								
Authorized Representative (Printed Name/Title	e/Signature)						Date	
Timothy Porter, Founder &	CEO							10/26/2021
*Note: MWBE is defined as business enterprise maintaining a significant business prescience in the Program Area & performing a commercial useful function that is owned by one or more of the following: (1) African Americans (2) Native Americans, (3) Hispanic Americans, (4) Asian Americans, and (5) Women.								
Has Prime Complied with EBO Goal?	o 🔽		nal Office Use If No, Good Fait		YES	$\overline{\mathbf{Q}}$		
BAO Representative: Jeremy Frye					Date: 01/24/22			
Total MBE Subcontracting Total WBE Subcontracting Total MBE/WBE Participation:	0 % 0 % 0 %	\$\frac{0}{50}\$ \$\frac{0}{50}\$						

### METROPOLITIAN GOVERNMENT OF NASHVILLE - DAVIDSON COUNTY

### M/WBE SUBCONTRACTORS GOOD FAITH EFFORTS

#### SUMMARY SHEET

THIS DOCUMENT MUST I	BE ACCURAT	ELY COMPLETE	D, SIGNED AND SU	<b>UBMIT</b>	TTED WITH THE BID OR PROPOSAL
		(Due with Bid Sub	mission if Applicabl	le)	
			1		
Project Name:			Project Number: 149215		
Temporary Nursing Related Staffing Positions					TAIC A AVI
Company Name: Appddiction Studio LLC		Date Submitted: Jan			Total Contract Value: \$2,001,376.00
Address: 17211 Jones Maltsberger Rd., Sa	n Antonio, TX 782	47	Federal Tax ID# 45-2		
Contact Person: Timothy M. Porter, Foun		Email: tporter@appd			<b>Phone #:</b> (210) 859-9677
	GO		RTS SUMMARY S	SHEET	
Number			er Action(s)		BAO Only
1.		and written notice	to available and		
	certified MW				
		cific individual MV			
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		ides sending letters			
		acts with specific co			
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		well as other MWB			
		e unfamiliar, but wl			
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	MWBEs maii	ntained by the BAO	).		D
	- T-1				Pass
		otices contain:	1 1		
		igh information abo			
		s, and terms & cond	litions of the		
		solicitation;			
		A contact person knowledgeable of the project documents available to answer			
		tions about the cond	aition of the		
	conti III. Info		na Diddar's		
		rmation regarding th	ie bluder s		
		ling requirements;	usion of maios		
		deadline for submis	ssion of price		
		ations.	1 11 * 6		stad balany valated to the above

Company Name/Address/Contact	Type of	Type of	How	Response to	Bid/Quote	Company
Person/Phone/Email	Business	Work/Service(s)	Business	Solicitation	Amount	Selected (Write
		Solicited	was	(i.e. will		Yes or NO)
			contacted	submit bid,		
			(i.e. email,	no		
			phone,	response,		
			letter,	not		
			etc.?)	interested		
ALLPRO STA NET, LLC, 112 Cude Ln, Madison, TN 37115, Mr. Christopher Tapia, (615) 848-1377,	MBE	Medical staffing	Phone	No response	N/A	NO
info@allprostaffnet.com	IVIDL	services support				INO
Atlas Management Corporation, 750 Old ickory Blvd., Bldg 2, Ste 265, Brentwood, TN 37027, Mr. Warren Sawyers,	MBE	Medical staffing	Phone	No response	N/A	NO
2, Ste 203, Brentwood, 1N 3/027, Mr. warren Sawyers, (615) 620-0970	IVIDE	services support				INO

# METROPOLITIAN GOVERNMENT OF NASHVILLE - DAVIDSON COUNTY $\mbox{M/WBE SUBCONTRACTORS GOOD FAITH EFFORTS}$ $\mbox{SUMMARY SHEET}$

THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL (Due with Bid Submission if Applicable)					
Project Name:			Project Number:		
Temporary Nursing Related Staffing Positi	ions		149215		
Company Name: Appddiction Studio LLC  Date Submitted: January		uary 24, 2022	Total Contract Value: \$2,001,376.00		
Address: 17211 Jones Maltsberger Rd., San Antonio, TX 78247			Federal Tax ID# 45-2777899		
Contact Person: Timothy M. Porter, Founder & CEO		Email: tporter@appddictionstudio.com		Phone #: (210) 859-9677	
	GOOD FAI	TH EFFORTS SU	MMARY SHEET	CHECKLIST	
Number		Bidder A	Action(s)	BAO Only	
2.	Meetings: Attended or held informational meetings to update potential subcontractors or vendors of subcontracting or supply opportunities.		ontractors or	Pass	

# List all information requested below related to the above project. If additional space is required, this form may be duplicated.

Company Name/Address/Contact Person/Phone Number/Email	Description of Meeting Notices for M/W/SDVEs	Date M/W/SDVE Attended, if applicable
Astounding Medical Management, 724 Allen Pass, Madison, TN 37115, Ms. Sharicka Gibson, (615) 806-5917, astoundingmedicalmanagement@yahoo.com	Appddiction Studio attended the Pre-Offer Meeting held by Ms. Sandra Walker via Webex and provided a summary of Pre-Offer Meeting after executing a Non-Disclosure Agreement with the subcontractor	October 14, 2021; October 25, 2021
Astounding Medical Management, 724 Allen Pass, Madison, TN 37115, Ms. Sharicka Gibson, (615) 806-5917, astoundingmedicalmanagement@yahoo.com	Sent communications via e-mail to discuss details of solicitation and proposal bid development, to include amendments; executed Teaming Agreement outlining requirements for subcontractor in support of the bid on November 3, 2021	October 19-20, 2021; October 20, 2021; October 22, 2021; October 24-26, 2021; October 28, 2021; November 3, 2021

# METROPOLITIAN GOVERNMENT OF NASHVILLE - DAVIDSON COUNTY $\mbox{M/WBE SUBCONTRACTORS GOOD FAITH EFFORTS}$ $\mbox{SUMMARY SHEET}$

THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL (Due with Bid Submission if Applicable)					
Project Name: Temporary Nursing Relat	ed Staffing Position		Project Number:	149215	
Company Name: Appddiction Studio LL	С	Date Submitted: Janu	uary 24, 2022	Total Contract Value: \$2,001,376.00	
Address: 17211 Jones Maltsberger Rd., S	an Antonio, TX 78	3247	Federal Tax ID# 4	5-2777899	
Contact Person: Timothy M. Porter, Foun	der & CEO	Email: tporter@app	ddictionstudio.com	Phone #: (210) 859-9677	
	GOOD FAITH EFFORTS SUMMARY SHEET CHECKLIST				
Number	Bidder Action(s)		Action(s)	BAO Only	
3.	accordance w small, econor be performed circumstance work solely for as subcontract in accordance industry practi	Divided the contract in normal industry nically feasible seg by MWBEs. Under so, however, shall a lor the purpose of ut tors where such seg with common and tices relating to the subcontractors.	practice, into ments that could er no bidder segment filizing MWBEs gmentation is not accepted	Pass	

## What Scope of Project Was Divided?

Support Appddiction Studio in providing on-site contract management (RFQ Scope Summary & Scope Details, p. 4)	2. Support Appddiction Studio's recruiting efforts for the following Nursing positions RN, LPN, CNA and NP/APRN (RFQ Methodology and Approach, p. 13; RFQ Qualifications and Experience, pp. 13-14)
3. Provide any required management, technical, and pricing support as needed for future task orders under contract (see Executed Teaming Agreement)	4.
5.	6.

THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL (Due with Bid Submission if Applicable)					
Project Name:			Project Number:		
Temporary Nursing Related Staffing Position	ons		149215		
Company Name: Appddiction Studio LLC	2	Date Submitted: Jan	uary 24, 2022	Total Contract Value: \$2,001,376.00	
Address: 17211 Jones Maltsberger Rd., San Antonio, TX 78247		Federal Tax ID# 45-2777899			
Contact Person:		Email:		Phone #:	
Timothy M. Porter, Founder & CEO		tporter@appddictio	nstudio.com	(210) 859-9677	
	GOOD FAI	TH EFFORTS SU	MMARY SHEE	<mark>r checklist</mark>	
Number		Bidder A	Action(s)	BAO Only	
4.	<b>Rejection:</b> Provided a written explanation for rejection of any potential subcontractor or vendor to the Bidder, including the name of the firm awarded the subcontract or supply agreement.		tractor or vendor of the firm	Pass	

M/WBE Firm Name/Address/Contact Person/Phone Number/Email	Description of Proposed Work	Reason for Rejection
ALLPRO STA NET, LLC, 112 Cude Ln, Madison, TN 37115, Mr. Christopher Tapia, (615) 848-1377, info@allprostaffnet.com	N/A	N/A; vendor did not respond to invitation to bid with Appddiction Studio LLC
Atlas Management Corporation, 750 Old ickory Blvd., Bldg 2, Ste 265, Brentwood, TN 37027, Mr. Warren Sawyers, (615) 620-0970	N/A	N/A; vendor did not respond to invitation to bid with Appddiction Studio LLC
Astounding Medical Management, 724 Allen Pass, Madison, TN 37115, Ms. Sharicka Gibson, (615) 806-5917, astoundingmedicalmanagement@yahoo.com	Provide on-site contract management support; assist with recruiting for RN, LPN, CNA and NP/APRN candidates	N/A

# METROPOLITIAN GOVERNMENT OF NASHVILLE - DAVIDSON COUNTY $\mbox{M/WBE SUBCONTRACTORS GOOD FAITH EFFORTS}$ $\mbox{SUMMARY SHEET}$

THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL (Due with Bid Submission if Applicable)				
Project Name: Temporary Nursing	g Related Staffi	ng Positions	Project Number:	149215
Company Name: Appddiction Stu	dio LLC	<b>Date Submitted:</b>	January 24, 2022	Total Contract Value: \$2,001,376.00
Address: 17211 Jones Maltsberger		io, TX 78247	Federal Tax ID#	45-2777899
Contact Person:Timothy M. Porter,	Founder & CEO	Email: tporter@ap	pddictionstudio.com	<b>Phone #:</b> (210) 859-9677
	<b>GOOD FAI</b>	TH EFFORTS SU	MMARY SHEET	CHECKLIST
Number Bidder A		Action(s)	BAO Only	
5.	discriminatory environment f coercion at all facilities at wh assigned to we ensure that all and other on-s of and carry or	nation: Providing work site. Maintain ree of harassment, in construction sites, which the Bidder's enork. The Bidder shall labor supervisors, so the supervisory persut the Bidder's oblimatory work environment.	ning a work intimidation and offices and other inployees are ill specifically superintendents, sonnel are aware gation to maintain	Pass

## For each training, list the type of training and date.

Type of Training	Date of Training		
Provided subcontractor the solicitation document for review of all re uirements	October 22, 2021		
for performance under contract, to include adherence to the Terms and Conditions,			
Paragraph 6. Nondiscrimination, p. 24			
Executed a Teaming Agreement detailing their responsibilities as a	November 3, 2021		
subcontractor to Appddiction Studio LLC under Exhibit A - Statement of			
Work			

THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL							
(Due with Bid Submission if Applicable)							
(Due with Did Submission if Applicable)							
Project Name: Temporary Nursing	Related Staffin		Project Number:	149215			
Company Name: Appddiction Studio LLC Date Submitted: January 24, 2022			Total Contract Value: \$2,001,376.00				
Address: 17211 Jones Maltsberger	Rd., San Anton	45-2777899					
Contact Person: Timothy M. Porter, Founder & CEO   Email: tporter@appddictionstudio.com			<b>Phone #:</b> (210) 859-9677				
GOOD FAITH EFFORTS SUMMARY SHEET CHECKLIST							
Number Bidder Action(s)			BAO Only				
6.	Community and Other Organizational Services		ational Services				
	<b>Support:</b> Advertising in trade publications of						
	general circulation in the Program Area. The			Fail			
	advertisement shall identify and describe the		lescribe the	1 311			
	specific subcontracting or other opportunity in		pportunity in				
	reasonable det	ail.					

Publication Name	Date of Publication	Please provide copy.		
N/A	N/A	N/A		

THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL (Due with Bid Submission if Applicable)					
Project Name: Temporary Nursin	g Related Staffi	ng Positions  Date Submitted:	Project Number:	149215	
Company Name: Appddiction Stu	dio LLC	Total Contract Value: \$2,001,376.00			
Address: 17211 Jones Maltsberger Rd., San Antonio, TX 78247 Federal Tax ID#				45-2777899	
Contact Person: Timothy M. Porter, Founder & CEO Email: tporter@appddictionstudio.com			<b>Phone #:</b> (210) 859-9677		
GOOD FAITH EFFORTS SUMMARY SHEET CHECKLIST					
Number Bidder Action(s)			BAO Only		
7.	Assistance: Bonding/Lines of Credit/Insurance: Providing reasonable assistance to a MWBE in need of equipment, supplies, bonding, letters of credit and/or insurance.		o a MWBE in	N/A	

Company Name/Address/Contact Person/Phone Number/Email	Type of Assistance
ALLPRO STAFFNET, LLC, 112 Cude Ln, Madison, TN 37115, Mr. Christopher Tapia, (615) 848-1377, info@allprostaffnet.com	N/A; vendor did not respond to invitation to bid with Appddiction Studio LLC
Atlas Management Corporation, 750 Old Hickory Blvd., Bldg 2, Ste 265, Brentwood, TN 37027, Mr. Warren Sawyers, (615) 620-0970	N/A; vendor did not respond to invitation to bid with Appddiction Studio LLC
Astounding Medical Management, 724 Allen Pass, Madison, TN 37115, Ms. Sharicka Gibson, (615) 806-5917, astoundingmedicalmanagement@yahoo.com	Provide on-site contract management support; assist with recruiting for RN, LPN, CNA and NP/APRN candidates; provide required management, technical, and pricing support for task orders under the contract

THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL (Due with Bid Submission if Applicable)							
Project Name: Temporar	Project Name: Temporary Nursing Related Staffing Positions Project Number: 149215						
Company Name: Appddiction Studio LLC   Date Submitted: January 24, 2022			-, 2022	<b>Total Contract Value:</b> \$2,001,376.00			
Address: 17211 Jones Mal	Federal Tax ID# 45	-2777899					
Contact Person: Timothy M. P	Contact Person: Timothy M. Porter, Founder & CEO Email: tporter@appddictionstudio.com			<b>Phone #:</b> (210) 859-9677			
GOOD FAITH EFFORTS SUMMARY SHEET CHECKLIST							
Number Bidder Action(s)		BAO Only					
8.	not limited to https://www. Assistance-Of	ilization easonable and available methodological the following examples: nashville.gov/Finance/Prodefice/SMWBE-Lists-and-Formula.gov	curement/Business- ms.aspxor	Pass			

Database Accessed	Date of Access	Results
EBO Reporting System, https://nashville.diversitycompliance.com/	October 13, 2021	325 certified M/WBE companies for review and consideration for teaming

THIS DOCUMENT MUST BE ACCURATELY COMPLETED, SIGNED AND SUBMITTED WITH THE BID OR PROPOSAL						
	(Due with Bid Sub	mission if Applicabl	e)			
			<del></del>			
Project Name: Temporary Nursing Related Staffin	ng Positions	Project Number:	149215			
Company Name: Appddiction Studio LLC	Date Submitted:	January 24, 2022	<b>Total Contract Value:</b> \$2,001,376.00			
Address: 17211 Jones Maltsberger Rd., San Antonio, TX 78247 Federal Tax ID#			45-2777899			
Contact Person:Timothy M. Porter, Founder & CEO   Email: tporter@appddictionstudio.com			<b>Phone #:</b> (210) 859-9677			
GOOD FAI	TH EFFORTS SU	MMARY SHEET	CHECKLIST			
Number Bidder Action(s)			BAO Only			
9. Mentor Proté	Mentor Protégé' Relationship/Technical					
Assistance: F	Providing reasonable	e technical				
assistance to a MWBEs to ameliorate any			N/A			
deficiencies of technical knowledge or advance						
skill, where su	ich assistance is und					
Bidder to facilitate the MWBE's successful						
participation of	on a project or contr	act.				

For each MBE/WBE firm assisted, list the name(s) and all information requested below related to the above project. If additional space is required, this form may be duplicated.

Type of Assistance	If Mentor Protégé' Agreement Reached, Please Provide Copy.				
N/A	N/A				

It is hereby certified that the above firms were contacted and offered an opportunity to respond on the above project. We further certify that the above statements are a true account of all firms' responses to our solicitation. Copies of all bids and/or quotes will be made available upon request.

Signature:	200	- Po	Print Name:	Timothy M. Porter	Title:	Founder & CEO