

Quest Diagnostics - Supplier Engagement Survey

Company Overview

1. Please provide the following details about your organization:

Legal Company Name *

DBA (Doing Business
As)

Street Address *

Suite/Office

City *

State/Province *

Zip Code/Postal Code *

Email Address

Phone Number *

Website

2. Please provide details about the main contact for your organization.

First Name

Last Name

Title

Email Address

Phone Number

3. Please provide contact information for the individual that is authorized to make day to day business decisions for your organization, including contractual decisions.

Name

Title

Phone

Email

4. What is the address of your organization's headquarters? *

Street Address

City

State/Province

Zip Code/Postal
Code

5. Year Business Started *

6. Type of Company *

- ☐ Corporation
- ☐ LLC (Limited Liability Company)
- ☐ LLP (Limited Liability Partnership)
- ☐ Other

7. What is your organizational structure? *

- ☐ Corporate
- ☐ Franchise
- ☐ Independent
- ☐ Licensed
- ☐ Other

8. Does your organization have other brands, divisions, affiliates, or subsidiaries that provide delivery of services? *

- ☐ Yes
- ☐ No

9. Please list all other brands, divisions, affiliates, or subsidiaries that provide delivery of services. *

10. Does your organization have multiple locations? *

☐ Yes

☐ No

11. Please upload a list of your organization's locations. *

Browse...

12. What are your organization's requirements to open a new location? Please include as much detail as possible, including information on spend requirements, headcount requirements, etc. *

13. Please indicate any of the minority statuses that apply to your organization. *

- ☐ 8(a) Business Development Program
- ☐ Disadvantaged Business Enterprise (DBE)
- ☐ HUBZone Small Business Concern (HUBZone)
- ☐ Lesbian, Gay, Bisexual and/or Transgender Owned Business Enterprise (LGBTE)
- ☐ Minority Business Enterprise (MBE)
- ☐ People with Disabilities (PWD)
- ☐ Service-Disabled Veteran-Owned Small Business (SD/VOSB)
- ☐ Small Business Concern (SB)
- ☐ Small Disadvantaged Business (SDB)
- ☐ Veteran-Owned Small Business (VOSB)
- ☐ Woman Business Enterprise (WBE)
- ☐ Woman Owned Small Business (WOSB)
- ☐ Other
- ☐ None of the above

*

14. What is your organization's Dun & Bradstreet (DNBi) number? *

15. What is your Federal Tax ID? *

16. Does your organization have a dedicated service delivery group for MSP programs? *

☐ Yes

☐ No

17. Please provide the main point contact's information for your MSP service delivery group. *

Name

Title

Phone

Email

18. How many MSP programs does your organization currently support? *

19. How many Broadleaf MSP programs do you currently support? *

20. Please select all labor categories your organization can support. *

- ☐ Clinical/Lab
- ☐ Professional
- ☐ Information Technology
- ☐ Light Industrial
- ☐ Other

*

21. Please select the services your organizations provides. *

- ☐ Staff Augmentation
- ☐ Direct Placement
- ☐ Independent Contractor (IC/1099)
- ☐ Statement of Work (SOW)
- ☐ Recruitment Process Outsourcing (RPO)
- ☐ Managed Service Provider (MSP)
- ☐ Other

*

22. Please checkmark all Vendor Management Systems that your organization has experience with.

☐ VNDLY

☐ Beeline

☐ SAP Fieldglass

☐ VectorVMS

☐ SimplifyVMS

☐ Other - Write In (Required)

*

Client Engagement

23. Please explain what services you currently provide to Quest Diagnostics.*

24. How many years has your organization provided services to Quest Diagnostics? *

25. Please select your current timekeeping method at Quest Diagnostics.*

- ☐ Onsite Timeclock
- ☐ Contractor enters in VMS
- ☐ Supplier enters in VMS
- ☐ Other

Service Delivery Processes and Procedures

26. Is your organization OFCCP compliant? *

- ☐ Yes
- ☐ No

27. Please describe your OFCCP policy. *

28. Do you offer benefits to your contingent worker population? *

- ☐ Yes
- ☐ No

29. Select all benefits offered to your contingent workers.

- ☐ Medical
- ☐ Dental
- ☐ Vision
- ☐ Retirement
- ☐ PTO
- ☐ Holiday
- ☐ Disability
- ☐ Life Insurance
- ☐ Other - Write In (Required)

30. How do you benchmark worker satisfaction?

- ☐ Surveys
- ☐ Phone calls
- ☐ Reviews
- ☐ Other - Write In (Required)

31. Does your organization support facilities that have shifts outside normal business hours that may need a representative of your organization to assist with temporary worker issues (terminations, reportable incidents, etc.)?

- ☐ Yes
- ☐ No

32. Does your organization have an established safety program for contingent workers? *

- ☐ Yes
- ☐ No

33. Please select any safety programs for contingent workers your organization uses currently.

- ☐ Client-Specific Safety Program
- ☐ Written Safety Policy
- ☐ Safety Orientation Training
- ☐ Safety Testing
- ☐ Other - Write In (Required)

Contract Terms

Insurance

Quest has supplier insurance coverage requirements for the following:

- Commercial General Liability (CGL)
- Commercial Automobile Liability
- Workers' Compensation
- Umbrella / Excess
- Cyber Liability
- Errors and Omissions

34. Is your organization able to comply with the insurance requirements?*

☐ Yes

☐ No

35. Please identify the challenges your organization faces in meeting the insurance requirements. *

Audit

Throughout the Contract Period, Supplier will permit Quest Diagnostics to audit Supplier's records, systems, facilities, and processes to ensure compliance with the performance and quality standards.

36. Is your organization able to comply with the Audit Rights?*

☐ Yes

☐ No

37. Please identify the challenges your organization faces in meeting the Audit Rights? *

Payment Terms

NET 60 End of Month

38. Is your organization able to comply with the Payment Terms? *

- ☐ Yes
- ☐ No

39. Please identify the challenges your organization faces in complying with the Payment Terms. *

40. In the event your organization is unable to agree to the final terms of the MSP, please describe your process to transition contingent workers to another organization as the employer of record under the MSP. Please include any restrictions that may be in place. *

Pricing

41. Please download the following Excel worksheet MSP-Quest-RFP-Pricing

Once completed please upload using the Browse feature.

For the proposed pricing, please include all statutory costs and non-statutory costs.

Definitions:

Pay Rate - defined as the straight time or overtime hourly rate paid to the contingent worker.

Markup - defined as the percentage added to the pay rate to cover all statutory costs (including ACA) and non-statutory costs.

Bill Rate - defined as the rate billed to client (pay rate multiplied by markup)

Please note the pricing submitted may not be the final pricing in the agreement. *

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Service Activity

42. Please download the following spreadsheet: MSP - Data Collection Worker Information

Please provide details of your contingent workers that have been placed on assignment with Quest Diagnostics for the previous 12 months.

Once completed, please upload using the Browse feature.

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Browse...

43. Please download and complete the following spreadsheet MSP - Quest - Supplier - Footprint

The information you provide in this spreadsheet will help Broadleaf identify which locations and job categories your organization will be able to support.

Once completed, please upload using the Browse feature. *

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Thank You!

Thank you for taking our survey. Your participation is essential to us.

We respectfully ask that you do not reach out to Quest Diagnostics Hiring Managers during this transition. Please direct all questions to SupplierRFx@broadleafresults.com, and BLR supplier management will make the best attempt to address each question within seven days or as information becomes available. Additional clarification will be public at the Supplier Forum, which will be held shortly following the distribution of this survey.

The engagement survey is not an offer to contract. Acceptance of the survey neither commits our company to award a contract to any firm—even if all requirements stated in this survey are met—nor limits our right to negotiate. We will thoroughly examine each response for the quality of services, flexibility, and support of Quest Diagnostics.

Important Dates:

- Supplier Survey Submission Deadline - **February 10, 2023**
- Supplier Selection and Contractual Alignment - **March 3, 2023**
- Supplier Open Forum - **March 8, 2023**
- Anticipated Program Launch - **Q2 2023**

Sincerely,
BROADLEAF PROGRAM TEAM