



REQUEST FOR PROPOSAL TO PURCHASE A MOBILE HEALTH CLINIC

****IMPORTANT DETAILS****

**RESPONSE MUST BE SUBMITTED ELECTRONICALLY BY:
October 7, 2022, 12pm Noon (Alaska Time)**

Incomplete or Bids received after deadline will not be considered

Please Read RFP Carefully

**Submission & Questions Contact
info@sewardhealthcenter.org**

Seward Community Health Center

417 First Avenue / PO Box 2895

Seward, Alaska 99664

Phone 907-224-2273

Fax 907-224-8501

www.sewardhealthcenter.org

REQUEST FOR PROPOSAL TO PURCHASE A MOBILE HEALTH CLINIC FOR Seward Community Health Center

I. BACKGROUND INFORMATION

Seward Community Health Center (SCHC) is a federally qualified health center (FQHC) in Seward, Alaska. SCHC offers high quality medical care for a variety of illnesses and conditions. Our mission is to identify and serve the healthcare needs of our community by providing quality, affordable services and promoting wellness, prevention, and partnerships.

SCHC is the largest provider of primary care in our community of roughly 4,500 residents. We have three full-time medical providers, one full-time behavioral health provider, and eight additional part-time/on-call medical and behavioral health providers. Combined, these clinicians see approximately 2,200 patients per year for a total of roughly 5,000 annual patient encounters.

SCHC service area covers approximately 40 miles of rural highway with several small communities branching off into the hills and mountains. Many of our residents have transportation challenges due to cost or ageing. This mobile clinic will increase the availability of care to our most vulnerable populations including supporting remote connectivity to primary and specialty provider telemedicine visits, chronic case management visits, and vaccine distribution.

II. OBJECTIVE AND SCOPE

SCHC is currently accepting proposals from qualified Vendors (“Vendors”) to design and build a fully stocked and functional (turn-key) Mobile Health Clinic. Vendor shall be responsible for all costs incurred in responding to this RFP.

The scope of work provided in Appendix I of this request for proposals has been established for the purpose of achieving and implementing program goals and objectives described in this document. Although the scope is intended to serve as a reference in the preparation of the proposal, forthcoming proposals may offer additional services which support the goals of this RFP. The scope of this project includes all design, construction, equipment, training, and delivery of the mobile clinic. The completed unit shall meet all applicable documents, publications, and standards in effect at the time of manufacture.

III. SOURCES OF INFORMATION

Any interested party who wishes to gain a better understanding of the organization or needs currently identified may contact Craig Ambrosiani, Executive Director, at cambrosiani@sewardhealthcenter.org. All inquiries must be in written form, be received no later than **Thursday, September 20, 2022 at 12pm noon (AK Time)** and answers will be circulated to all interested parties who register with SCHC by submitting their questions.

IV. SCHEDULE OF EVENTS

Issue/Open RFP	September 8, 2022
Deadline for Written Questions	September 20, 2022
Proposal Submittal Deadline	October 7, 2022
Estimated Notification of Selection	October 14, 2022
Estimated Agreement Date	October 28, 2022

V. PROPOSAL QUALIFICATION REQUIREMENTS

This Request for Proposal represents the requirements for an open and competitive process under Electronic Code of Federal Regulations §200.320. Approximately 50% of this project is anticipated to be financed by federal sources.

Proposals not conforming to these requirements will not be considered. Vendors may submit any additional documentation they would like to support their proposal.

SCHC will consider proposals that provide the following minimum requirements:

- A. Cost:** Proposal costs must be all-inclusive for parts, labor (internal and contracted), taxes, licensing, warranties, and freight/delivery fees for the delivered and fully equipped mobile clinic. If the organization submitting a proposal must outsource or contract any work to meet the requirements contained herein, this must be clearly stated in the proposal. Any proposals, which call for outsourcing or contracting work, must include a name and description of the organizations being contracted. To be considered, all proposals must submit the Cost Proposal Worksheet provided in Appendix II.
- B. Description of Completed Vehicle including Proposed Equipment:** Proposals must include a description of vehicle type, engine, equipment, features, etc as well as detailed specifications for all medical equipment provided (ie: exam table/chairs, appliances, waiting room seating, WiFi equipment/electronics)
- C. Scaled Drawings:** All proposals must be accompanied by detailed drawings of the proposed unit including floor plan, cabinetry, exam equipment, etc.
- D. Terms, Conditions, and Warranties:** Vendor shall provide a copy of all standard purchase agreement terms, including payment schedules, change request process/pricing, and cancellation. Vendor and manufacturer warranty information must also be provided. Vendors should also provide options and cost for any extended warranty they offer and the nearest authorized service location(s) for warranty service including the name of the dealership, address, and phone.
- E. Vendor Qualifications:** Vendor shall provide at least three (3) examples for reference where the Vendor has provided a Vehicle of similar size and scope.
- F. Delivery:** Target delivery date is **ASAP**. Vendor shall provide an overview of manufacturing timeline, key dates, and decision points, to facility on-time delivery. Delivery must be F.O.B Destination to 417 1st Avenue, Seward, AK 99664.
- G. Authorized Signature:** All proposals should be signed by an authorized representative for the Vendor.

VI. EVALUATION OF PROPOSALS

Contract will be awarded to the proposal that is most advantageous to SCHC, with price and other factors considered. The following criteria will be specifically considered when making an evaluation of the proposals:

- A. Overall Proposal Suitability:** Proposed solution(s) must meet the scope and needs included herein and be presented in a clear and organized manner.
- B. Value and Cost:** Vendors will be evaluated on the cost of their solution(s) based on the equipment produced and work to be performed in accordance with the scope of this project.
- C. Production Time and Delivery Date:** Proposals will be evaluated based on the proposed production time and delivery date.

SCHC reserves the right to reject any and all proposals submitted and to request additional information from all proposers. Any contract awarded will be made to the organization who, based on evaluation of all responses, applying all criteria and oral interviews, if necessary, is determined to be the best to perform the services requested.

VII. SUBMISSION OF PROPOSALS

An electronic copy of your proposal must be submitted to Craig Ambrosiani, Executive Director, SCHC, 417 First Avenue/PO Box 2895, Seward, AK 99664, info@sewardhealthcenter.org no later than Monday, **October 7, 2022 at 12:00 noon Alaska Time**. Selection of the individual or organization will be made by October 14, 2022 and all organizations submitting proposals will be notified immediately as to the selection results. No proposal will be considered that is not received at or prior to the above time and date.

APPENDIX I: SCOPE OF WORK

SCHC is currently accepting proposals to design and build a fully stocked 2022/2023 sprinter van class c motor home style vehicle for use as a mobile medical clinic capable of supporting primary care services and telehealth connections. The vehicle must meet or exceed all Federal Motor Vehicle safety standards. The following criteria/equipment must be met to comply with minimum specifications (must be ADA compliant). All components must be medical grade, where applicable:

- Base Vehicle Specifications
 - 2022/2022 Vehicle, 25'-30', Must NOT require CDL
 - Automatic Transmission with Rear Back-up Camera
 - Wheelchair Lift with Cover
 - External Power Awning (+/- 16')
- External Graphics Wrap
- Electrical, HVAC, Generator, Safety
 - Exterior Lighting w/ Outlet
 - Onboard, Quiet Commercial Grade Generator (minimum 7kW)
 - HEPA Filtration Units (Optional)
 - HVAC System (minimum 15k BTU air conditioner & EVO 40 Heater)
 - Shore Power (minimum 30amp)
 - Inverter System (minimum 2k-watt)
 - Carbon Monoxide Detector/Alarm; Smoke Detector/Alarm; Fire Extinguisher
- Telehealth Delivery Equipment
 - Wifi System: Commercial-grade cellular router with enterprise-class routing and security features that allows multiple PC's, laptops, and other Ethernet-based devices to simultaneously share a single cellular data account for primary or backup connectivity. External antenna included. Pre-installed raceways.
 - Wall mounted LCD Flat-Screen TV with WiFi capabilities (Optional)
- Plumbing / Bathroom Facilities
 - Toilet w/ ADA Assist Bar
 - Vent Fan
 - Medical Grade Sink
 - Water System (heated)
- Equipment
 - Exam Room Equipment
 - Adjustable Height Power Exam Table w/Lights
 - Exam Instrument Kit; Needle/Sharps Containers / Disposal; Glove Dispensers; Waste Cans
 - Air Compressor, Vital Signs Equip, Digital Scale (Optional)
 - Provider's Stool
 - Provider Desk with Wall Mount Monitor (minimum 24")
 - Medical Vaccine Fridge with Freezer
 - Storage Cabinets
 - Waiting Room Equipment (Separated by Privacy Door)
 - Bench Seats with Seatbelts (Minimum 2 seats)
 - Staff Fridge
 - Microwave (Optional)
 - Storage Cabinets
- Other
 - Title, Taxes, Licensing, Delivery Charges
 - Warranty Coverages
 - Onsite Vehicle Walk-Thru & Training upon delivery

APPENDIX II: COST WORKSHEET

The undersigned Vendor acknowledges that I/we have received and thoroughly reviewed the Request for Proposal (RFP). Pursuant to notices given, the undersigned Vendor with complete understanding of the requirements and conditions, shall provide all labor, materials, and shall complete the Vehicle fully in accordance with the requirements of the RFP. If the Vendor's proposal is accepted, the Vendor certifies that the proposed prices will remain in effect for 60 days after bid closing date.

Representative signature also certifies that vendor has no business or personal relationships with any other companies or persons that could be considered as a conflict of interest or potential conflict of interest to SCHC and that there are no principals, officers, agents, employees, or representatives of this firm that have any business or personal relationships with any other companies or persons that could be considered as a conflict of interest or a potential conflict of interest to SCHC, pertaining to any and all work or services to be performed as a result of this request and any resulting contract with SCHC. In accordance with the RFP instructions, terms, conditions, and scope we submit the following proposal to SCHC.

ALL PRICES ARE TO BE F.O.B. DESTINATION. ALL FREIGHT/DELIVERY CHARGES ARE TO BE INCLUDED

Vehicle Information	
Vehicle Brand and Model (Including Year)	
Anticipated Delivery Date	
Fixed Cost Pricing Breakdown	
Base Vehicle Specifications	\$
Vehicle Graphics Wrap	\$
Electrical, HVAC, Generator, Safety	\$
Telehealth Delivery Equipment	\$
Plumbing / Bathroom Facilities	\$
Equipment	\$
Other	\$
	\$
	\$
	\$
	\$
Total Proposed Price Summary:	
	\$

I hereby certify that I am authorized to sign as a Representative for the Vendor:

Vendor Name:	
Address:	
Phone:	
E-mail:	
Website:	

Date:	
Authorized Signature:	
Print or Type – Name / Title:	