



**Solicitation Information  
February 12, 2020**

**RFP #7602778**

**TITLE: On-Site Primary Care Physicians Services for the Inmate Population at the Rhode Island Department of Corrections – DOC**

**Submission Deadline: March 11, 2020 10:00 AM (Eastern Time)**

**PRE-BID/ PROPOSAL CONFERENCE: NO**

**MANDATORY:**

If YES, any Vendor who intends to submit a bid proposal in response to this solicitation must have its designated representative attend the mandatory Pre-Bid/ Proposal Conference. The representative must register at the Pre-Bid/ Proposal Conference and disclose the identity of the vendor whom he/she represents. A vendor's failure to attend and register at the mandatory Pre-Bid/ Proposal Conference shall result in disqualification of the vendor's bid proposals as non-responsive to the solicitation.

**DATE:**

**LOCATION:**

Questions concerning this solicitation must be received by the Division of Purchases at [doa.purquestions15@purchasing.ri.gov](mailto:doa.purquestions15@purchasing.ri.gov) no later than **February 26, 2020 10:00 AM (EST)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Division of Purchases' website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

**BID SURETY BOND REQUIRED: NO**

**PAYMENT AND PERFORMANCE BOND REQUIRED: NO**

Robert DeAngelis, Senior Buyer

**Note to Applicants:**

- Applicants must register on-line at the State Purchasing Website at [www.ridop.ri.gov](http://www.ridop.ri.gov)
- Proposals received without a completed RIVIP Vendor Certification Cover Form attached may result in disqualification.

**THIS PAGE IS NOT A VENDOR CERTIFICATION COVER FORM**

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## **SECTION 1. INTRODUCTION**

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Department of Corrections, is soliciting proposals from qualified firms to provide Primary Provider Care Services, in accordance with the terms of this Request for Proposals (“RFP”) and the State’s General Conditions of Purchase, which may be obtained at the Division of Purchases’ website at [www.ridop.ri.gov](http://www.ridop.ri.gov).

The initial contract period will begin approximately April 1, 2020 for one year. Contracts may be renewed for up to four additional 12-month periods based on vendor performance and the availability of funds.

This is a Request for Proposals, not a Request for Quotes. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to cost; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this solicitation, other than to name those offerors who have submitted proposals.

### **Instructions and Notifications to Offerors**

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this RFP are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP may be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP or for providing oral or written clarification of its content, shall be borne by the vendor. The State assumes no responsibility for these costs even if the RFP is cancelled or continued.
4. Proposals are considered to be irrevocable for a period of not less than 180 days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated in the proposal.
6. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Subcontracts are permitted, provided that their use is clearly indicated in the vendor’s proposal and the subcontractor(s) to be used is identified in the proposal.

7. The purchase of goods and/or services under an award made pursuant to this RFP will be contingent on the availability of appropriated funds.
8. Vendors are advised that all materials submitted to the Division of Purchases for consideration in response to this RFP may be considered to be public records as defined in R. I. Gen. Laws § 38-2-1, *et seq.* and may be released for inspection upon request once an award has been made.

Any information submitted in response to this RFP that a vendor believes are trade secrets or commercial or financial information which is of a privileged or confidential nature should be clearly marked as such. The vendor should provide a brief explanation as to why each portion of information that is marked should be withheld from public disclosure. Vendors are advised that the Division of Purchases may release records marked confidential by a vendor upon a public records request if the State determines the marked information does not fall within the category of trade secrets or commercial or financial information which is of a privileged or confidential nature.

9. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
10. By submission of proposals in response to this RFP vendors agree to comply with R. I. General Laws § 28-5.1-10 which mandates that contractors/subcontractors doing business with the State of Rhode Island exercise the same commitment to equal opportunity as prevails under Federal contracts controlled by Federal Executive Orders 11246, 11625 and 11375.

Vendors are required to ensure that they, and any subcontractors awarded a subcontract under this RFP, undertake or continue programs to ensure that minority group members, women, and persons with disabilities are afforded equal employment opportunities without discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, or disability.

Vendors and subcontractors who do more than \$10,000 in government business in one year are prohibited from engaging in employment discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, or disability, and are required to submit an "Affirmative Action Policy Statement."

Vendors with 50 or more employees and \$50,000 or more in government contracts must prepare a written "Affirmative Action Plan" prior to issuance of a purchase order.

- a. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation.

- b. Vendors further agree, where applicable, to complete the “Contract Compliance Report” (<http://odeo.ri.gov/documents/odeo-eeo-contract-compliance-report.pdf>), as well as the “Certificate of Compliance” (<http://odeo.ri.gov/documents/odeo-eeo-certificate-of-compliance.pdf>), and submit both documents, along with their Affirmative Action Plan or an Affirmative Action Policy Statement, prior to issuance of a purchase order. For public works projects vendors and all subcontractors must submit a “Monthly Utilization Report” (<http://odeo.ri.gov/documents/monthly-employment-utilization-report-form.xlsx>) to the ODEO/State Equal Opportunity Office, which identifies the workforce actually utilized on the project.

For further information, contact Vilma Peguero at the Rhode Island Equal Employment Opportunity Office, at 222-3090 or via e-mail at [ODEO.EOO@doa.ri.gov](mailto:ODEO.EOO@doa.ri.gov) .

11. In accordance with R. I. Gen. Laws § 7-1.2-1401 no foreign corporation has the right to transact business in Rhode Island until it has procured a certificate of authority so to do from the Secretary of State. This is a requirement only of the successful vendor(s). For further information, contact the Secretary of State at (401-222-3040).
12. In accordance with R. I. Gen. Laws §§ 37-14.1-1 and 37-2.2-1 it is the policy of the State to support the fullest possible participation of firms owned and controlled by minorities (MBEs) and women (WBEs) and to support the fullest possible participation of small disadvantaged businesses owned and controlled by persons with disabilities (Disability Business Enterprises a/k/a “DisBE”)(collectively, MBEs, WBEs, and DisBEs are referred to herein as ISBEs) in the performance of State procurements and projects. As part of the evaluation process, vendors will be scored and receive points based upon their proposed ISBE utilization rate in accordance with 150-RICR-90-10-1, “Regulations Governing Participation by Small Business Enterprises in State Purchases of Goods and Services and Public Works Projects”. As a condition of contract award vendors shall agree to meet or exceed their proposed ISBE utilization rate and that the rate shall apply to the total contract price, inclusive of all modifications and amendments. Vendors shall submit their ISBE participation rate on the enclosed form entitled “MBE, WBE and/or DisBE Plan Form”, which shall be submitted in a separate, sealed envelope as part of the proposal. ISBE participation credit will only be granted for ISBEs that are duly certified as MBEs or WBEs by the State of Rhode Island, Department of Administration, Office of Diversity, Equity and Opportunity or firms certified as DisBEs by the Governor’s Commission on Disabilities. The current directory of firms certified as MBEs or WBEs may be accessed at <http://odeo.ri.gov/offices/mbeco/mbe-wbe.php>. Information regarding DisBEs may be accessed at [www.gcd.ri.gov](http://www.gcd.ri.gov).

For further information, visit the Office of Diversity, Equity & Opportunity’s website, at <http://odeo.ri.gov> and *see* R.I. Gen. Laws Ch. 37-14.1, R.I. Gen. Laws Ch. 37-2.2, and 150-RICR-90-10-1. The Office of Diversity, Equity & Opportunity may be contacted at, (401) 574-8670 or via email [Dorinda.Keene@doa.ri.gov](mailto:Dorinda.Keene@doa.ri.gov)

13. HIPAA - Under HIPAA, a “business associate” is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A “business associate” also is a subcontractor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business associates to ensure that the business associates will appropriately safeguard HIPAA protected health information. Therefore, if a Contractor qualifies as a business associate, it will be required to sign a HIPAA business associate agreement
  
14. Eligible Entity - In order to perform the contemplated services related to the Rhode Island Health Benefits Exchange (HealthSourceRI), the vendor hereby certifies that it is an “eligible entity,” as defined by 45 C.F.R. § 155.110, in order to carry out one or more of the responsibilities of a health insurance exchange. The vendor agrees to indemnify and hold the State of Rhode Island harmless for all expenses that are deemed to be unallowable by the Federal government because it is determined that the vendor is not an “eligible entity,” as defined by 45 C.F.R. § 155.110.

## SECTION 2. BACKGROUND

RIDOC is a centralized, unified correctional system for male and female adult offenders, located on the Pastore Complex in Cranston, R.I. There are approximately 2,700 sentenced and awaiting trial inmates housed on the Pastore Complex. These inmates are housed in six facilities, Minimum Security, Maximum Security, High Security, Intake Service Center, Medium Security and the Women's Facility. The mission of the Rhode Island Department of Corrections is to contribute to public safety by maintaining a balanced correctional system of institutional and community programs that provide a range of control and rehabilitative options for criminal offenders. The DOC Rehabilitative Services Division provides a comprehensive array of rehabilitative opportunities including, but not limited to: GED, ABE, and educational opportunities; job training; domestic violence education; discharge planning programs; religious services and counseling. Inmates must have access to the full range of healthcare services, based upon community standards. The Rhode Island Department of Corrections is soliciting hospitals, health care organizations, and large physician practice groups to provide primary care hours on a daily basis to augment its current staff in providing primary care to inmates under its jurisdiction.

The average census per facility: Intake Service Center: 875 men, High Security 80 men, Maximum Security 400 men, Medium Security 1000 men (majority of chronically ill patients housed in this facility), Minimum Security 250 men, and Women's facility with an average census of 140 patients.

## SECTION 3: SCOPE OF WORK AND REQUIREMENTS

### General Scope of Work

To provide on-site primary physician care, nurse practitioner and physician's assistant services and evaluations to all inmates in the custody of the Rhode Island Department of Corrections who require treatment. This treatment will be provided in all Rhode Island Department of Corrections Facilities. To provide hospitalist services to RIDOC inmates who are inpatients to facilities where the vendor has admitting/hospitalist privileges.

### Specific Activities / Tasks

**Deliverables:** The selected vendor will be augmenting our full-time and consultants and be expected to provide 150 hours per week of on-site direct service to patients as assigned in any of the Rhode Island Department of Corrections Facilities (Minimum Security, Maximum Security, High Security, Intake Service Center, Medium Security and the Women's Facility). This will also include on-call coverage as needed.

**RIDOC Responsibilities:** The Rhode Island Department of Corrections will provide adequate space, equipment, supplies, EMR access, training and direction when it is necessary.

### **Contractor Responsibilities:**

1. The Primary Care Physicians, Nurse Practitioner, or Physician's Assistant will evaluate and treat inmates within the limit of their professional license. They will document their treatment in the Electronic Medical Record in an appropriate manner.
2. It is expected that the vendor's clinicians will see a patient for the amount of time that is clinically indicated for particular service or treatment.
3. It is expected that the vendor's clinicians will work with RIDOC clinical staff in case consultation, and treatment planning.
4. The selected vendor will designate one lead clinician for the on-site services to be provided.
5. It is also expected the selected vendor will work in consultation with the RIDOC Medical Program Director, RIDOC staff and consultants, and URI School of Pharmacy.
6. It is expected that the chosen vendor will identify measurable outcomes that support the public safety mission of the RIDOC.
7. It is expected that the chosen vendor will be able to provide adequate clinical coverage to all facilities on a weekly basis.
8. The selected vendor will provide vacation and extended leave coverage for all physicians under the contract providing direct services to the RIDOC.
9. The selected vendor will provide on-site treatment and evaluation services to all inmates in all facilities in the custody of the RIDOC Monday through Friday between the hours of 8:00am to 4:00pm.
10. The selected vendor will adhere to the formulary for medications and special needs devices.



11. The selected vendor will provide on-call coverage (via cell phone) as needed and scheduled by the Medical Program Director (RIDOC). On-call coverage is from 8:00am on Sunday through the following Sunday at 7:59am.
12. The selected vendor will be responsible for providing medical malpractice insurance for the primary care physicians, nurse practitioners and physician assistants assigned to the Rhode Island Department of Corrections.
13. The Licensed primary care providers in the State of Rhode Island must possess MD and/or DO, NP etc.
14. The selected vendor must provide Board Certified or Board Eligible physicians in the area of Family Practice, Internal Medicine or a related field.
15. The selected vendor will provide hospital liaison coverage to facilitate the monitoring and returning of hospitalized patients in any of the facilities where the vendor has admitting/hospitalist privileges (on average of 2 to 5 patients per day). Phone contact with the Medical Program Director or his/her designee on the status of these patients is preferred.

**Add Alternate:**

As an add-alternate, there is a possibility that hours can be extended Monday through Saturday between the hours of 4 p.m. to 8 p.m. at the Rhode Island Department of Corrections i.e.: sutures, abscess management, drug and alcohol withdrawal management, etc. to inmates who need this type of treatment. The selected vendor will be asked to provide an approximate cost per hour to provide such services in the Cost Proposal section of the RFP.

As an add-alternate, there is the possibility of performing physical examinations on patients who are awaiting trial as well as those who are sentenced. The hours may vary. The selected vendor will be asked to provide an approximate cost per hour to provide such services in the Cost Proposal section of the RFP.

**Security Requirement:** Employees of contractors who must gain entrance into correctional facilities are subject to police record checks; the Department of Corrections retains the right to refuse entrance to contractor employees with felony convictions. Access to correctional facilities also requires adherence to rigid security rules as far as property search, contact with inmates, etc.

## SECTION 4: PROPOSAL

### A. Technical Proposal

Narrative and format: The proposal should address specifically each of the following elements:

1. **Staff Qualifications** – Provide staff resumes/CV and describe qualifications and experience of key staff who will be involved in this project.
2. **Capability, Capacity, and Qualifications of the Offeror** – A comprehensive listing of similar projects undertaken, and/or similar clients served, including a brief description of projects, and a contact name and telephone number from the client.
3. **Work Plan** - Please describe in detail, the schedule (by physician, nurse practitioner, physician's assistant) a list of tasks and activities that will be employed to implement the project, the assignment of staff members and concentration of effort for each, and the attributed deliverables for each.
4. **Approach/Methodology** – This section shall describe the Contractor's understanding of the State's requirement, including the result(s) intended and desired, the approach and/or methodology to be employed, and work plan for accomplishing the results proposed. The description of approach shall discuss and justify the approach proposed to be taken for each task, and the technical issues that will or may be confronted at each stage of the project.

### B. Cost Proposal

#### Detailed Budget and Budget Narrative:

Provide a proposal for fees charged reflecting the hourly rate, or other fee structure, proposed to complete all of the requirements of this project. Explain the basis and rationale of your fee structure. Alternative fee structure proposals will be considered; however, you must provide an understandable fee structure and explain the benefits of the alternative approach.

- Cost per hour of on-site services
- Cost per hour of weekend on-site coverage
- Cost for on-call coverage Sunday 8:00am through the following Sunday at 7:59am.
- Cost for hospital liaison (hospitalist) to monitor inpatients in facilities where vendor has admitting/hospitalist privileges.

**Add Alternates: Healthcare Clinicians:**

- On-site coverage 4:00pm to 8:00pm Monday through Saturday.
- On-site coverage to perform physical examinations for patients awaiting trial as well as in a sentenced facility.

**COST PROPOSAL SUMMARY**

Offeror:	
Address:	
Taxpayer ID#	
Authorized Agent	
Title	
Telephone & Fax #	
E-mail	

**Cost Proposal: Year One**

<b>Please specify in detail:</b>
\$ _____ On-Site Cost per Hour Weekdays (MD or DO)
\$ _____ On-Site Cost per Hour Weekdays (NP or PA)
\$ _____ On-Site Cost per Hour Weekend and Holidays
\$ _____ Off-Site Cost for Hospitalist
\$ _____ On-call Services
Add alternate \$ _____ On-Site Cost per Hour Monday through Saturday 4-8pm
Add alternate \$ _____ On-Site Cost per Hour to perform Physical Exams

**Cost Proposal: Option Year One**

<b>Please specify in detail:</b>
\$ _____ On-Site Cost per Hour Weekdays (MD or DO)
\$ _____ On-Site Cost per Hour Weekdays (NP or PA)
\$ _____ On-Site Cost per Hour Weekend and Holidays
\$ _____ Off-Site Cost for Hospitalist
\$ _____ On-call Services
Add alternate \$ _____ On-Site Cost per Hour Monday through Saturday 4-8 pm
Add alternate \$ _____ On-Site Cost per Hour to perform Physical Exams

**Cost Proposal: Option Year Two**

<b>Please specify in detail:</b>	
\$ _____	On-Site Cost per Hour Weekdays (MD or DO)
\$ _____	On-Site Cost per Hour Weekdays (NP or PA)
\$ _____	On-Site Cost per Hour Weekend and Holidays
\$ _____	Off-Site Cost for Hospitalist
\$ _____	On-call Services
Add alternate \$ _____	On-Site Cost per Hour Monday through Saturday 4-8 pm
Add alternate \$ _____	On-Site Cost per Hour to perform Physical Exams

**Cost Proposal: Option Year Three**

<b>Please specify in detail:</b>	
\$ _____	On-Site Cost per Hour Weekdays (MD or DO)
\$ _____	On-Site Cost per Hour Weekdays (NP or PA)
\$ _____	On-Site Cost per Hour Weekend and Holidays
\$ _____	Off-Site Cost for Hospitalist
\$ _____	On-call Services
Add alternate \$ _____	On-Site Cost per Hour Monday through Saturday 4-8pm
Add alternate \$ _____	On-Site Cost per Hour to perform Physical Exams

**Cost Proposal: Option Year Four**

<b>Please specify in detail:</b>	
\$ _____	On-Site Cost per Hour Weekdays (MD or DO)
\$ _____	On-Site Cost per Hour Weekdays (NP or PA)
\$ _____	On-Site Cost per Hour Weekend and Holidays
\$ _____	Off-Site Cost for Hospitalist
\$ _____	On-call Services
Add alternate \$ _____	On-Site Cost per Hour Monday through Saturday 4-8pm
Add alternate \$ _____	On-Site Cost per Hour to perform Physical Exams

**C. ISBE Proposal**

See Appendix A for information and the MBE, WBE, and/or Disability Business Enterprise Participation Plan form(s). Bidders are required to complete, sign and submit these forms with their overall proposal in a sealed envelope. Please complete separate forms for each MBE, WBE and/or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.

## SECTION 5: EVALUATION AND SELECTION

Proposals shall be reviewed by a technical evaluation committee (“TEC”) comprised of staff from State agencies. The TEC first shall consider technical proposals.

Technical proposals must receive a minimum of 60 (85.7%) out of a maximum of 70 points to advance to the cost evaluation phase. Any technical proposals scoring less than 60 points shall not have the accompanying cost or ISBE participation proposals opened and evaluated. The proposal will be dropped from further consideration.

Technical proposals scoring 60 points or higher will have the cost proposals evaluated and assigned up to a maximum of 30 points in cost category bringing the total potential evaluation score to 100 points. After total possible evaluation points are determined ISBE proposals shall be evaluated and assigned up to 6 bonus points for ISBE participation.

The Division of Purchases reserves the right to select the vendor(s) or firm(s) (“vendor”) that it deems to be most qualified to provide the goods and/or services as specified herein; and, conversely, reserves the right to cancel the solicitation in its entirety in its sole discretion.

Proposals shall be reviewed and scored based upon the following criteria:

<b>Criteria</b>	<b>Possible Points</b>
Staff Qualifications	10 Points
Capability, Capacity, and Qualifications of the Offeror	10 Points
Work Plan	30 Points
Approach/Methodology	20 Points
<b>Total Possible Technical Points</b>	<b>70 Points</b>
Cost proposal*	30 Points
<b>Total Possible Evaluation Points</b>	<b>100 Points</b>
ISBE Participation**	6 Bonus Points
<b>Total Possible Points</b>	<b>106 Points</b>

**\*Cost Proposal Evaluation:**

The vendor with the lowest cost proposal shall receive one hundred percent (100%) of the available points for cost. All other vendors shall be awarded cost points based upon the following formula:

$$(\text{lowest cost proposal} / \text{vendor's cost proposal}) \times \text{available points}$$

For example: If the vendor with the lowest cost proposal (Vendor A) bids \$65,000 and Vendor B bids \$100,000 for monthly costs and service fees and the total points available are thirty (30), Vendor B's cost points are calculated as follows:

$$\$65,000 / \$100,000 \times 30 = 19.5$$

**\*\*ISBE Participation Evaluation:**

a. Calculation of ISBE Participation Rate

1. ISBE Participation Rate for Non-ISBE Vendors. The ISBE participation rate for non-ISBE vendors shall be expressed as a percentage and shall be calculated by dividing the amount of non-ISBE vendor's total contract price that will be subcontracted to ISBEs by the non-ISBE vendor's total contract price. For example, if the non-ISBE's total contract price is \$100,000.00 and it subcontracts a total of \$12,000.00 to ISBEs, the non-ISBE's ISBE participation rate would be 12%.
2. ISBE Participation Rate for ISBE Vendors. The ISBE participation rate for ISBE vendors shall be expressed as a percentage and shall be calculated by dividing the amount of the ISBE vendor's total contract price that will be subcontracted to ISBEs and the amount that will be self-performed by the ISBE vendor by the ISBE vendor's total contract price. For example, if the ISBE vendor's total contract price is \$100,000.00 and it subcontracts a total of \$12,000.00 to ISBEs and will perform a total of \$8,000.00 of the work itself, the ISBE vendor's ISBE participation rate would be 20%.

b. Points for ISBE Participation Rate:

The vendor with the highest ISBE participation rate shall receive the maximum ISBE participation points. All other vendors shall receive ISBE participation points by applying the following formula:

$$(\text{Vendor's ISBE participation rate} \div \text{Highest ISBE participation rate})$$

$$\times \text{Maximum ISBE participation points}$$

For example, assuming the weight given by the RFP to ISBE participation is 6 points, if Vendor A has the highest ISBE participation rate at 20% and Vendor B's ISBE participation rate is 12%, Vendor A will receive the maximum 6 points and Vendor B will receive  $(12\% \div 20\%) \times 6$  which equals 3.6 points.

## General Evaluation:

Points shall be assigned based on the vendor's clear demonstration of the ability to provide the requested goods and/or services. Vendors may be required to submit additional written information or be asked to make an oral presentation before the TEC to clarify statements made in the proposal.

## SECTION 6. QUESTIONS

Questions concerning this solicitation must be e-mailed to the Division of Purchases at [doa.purquestions15@purchasing.ri.gov](mailto:doa.purquestions15@purchasing.ri.gov) no later than the date and time indicated on page one of this solicitation. No other contact with State parties is permitted. Please reference **RFP #7602778** on all correspondence. Questions should be submitted in writing in a Microsoft Word attachment in a narrative format with no tables. Answers to questions received, if any, shall be posted on the Division of Purchases' website as an addendum to this solicitation. It is the responsibility of all interested parties to monitor the Division of Purchases website for any procurement related postings such as addenda. If technical assistance is required, call the Help Desk at (401) 574-8100.

## SECTION 7. PROPOSAL CONTENTS

A. Proposals shall include the following:

1. One completed and signed RIVIP Vendor Certification Cover Form (included in the original copy only) downloaded from the Division of Purchases website at [www.ridop.ri.gov](http://www.ridop.ri.gov) . *Do not include any copies in the Technical or Cost proposals.*
2. One completed and signed Rhode Island W-9 (included in the original copy only) downloaded from the Division of Purchases website at [/documents/Forms/Misc Forms/13\\_RI Version of IRS W-9 Form.docx](#). *Do not include any copies in the Technical or Cost proposals.*
3. Two (2) completed original and copy versions, signed and sealed Appendix A. MBE, WBE, and/or Disability Business Enterprise Participation Plan. Please complete separate forms for each MBE/WBE or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation. *Do not include any copies in the Technical or Cost proposals.*
4. Technical Proposal - describing the qualifications and background of the applicant and

experience with and for similar projects, and all information described earlier in this solicitation. The technical proposal is limited to six (6) pages (this excludes any appendices and as appropriate, resumes of key staff that will provide services covered by this request).

- a. One (1) Electronic copy on a CD-R, marked “Technical Proposal - Original”.
  - b. One (1) printed paper copy, marked “Technical Proposal -Original” and signed.
  - c. Four (4) printed paper copies
5. Cost Proposal - A separate, signed and sealed cost proposal reflecting the hourly rate, or other fee structure on Appendix B, proposed to complete all of the requirements of this project.
- a. One (1) Electronic copy on a CD-R, marked “Cost Proposal -Original”.
  - b. One (1) printed paper copy, marked “Cost Proposal -Original” and signed.
  - c. Four (4) printed paper copies

**B. Formatting of proposal response contents should consist of the following:**

- A. Formatting of CD-Rs – Separate CD-Rs are required for the technical proposal and cost proposal. All CD-Rs submitted must be labeled with:**
- a. Vendor’s name
  - b. RFP #
  - c. RFP Title
  - d. Proposal type (e.g., technical proposal or cost proposal)
  - e. If file sizes require more than one CD-R, multiple CD-Rs are acceptable. Each CD-R must include the above labeling and additional labeling of how many CD-Rs should be accounted for (e.g., 3 CD-Rs are submitted for a technical proposal and each CD-R should have additional label of ‘1 of 3’ on first CD-R, ‘2 of 3’ on second CD-R, ‘3 of 3’ on third CD-R).

Vendors are responsible for testing their CD-Rs before submission as the Division of Purchase’s inability to open or read a CD-R may be grounds for rejection of a Vendor’s proposal. All files should be readable and readily accessible on the CD-Rs submitted with no instructions to download files from any external resource(s). If a file is partial, corrupt or unreadable, the Division of Purchases may consider it “non-responsive”. USB Drives or any other electronic media shall not be accepted. Please note that CD-Rs submitted, shall not be returned.

**B. Formatting of written documents and printed copies:**

- a. For clarity, the technical proposal shall be typed. These documents shall be single-spaced with 1” margins on white 8.5”x 11” paper using a font of 12-point Calibri or 12-point Times New Roman.
- b. All pages on the technical proposal are to be sequentially numbered in the footer, starting with number 1 on the first page of the narrative (this does not include the cover page or table of contents) through to the end, including all forms and



attachments. The Vendor's name should appear on every page, including attachments. Each attachment should be referenced appropriately within the proposal section and the attachment title should reference the proposal section it is applicable to.

- c. The cost proposal shall be typed using the formatting provided on the provided template.
- d. Printed copies are to be only bound with removable binder clips.

## **SECTION 8. PROPOSAL SUBMISSION**

Interested vendors must submit proposals to provide the goods and/or services covered by this RFP on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases, shall not be accepted.

Proposals should be mailed or hand-delivered in a sealed envelope marked “**RFP #7602778** to:

RI Dept. of Administration  
Division of Purchases, 2nd floor  
One Capitol Hill  
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time shall not be accepted. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time shall be determined to be late and shall not be accepted. Proposals faxed, or emailed, to the Division of Purchases shall not be accepted. The official time clock is in the reception area of the Division of Purchases.

## **SECTION 9. CONCLUDING STATEMENTS**

Notwithstanding the above, the Division of Purchases reserves the right to award on the basis of cost alone, to accept or reject any or all proposals, and to award in the State's best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

If a Vendor is selected for an award, no work is to commence until a purchase order is issued by the Division of Purchases.

The State's General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the contract awarded for this RFP. The State's General Conditions of Purchases can be found at the following URL: <https://rules.sos.ri.gov/regulations/part/220-30-00-13>

## **APPENDIX A. PROPOSER ISBE RESPONSIBILITIES AND MBE, WBE, AND/OR DISABILITY BUSINESS ENTERPRISE PARTICIPATION FORM**

### **A. Proposer's ISBE Responsibilities (from 150-RICR-90-10-1.7.E)**

1. Proposal of ISBE Participation Rate. Unless otherwise indicated in the RFP, a Proposer must submit its proposed ISBE Participation Rate in a sealed envelope or via sealed electronic submission at the time it submits its proposed total contract price. The Proposer shall be responsible for completing and submitting all standard forms adopted pursuant to 105-RICR-90-10-1.9 and submitting all substantiating documentation as reasonably requested by either the Using Agency's MBE/WBE Coordinator, Division, ODEO, or Governor's Commission on Disabilities including but not limited to the names and contact information of all proposed subcontractors and the dollar amounts that correspond with each proposed subcontract.
2. Failure to Submit ISBE Participation Rate. Any Proposer that fails to submit a proposed ISBE Participation Rate or any requested substantiating documentation in a timely manner shall receive zero (0) ISBE participation points.
3. Execution of Proposed ISBE Participation Rate. Proposers shall be evaluated and scored based on the amounts and rates submitted in their proposals. If awarded the contract, Proposers shall be required to achieve their proposed ISBE Participation Rates. During the life of the contract, the Proposer shall be responsible for submitting all substantiating documentation as reasonably requested by the Using Agency's MBE/WBE Coordinator, Division, ODEO, or Governor's Commission on Disabilities including but not limited to copies of purchase orders, subcontracts, and cancelled checks.
4. Change Orders. If during the life of the contract, a change order is issued by the Division, the Proposer shall notify the ODEO of the change as soon as reasonably possible. Proposers are required to achieve their proposed ISBE Participation Rates on any change order amounts.
5. Notice of Change to Proposed ISBE Participation Rate. If during the life of the contract, the Proposer becomes aware that it will be unable to achieve its proposed ISBE Participation Rate, it must notify the Division and ODEO as soon as reasonably possible. The Division, in consultation with ODEO and Governor's Commission on Disabilities, and the Proposer may agree to a modified ISBE Participation Rate provided that the change in circumstances was beyond the control of the Proposer or the direct result of an unanticipated reduction in the overall total project cost.

### **B. MBE, WBE, AND/OR Disability Business Enterprise Participation Plan Form:**

Attached is the MBE, WBE, and/or Disability Business Enterprise Participation Plan form. Bidders are required to complete, sign and submit with their overall proposal in a sealed envelope. Please complete separate forms for each MBE, WBE and/or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF ADMINISTRATION  
ONE CAPITOL HILL  
PROVIDENCE, RHODE ISLAND 02908**

**MBE, WBE, and/or DISABILITY BUSINESS ENTERPRISE PARTICIPATION PLAN**

Bidder's Name:

Bidder's Address:

Point of Contact:

Telephone:

Email:

Solicitation No.:

Project Name:

This form is intended to capture commitments between the prime contractor/vendor and MBE/WBE and/or Disability Business Enterprise subcontractors and suppliers, including a description of the work to be performed and the percentage of the work as submitted to the prime contractor/vendor. Please note that all MBE/WBE subcontractors/suppliers must be certified by the Office of Diversity, Equity and Opportunity MBE Compliance Office and all Disability Business Enterprises must be certified by the Governor's Commission on Disabilities at time of bid, and that MBE/WBE and Disability Business Enterprise subcontractors must self-perform 100% of the work or subcontract to another RI certified MBE in order to receive participation credit. Vendors may count 60% of expenditures for materials and supplies obtained from an MBE certified as a regular dealer/supplier, and 100% of such expenditures obtained from an MBE certified as a manufacturer. This form must be completed in its entirety and submitted at time of bid. **Please complete separate forms for each MBE/WBE or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.**

Name of Subcontractor/Supplier:				
Type of RI Certification:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> Disability Business Enterprise			
Address:				
Point of Contact:				
Telephone:				
Email:				
Detailed Description of Work To Be Performed by Subcontractor or Materials to be Supplied by Supplier:				
Total Contract Value (\$):		Subcontract Value (\$):		ISBE Participation Rate (%):
Anticipated Date of Performance:				

I certify under penalty of perjury that the forgoing statements are true and correct.

**Prime Contractor/Vendor Signature**

**Title**

**Date**

**Subcontractor/Supplier Signature**

**Title**

**Date**

M/W/Disability Business Enterprise Utilization Plan - RFPs - Rev. 5/24/2017