



REQUEST FOR PROPOSAL (RFP)

RFP # HCC-20200722-M; RFP # HCC-20200722-D

Medical and Behavioral Health Mobile Unit; Dental Mobile Unit

Health Care Collaborative of Rural Missouri

825 S. Business Highway 13

Lexington, MO 64067

ISSUANCE DATE:

August 4, 2020

CLOSING DATE:

August 21, 2020, Noon (CST)



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1. SUMMARY AND BACKGROUND

Health Care Collaborative (HCC) of Rural Missouri is currently accepting proposals to design and build two separate mobile units. A medical and behavioral health mobile unit, and a dental mobile unit to serve Lafayette, Carroll, Ray, Saline, and Jackson Counties.

The Health Care Collaborative of Rural Missouri is a mature Rural Health Network and Federally Qualified Health Center, formed as a result of substantial work by a community coalition and under the direction of the same leadership since 2006. Health Care Collaborative's mission is "Cultivate Partnerships. Deliver Quality Care. Strengthen Rural Communities." This mission drives the Network to continually improve and to identify vulnerable populations and develop solutions that bring health care services to everyone who needs care.

2. PROJECT PURPOSE

The current initiative to address COVID-19 response includes the deployment of mobile units to facilitate a platform to better coordinate care with law-enforcement, emergency departments, and other safety-net service providers. Each mobile response unit will take testing and response services, along with the ability for mobile primary, mental health, and dental services to communities throughout the Collaborative's rural Missouri service area.

3. PROJECT DESCRIPTION AND SCOPE

HCC is currently accepting two separate proposals to design and build:

- A fully stocked 37' 2020/21 Medical and Behavioral Mobile Unit and
- A fully stocked 45' 2020/21 Dental Mobile Unit.

They will be used as mobile clinics capable of supporting primary care services as well as behavioral health services.

If your company wishes to bid on both units, a complete separate proposal must be submitted for each.

The scope of this project includes all design, construction, equipment, training, and delivery of the mobile units. The completed units shall meet all applicable documents, publications, and standards in effect at the time of manufacture. These shall include, but not limited to, all U. S. Dept. of Transportation [DOT] and Federal Motor Vehicle Safety Standards [FMVSS], requirements as applicable.

The following criteria/equipment must be met to comply with minimum specifications:

See Attachment A – Medical and Behavioral Health Mobile Unit

See Attachment B – Dental Mobile Unit

Alternate Configurations - Other vehicles that meet the needs specified in the attachments will be considered if there is information provided to justify suitability for the scope of work to be performed.

4. PROPOSAL SUBMISSION REQUIREMENTS

This Request for Proposals represents the requirements for an open and competitive process. **Proposals will be accepted on or before noon CST, August 21, 2020.** Any proposals received after this date and time will be returned to the sender. An official agent or representative of the company **must sign all proposals by**



submitting a cover letter. The cover letter must also include the primary contact's name, phone number, and email.

To be considered all proposals must be completed and submitted following these instructions and utilizing the Proposal Submittal Workbook file which will be provided. Vendors may also submit any additional documentation, such as pictures, they would like to support their proposals. Proposals not conforming to these requirements will not be considered.

The costs must be all-inclusive for parts, labor (internal and contracted), and fees for the delivered and fully equipped mobile units. If the organization submitting proposals must outsource or contract any work to meet the requirements contained herein, this must be clearly stated in the proposals. Any proposals, which call for outsourcing or contracting work, must include a name and description of the organizations being contracted.

Cost requirements for proposal submission

Costs for the mobile units must be divided into the following areas and submitted via the **PROPOSAL SUBMISSION WORKBOOK on the appropriate tab**. Additional material may be provided as desired but cannot be in place of the Proposal Submission Workbook.

- **Basic Vehicle Specifications & Cost** – This includes standard equipment and features such as batteries, alternator, axles, emissions, torque, frame, fuel tanks, suspension, wheels, windows, etc. The major items must be listed but the individual cost need not be itemized. This also includes all labor charges to install all standard, optional, medical, and dental equipment included in the proposal and all fees such as vehicle prep, delivery, etc.
- **Conversion Accessories & Cost** – This includes any non-medical/dental equipment that can be added/removed/upgraded per client's needs without impacting the performance of the vehicle. Equipment in this category must be listed individually noting the specific equipment, quantity, and unit cost for each item. This will allow assessment by HCC for usage and cost. This includes items such as rearview camera, cabinetry, graphics, restroom equipment, awning, communications, computers, countertops, wheelchair lift, etc.
- **Medical & Dental Equipment & Cost** – This includes all specific medical/dental equipment and must be itemized individually noting the specific item description, manufacturer name, manufacturer number, quantity, and unit cost for each. This will allow assessment by the medical and dental staff that the equipment meets the organization's needs.
- **Warranty Information** – All Vendor and manufacturer warranty information must be provided. Vendors should also provide options and costs for any extended warranties they offer.
- **Service Locations** – List the nearest authorized service location(s) for warranty service including the name of the dealership, address, and phone
- **Optional Equipment & Cost** – The vendor may itemize any additional accessories/features that are not included in the proposal or pricing, but they would like to make HCC aware of. This is optional.

Scaled Drawing(s) - At a minimum, provide detailed scale elevations of the unit(s) that you propose, and a completely detailed scale floor plan, including cabinets, exam equipment, etc.,

Vendor Qualifications - Vendors must provide the following items as part of their proposal:

- Description of experience in designing and building each type of mobile unit.
- List of how many full-time, part-time, and contractor staff in your organization.
- Examples of similar vehicle projects completed with references. Please provide at least ten owners'

names who are currently operating your vehicles that are built on the chassis and using professional equipment constructed by your company.

- An overview of the timeframe and major steps for completion of the project. Production time and estimated delivery date must be specified.
- List of Medical and Dental equipment providers utilized.

5. QUALITY AND WORKMANSHIP

The mobile units must be manufactured to high quality and workmanship standards such as, but not limited to:

- The mobile units shall be free from defects that may impair their serviceability or detract from appearance. The general appearance of the mobile units shall not show any evidence of poor workmanship.
- All bodies, systems, equipment, and interfaces with the chassis shall be done per the OEM's Body Builders Book.
- All components shall be new. Defective or refurbished components shall not be furnished. Parts, equipment, and assemblies, which have been repaired or modified to overcome deficiencies, shall not be furnished without the approval of the purchaser. Component parts and units shall be manufactured to definite standard dimensions with proper fits, clearances, and uniformity. Welded, bolted and riveted construction utilized shall be in accordance with the highest standards of the industry.

The following deficiencies shall be cause for rejection:

- Rough, sharp or unfinished edges, burrs, seams, corners, joints, cracks, and dents.
- Non-uniform panels. Edges that are not radiused, beveled, etc. Body panels or components that are uneven, unsealed, or contain cracks, dents or have voids.
- Paint runs, sags, orange peel, fish eyes, etc., and any other imperfection of lack of complete coverage of paints or coatings.
- Misalignment of body fasteners, glass, viewing panels, light housings, other items with large or uneven gaps, spacing, etc. such as door, body panels, and hinged panels.
- Hoses, wiring or harness routed through panels and bulkheads without grommeting or other protective insulation, routed across components in a manner allowing chaffing to occur or routed in such a manner to be damaged by the exhaust system.
- Improper electrical connections, or loose, vibrating, or abrading components.
- Interference of chassis components, body parts, doors, etc.
- Improperly supported or secured hoses, wiring harnesses, mechanical controls, etc., including interference with other components.
- Leaks of any gas, vacuum, or fluid lines (air conditioning, coolant, oil, oxygen, etc.).
- Inappropriate or incorrect use of hardware, fasteners, components, or methods of construction.
- Incomplete or improper welding, riveting, or bolting.
- Lack of uniformity and symmetry where applicable.
- Loose, vibrating, abrading body parts, components, subassemblies, hoses, wiring harnesses or trim. Noise, panel vibrations, etc.

- Improper body design that could cause injury during normal use or maintenance, and which fail to provide access to perform routine or mandatory repairs or maintenance on the mobile health unit electrical and mechanical systems. In addition, the improper combination of options which by their combination and installation are inherently incompatible regarding function or safety.
- Sagging, non-form fitting upholstery or padding.
- Incomplete or incorrect application of rustproofing.
- Equipment malfunctions.
- Inadequate welding, riveting, bolting, or attachment of components.
- Visual deformities.
- Unsealed appurtenances or other body components, leaking gaskets, etc.
- Delamination of plastic composition materials.
- Any deviation from specification requirements or manufacturer's standard production practice whether or not stipulated herein, that detracts from form, fit, function, durability, reliability, safety, performance, or appearance.

Any deviation from specification requirements or any other item, whether or not stipulated herein, that affects form, fit, function, finish, durability, reliability, safety, performance, or appearance shall be cause for rejection.

6. PROPOSAL EVALUATION CRITERIA

HCC will award the contracts based on the most responsible and responsive proposals received and may award each mobile unit separately. Price is important, but price alone will not be the sole determination for an award. The determination for the award is the absolute and complete responsibility of HCC personnel. Issues such as conformance to the specifications contained herein, reference feedback, experience at similar projects, length of time in business, the quality of construction proposed, design details, warranty, and many other factors including price will be evaluated. HCC reserves the exclusive right to reject, for any reason at its sole discretion, the proposal of any vendor. By signing your RFP response proposals, you agree to the award criteria and process stated in this paragraph.

To ensure consideration for this Request for Proposal, your proposal should be accurate and complete. HCC will evaluate all proposals based on the following criteria:

- Overall Proposal Suitability: Proposals must meet the scope and needs included herein and be presented in a clear and organized manner.
- Organizational Experience: Vendors will be evaluated on their experience as it pertains to the scope of this project.
- Value and Cost: Proposals will be evaluated on the cost of their solution, the equipment recommended, and work to be performed in accordance with the scope of this project.
- Production Time and Delivery Date: Proposals will be evaluated based on the respondent's production time and the proposed delivery date.

7. REQUEST FOR PROPOSAL QUESTIONS

Each vendor must submit questions via email to Elizabeth Miles (CAB@cabllc.com) before **August 19, 2020**. The email subject line for all correspondence, including the submission, should read **RFP # HCC-20200722-M or RFP # HCC-20200722-D** (all caps) identifying the mobile unit. Questions will be answered



within one business day via email with a read receipt requested.

8. SUBMISSION PROCEDURE AND PROJECT TIMELINE

Proposal(s) must be received by **noon on August 21, 2020, CST**.

All correspondence, including submission, is to Elizabeth Miles **by email at CAB@cablhc.com** with **RFP # HCC-20200722-M or RFP # HCC-20200722-D** (all caps) clearly in the subject line.

Evaluation of proposals will be conducted from **August 24, 2020, until September 4, 2020**. If additional information or discussions are needed with any vendor during the evaluation period, the vendor(s) will be notified. *A free site visit for the evaluation team of up to 4 staff members must be provided upon request.*

Vendor selection will be completed approximately **September 4, 2020**, and all participating vendors will be notified immediately thereafter. HCC reserves the right to extend timelines if deemed necessary.

Final contract terms and conditions will be negotiated with the selected vendor. All contractual terms and conditions will be subject to review by HCC CEO and/or legal department and will include scope, budget, schedule, and other necessary items pertaining to the project.

Equipment Construction Timeline: The timeline/schedule for the vehicle build phase of the project is negotiable, but the desired delivery date for the mobile units is **March 1, 2021, or your earliest date thereafter**.

HCC reserves the right to waive irregularities and to reject any or all bids. HCC also reserves the right to negotiate with the selected vendor in the event the price exceeds available funds.

HCC may consider informal any bid not prepared and/or not submitted in accordance with the provisions hereof and may waive any informalities or reject any and all bids. Any bid may be withdrawn before the above scheduled time for the closing of bids or authorized postponement thereof. Any bid received after the time and date specified shall not be considered.

9. CHECKLIST OF ITEMS TO BE RETURNED:

To be considered all proposals must be complete and submitted following these instructions and utilizing the Proposal Submission Workbook. Vendors may also submit any additional documentation they would like to support their proposals such as pictures. Proposals not conforming to these requirements will not be considered.

Due on or before noon CST on August 21, 2020.

- Cover Letter signed by an authorized company representative with respondent contact information
- Examples of similar vehicle projects completed with at least 10 references. Please note the type of vehicle purchases (e.g. 40' medical, 45' dental, etc.), date of delivery, company name, contact name, contact email, and contact phone number
- Description of experience in designing and building mobile medical, dental, and behavioral units included in the cover letter or separate
- Scaled Drawings depicting each submitted proposal illustrating the layout
- Overview of end to end project timeline and major steps/checkpoints with the estimated delivery date specified for each unit

- Copy of the Standard Purchase Agreement which includes payment schedule and all terms and conditions
- Completed Proposal Submittal Workbook for each mobile unit which must be filled out in its entirety and contains:
 - Company Information
 - Project Contact & General Company Information
 - Company Staff & Sub-Contractor Information
 - Company Self-Assessment
 - Medical and Dental Equipment Providers Utilized
 - Payment, Change, and Cancellation Terms
 - Training Provided
 - Delivery Date
 - Financial Quote
 - Base Vehicle Specifications & Cost
 - Conversion Accessories & Cost
 - Medical & Dental Equipment & Cost
 - Optional Equipment Offered & Cost
 - Warranty Information
 - Closest Authorized Service Location(s)



Attachment A – Medical and Behavioral Health Mobile Unit

Year: A new, current year model

CDL Preference:

- CDL Class B Required
- CDL Not Required
- No Preference

Vehicle Length:

- 35'-37'
- 40'
- 45'
- Other _____

Fuel:

- Gas
- Diesel
- No Preference

Training:

- Client Location
- Vendor Location
- No Preference

Configuration:

- Medical exam/Operatory rooms: Select how Many? 1 room or 2 rooms
- Counsel areas with seating for patient, staff, and staff workspace: How many?
 - 1 room or 2 rooms
- Reception area with seating for at least one extra person
- Vital signs area with sink and space for a vaccine refrigerator, staff refrigerator, and workspace
- Rest Room with handicap accessibility (ADA compliant)



Seating for both driver and passenger (specify how seating is configured)

Equipment: Check all desired

Privacy curtains

Wheelchair lift: handicapped accessibility as demonstrated by lift and patient-friendly environment that is easy to navigate

Medical grade refrigerators: How many? 1 or 2

Medical grade vaccine freezer

Shore power cord: Length? 35ft 50ft 75ft 100ft

Shore power cord powered reel-based system

Computer and peripherals package

Microwave

Communication / WiFi package and Cat 6 data outlets

24" Flat Screen TV w/DVD

Exterior outlet

Electric awning

Cabinetry: Standard Upgrade to Deluxe

Graphics package - exterior rear cabin 100% coverage 50% coverage

Other: Please list: None

Specific Medical Equipment:

Below is the type of equipment the client specifically requests to be included in the proposal.

Please list this and any other medical equipment included in your proposal along with the associated manufacturer name, number, and cost.

Medical Item	Required Specifications (includes installation)	Min Qty
Exam room privacy curtains	Anti-microbial; Removable for cleaning	1
Exam Table & exam lights	Power	1
Patient exam chair	Ability to be used for medical or dental	1
Mobile cart		1



Glove dispensers		2
Needle disposal and containers	Wall-mount	2
Adult digital scale	500 lb capacity	1
Otoscope/ophthalmoscope		1
Sphygmomanometer w/ adult-sized cuff		1
Physicians' stool w/o back		1
Vital Signs equipment		1
Other equipment vendor feels appropriate		1

Specific Dental Equipment:

Below is the type of equipment the client specifically requests to be included in the proposal.

Please list this and any other medical equipment included in your proposal along with the associated manufacturer name, number, and cost.

Dental Item	Required Specifications (includes installation)	Min Qty
Not Applicable for Medical Unit		

Additional Requirements:

Please list any other requirements: none



Attachment B – Dental Mobile Unit

Year: A new, current year model

CDL Preference:

- CDL Class B Required
- CDL Not Required
- No Preference

Vehicle Length:

- 35'-37' (max if CDL not desired)
- 40'
- 45'
- Other _____

Fuel:

- Gas
- Diesel
- No Preference

Training:

- Client Location
- Vendor Location
- No Preference

Configuration:

- Medical exam/Operatory rooms: Select how Many? 1 room or 2 rooms
- Counsel areas with seating for the patient, staff, and staff workspace: How many?
 - 1 room or 2 rooms
- X-ray room with electrical and support for x-ray also include lead-lined walls and curtain
- Reception area with seating for at least one extra person
- Vital signs area with sink and space for a vaccine refrigerator, staff refrigerator, and workspace



Rest Room with handicap accessibility (ADA compliant)

Equipment: Check all desired

Privacy curtains

Wheelchair lift: handicapped accessibility as demonstrated by lift and patient-friendly environment that is easy to navigate

Non-Medical grade refrigerators: How many? 1 or 2

Medical grade vaccine freezer

Shore power cord: Length? 35ft 50ft 75ft 100ft

Shore power cord powered reel-based system

Computer and peripherals package

Microwave

Communication / WiFi package and cat 6 data outlets

Satellite communications

24" Flat Screen TV w/DVD

Electronic message sign

Exterior outlet

Electric awning

Cabinetry: Standard Upgrade to Deluxe

Graphics package - exterior rear cabin 100% coverage 50% coverage

Other: Please list: none

Specific Medical Equipment:

Below is the type of equipment the client specifically requests to be included in the proposal.

Please list this and any other medical equipment included in your proposal along with the associated manufacturer name, number, and cost.

Medical Item	Required Specifications (includes installation)	Min Qty
Not Applicable for Dental Unit		



Specific Dental Equipment:

Below is the type of equipment the client specifically requests to be included in the proposal.

Please list this and any other medical equipment included in your proposal along with the associated manufacturer name, number, and cost.

Dental Item	Required Specifications (includes installation)	Min Qty
Lead-lined curtain		1
Evacuation system		1
Panoramic X-ray & software		1
Self-Contained Mobile Dental Unit		2
Sterilizer		1
Ultrasonic Cleaner		1
X-ray apron	Adult and child	2
X-ray imaging software	Multi-user support and on-site training	1
X-ray Package	Including Sensor, Spare Cable Kit, Sensor Holster, Holder Kit with Sheaths, USB Module, USB Cable, etc.	2
NOMAD Pro 2 handheld X-ray		1

Additional Requirements:

Please list any other requirements: none