



Procurement Services

University of Arkansas at Little Rock

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UA Little Rock
Technical Response Packet
FB-24-032
Consulting Physician

CAUTION TO SUPPLIER

Supplier's failure to submit required items and/or information as specified in the solicitation may result in disqualification.

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Solicitation Signature Page

PROSPECTIVE SUPPLIER INFORMATION

Company Name: _____

Contact Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Business Designation (check one):
 Individual Sole Proprietorship Public Service Corp
 Partnership Corporation Government/ Nonprofit

MINORITY BUSINESS STATUS

Check Certification Type:
 African American Hispanic American Service Disabled Veteran
 American Indian Pacific Island American Woman Owned
Certification#: _____ Asian American

CONFIRMATION OF REDACTED COPY

- YES, a redacted copy of the submission is enclosed.
 NO, a redacted copy of submission is not enclosed. I understand that, if requested, a full, non-redacted submission will be released.

*Note: If a redacted copy is not provided with the packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), **shall** be released in response to any request made under the Arkansas Freedom of Information Act (FOIA).*

CERTIFICATION AND ACKNOWLEDGEMENT

- By signing and submitting a response to this *Solicitation*, the Prospective Supplier acknowledges, agrees, and certifies that they do not boycott Israel and, if selected, will not do so during the aggregate term of the contract.
- The Prospective Supplier acknowledges, agrees, and certifies that it is not currently engaged in a boycott of the energy, fossil fuel, firearms and ammunition industries and agrees for the duration of this Agreement that it will not engage in a boycott of the energy, fossil fuel, firearms or ammunition industries.
- The Prospective Supplier agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Supplier certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.
- The Prospective Supplier certifies that the government of the People's Republic of China ("PRC") does not wholly own the bidder or hold a majority interest in the bidder. Bidder further certifies that the PRC does not own or hold a majority interest in a for-profit parent company, subsidiary or affiliate of bidder, or in a subcontractor to be employed by bidder.

An official authorized to bind the Prospective Supplier to a resultant contract must sign below. The signature signifies the agreement that any exception in conflict with a solicitation requirement or a Solicitation Standard Term and Condition will disqualify this submission.

Authorized Signature: _____ Title: _____
Use Ink Only.

Printed/Typed Name: _____ Date: _____

Prospective Supplier Checklist

This checklist is provided to ensure all required information and documents are included in the submission packet. All documents must be completed in type or print. Illegible submissions may not be accepted. Recommended documents are not required but their submission is encouraged as they may be necessary for contract negotiations.

Required Submission Documents

- Completed Solicitation Signature Page
- Proposed Subcontractors Form, if applicable
- Exceptions Form, if applicable
- Official Price Sheet, sealed separately
- Indicate Minority Business status, if applicable.
- Flash drive with a PDF copy of all submission documents

Recommended Documents

- Redacted copy of submission.
- Additional terms, contracts, or user agreements
- Voluntary Products Accessibility Template [VPAT](#), if technology related.
- Prospective Supplier's Equal Employment Opportunity Policy, if applicable.
- Bids over \$20,000:** Completed Contract Grant and Disclosure Form (EO 98-04).

Proposed Subcontractors Form

State of Arkansas Procurement Law requires that subcontractors adhere to, and maintain all certifications, as the primary contractor. All subcontractor certifications must be submitted to the Office of Procurement Services within 30 days after award of the contract, and the contractor is required to maintain the certification on file for the remainder of the term of the contract.

Do not include additional information relating to subcontractors on this form or as an attachment to this form.

CONFIRMATION OF SUBCONTRACTOR USE

- NO, I do not propose the use of a subcontractor to perform services.
- YES, I propose the use of the following subcontractors to provide services or goods.

SUBCONTRACTOR'S COMPANY NAME	STREET ADDRESS	CITY, STATE, ZIP

Exceptions Form

Prospective Supplier **shall** document all requested exceptions to requirements outlined in [bid number] for [description] and Standard Solicitation Terms and Conditions.

REFERENCE (SECTION, PAGE, PARAGRAPH)	DESCRIPTION	PROPOSED LANGUAGE

Contract and Grant Disclosure and Certification Form

Failure to complete all of the following information may result in a delay in obtaining, extending, amending, or renewing a contract, lease, purchase agreement or grant award with any State of Arkansas agency.

This is for: Goods Services Both Taxpayer ID Name: _____

First Name: _____ MI: _____ Last Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____ Country (if outside US): _____

Subcontractor: Yes No Subcontractor Name: _____

FOR INDIVIDUALS

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse *is* a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Job Position Held <small>[senator, representative, name of board/ commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>					
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input type="checkbox"/>	<input type="checkbox"/>					

None of the above applies

FOR BUSINESSES

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Job Position Held <small>[senator, representative, name of board/ commission, data entry, etc.]</small>	For How Long?		What is the person(s) name and how are they related to you? <small>[i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]</small>	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly	<input type="checkbox"/>	<input type="checkbox"/>					
Constitutional Officer	<input type="checkbox"/>	<input type="checkbox"/>					
State Board or Commission Member	<input type="checkbox"/>	<input type="checkbox"/>					
State Employee	<input type="checkbox"/>	<input type="checkbox"/>					

None of the above applies

Contract and Grant Disclosure and Certification Form

Failure to make any disclosure required by Governor's Executive Order 98-04, or violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any supplier, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to UA Little Rock.

As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency, I agree as follows:

1. Before entering into any agreement with any subcontractor, before or after the contract date, I will require the subcontractor to complete a Contract and Grant Disclosure and Certification Form. Subcontractor shall mean any person or entity with whom I, the supplier, enter into an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with UA Little Rock.
2. I will include the following language in any agreement with a subcontractor:
Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.
3. No later than **10** standard business days after entering into any agreement with a subcontractor, whether before or after the contract date, I will mail a copy of the subcontractor's Contract and Grant Disclosure Certification Form and a statement containing the dollar amount of the subcontract to UA Little Rock.

Supplier Agreement		
I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.		
Signature: _____	Title: _____	Date: _____
Supplier Contact Name: _____	Title: _____	Phone: _____

Office of Procurement Services Use Only		
Dept Name: _____	Contract #: _____	Grant #: _____
Dept Contact Name: _____	Email: _____	Phone: _____

Supplier References

Respondents must provide a minimum of three (3) references. UA Little Rock reserves the right to contact any references provided to evaluate the level of performance and customer satisfaction

Type or Print the following information

Reference 1:

- Organization Name:
- Address:
- Name of Contact:
- Phone Number:
- Email Address:

Reference 2:

- Organization Name:
- Address:
- Name of Contact:
- Phone Number:
- Email Address:

Reference 3:

- Organization Name:
- Address:
- Name of Contact:
- Phone Number:
- Email Address:

Information For Evaluation

Firms must provide the following items and any other items dictated in the Request for Qualifications. Responses must not contain the prospective supplier's name or any other identifiers, including, without limitation, names of staff members, projects, and addresses.

The offeror should describe their approach to providing the services as described in this RFQ document. This description should include, at a minimum, examples of how the offeror will meet each of the requirements listed in Section 2.1 of the RFQ document. Requirements are listed below.

<u>Information for Evaluation Subsections:</u>	Maximum RAW Score Available
E.1 Experience, Background, and Qualifications	40
a. M.D., board-certified in the specialty of family practice.	10
b. Physician must be licensed <i>and</i> qualified to practice and provide services in the State of Arkansas.	10
c. Relevant experience with college-age populations	10
d. Bilingual communication skills (preferred)	10

E.2 Availability	30
a. Spend one (1) hour per week at the Health Services office.	10
b. Conduct phone consultation to the university family practice APRN during the hours of 8:00 a.m. - 5:00 p.m., Monday through Friday.	10
c. Provide a designated backup who will service in the position when the consulting physician is unavailable.	10

E.3 Duties and Responsibilities	40
a. Provide weekly on-site consultations with students referred by university APRNs.	10
b. Provide relevant health in-service training for Health Service staff as needed.	10
c. Serve as the collaborating physician for the family practice APRNs.	10
d. Accept referrals for additional off-site testing and evaluation at a clinic geographically accessible to UA Little Rock students.	10

E.4 Documentation	70
a. Resume	10
b. Cover Letter <ul style="list-style-type: none"> i. Thoroughly describe your education and qualifications not listed on your resume that outline and highlight your achievements in higher education health services. ii. Clearly identify any special experience, knowledge, or skills that uniquely qualify you or your firm for this position. 	10
c. 3-5 Current References (within the last four (4) years)	10
d. Proof of current medical license.	10
e. Proof of current liability insurance (what type and what amount).	10
f. Proof of current malpractice coverage insurance.	10
g. Provide a written narrative that addresses the following: <ul style="list-style-type: none"> i. Details of the firm's corporate philosophy for account serving and commitment, and on policy and coverage recommendations to the client. ii. A brief description of the company's experience servicing public entities similar to UALR. iii. Provide an example that demonstrates your firm's ability to be proactive in finding opportunities to enhance Health Services' current benefits and services. iv. Disclose any conditions that may affect ability to perform contractual obligations (i.e. bankruptcy, litigations, etc.). v. Disclose use of any existing or potential conflicts of interest between the scope of work required by UALR as described herein and the offeror's other business activities. vi. Detail any and all breaches within the last five (5) years of: <ol style="list-style-type: none"> 1. Protected Health Information 2. Misappropriation of Social Security numbers. 3. Violations of Confidentiality 4. Malpractice Lawsuits 5. Other similar events committed by any employee or associate. 	10