LINCOLN UNIVERSITY
PURCHASING DEPARTMENT
REQUEST FOR PROPOSAL (RFP)

AMENDMENT NO.: 001

RFP NO.: B13-0922
TITLE: PHYSICIAN &/OR NURSE PRACTIONER SERVICES
ISSUE DATE: MARCH 11, 2013

REQ NO.:
BUYER: Debra Kidwell
PHONE NO.: (573) 681-5415
E-MAIL: kidwelld@lincolnu.edu

RETURN PROPOSAL NO LATER THAN: MARCH 20, 2013 AT 2 P.M. CENTRAL TIME

MAILING INSTRUCTIONS: Print or type **RFP Number** and **Return Due Date** on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in the Lincoln University Purchasing Department (1002 Chestnut St, Room 101) by the return date and time.

RETURN PROPOSAL TO: (courier service)
LINCOLN UNIVERSITY
1002 CHESTNUT ST
SHIPPING & RECEIVING BLDG
JEFFERSON CITY MO 65101

CONTRACT PERIOD: JULY 1, 2013 THROUGH JUNE 30, 2014 WITH THE OPTION TO RENEW THE CONTRACT FOR FOUR (4) ADDITIONAL ONE YEAR PERIODS.

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal (Revised 04/23/2010). The offeror further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The offeror further agrees that upon receipt of an authorized purchase order from Lincoln University or when this RFP is countersigned by an authorized official of Lincoln University, a binding contract shall exist between the offeror and Lincoln University.

SIGNATURE REQUIRED

AUTHORIZED SIGNATURE		DATE
PRINTED NAME		TITLE
DOING BUSINESS AS (DBA) NAME		LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID #
MAILING ADDRESS		IRS FORM 1099 MAILING ADDRESS
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE
VENDOR NO. (IF KNOWN)	TAXPAYER ID NUMBER (TIN)	TAXPAYER ID (TIN) TYPE (CHECK ONE) ☐ FEIN or ☐ SSN
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) ☐ Corporation ☐ Individual ☐ State/Local Government ☐ Partnership ☐ Sole Proprietor ☐ Other		
CONTACT PERSON		E-MAIL ADDRESS
PHONE NUM BER.		FAX NUMBER

NOTICE OF AWARD (LINCOLN UNIVERSITY ONLY)

ACCEPTED BY LINCOLN UNIVERSITY AS FOLLOWS:		
CONTRACT NO.	CONTRACT PERIOD	
BUYER	DATE	PURCHASING DIRECTOR

AMENDMENT #001 TO RFP NO. B13-0922

TITLE: PHYSICIAN &/OR NURSE PRACTIONER SERVICES

RFP NO. B13-0922 is hereby amended with the following revisions and additions:

1. **Pg 4, Part Two, 1.a.**

   CHANGE: "The summer session will require physician coverage Monday through Thursday for a minimum of one (1) hour per day.

   TO: The summer session will require physician coverage ~~*Monday through Thursday*~~ for a minimum of one (1) hour per *working* day. *It is preferred that more hours be offered and that coverage be available each day of the week (previous year schedule was Monday through Thursday).*"

2. **Pg 4, Part Two, 1.c.**

   ADD a fourth bullet as follows:

   - Semester Breaks (period between each semester)

3. **Pg 4, Part Two, 3.**

   ADD: "At this time, the University can only receive information via fax or phone, as we do not have HIPPA compliant e-mail communication. If at some point in the future, this option becomes available we would anticipate moving to e-mail communication."