



**LINCOLN UNIVERSITY
PURCHASING DEPARTMENT
REQUEST FOR PROPOSAL (RFP)**

AMENDMENT NO: 001

RFP NO.: B19-1150

TITLE: PHYSICIAN &/OR NURSE PRACTITIONER SERVICES

ISSUE DATE: AUGUST 13, 2018

REQ NO.:

BUYER: Debra Kidwell

PHONE NO.: (573) 681-5415

E-MAIL: kidwelld@lincolnu.edu

RETURN PROPOSAL NO LATER THAN: AUGUST 16, 2018 AT 3 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.

(courier service)

RETURN PROPOSAL TO: **LINCOLN UNIVERSITY
1002 CHESTNUT ST
SHIPPING & RECEIVING BLDG
JEFFERSON CITY MO 65101**

CONTRACT PERIOD: OCTOBER 1, 2018 THROUGH JUNE 30, 2019 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) <input type="checkbox"/> FEIN or <input type="checkbox"/> SSN
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other		
CONTACT PERSON		E-MAIL ADDRESS
PHONE NUMBER		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 B19-1150
TITLE: PHYSICIAN &/OR NURSE PRACTITIONER SERVICES

RFP B17-1123 IS HEREBY AMENDED WITH THE FOLLOWING REVISIONS AND ADDITIONS:

Cover Page: CHANGE due date as follows: RETURN PROPOSAL NO LATER THAN: AUGUST 23, 2018 AT 3 P.M. CENTRAL TIME

Clarification:

The University is open to all proposals that will provide the needed coverage and services as stated in this RFP. It is understood that this may include proposals from health practitioners, medical groups, staffing agencies and others. Further, the University is willing to reasonably accommodate any necessary changes to the terms and condition for the specific needs of a proposed solution. The respondent should identify any areas of concern in the terms and conditions as part of their overall response (the description of how you will meet the need, the qualifications of proposed staff, etc).

For example, Paragraph 5 (on pages 9-10) may be modified, if needed, to something similar to:

...The respondent shall be responsible for any and all injury or damage as a result of the respondent's negligence involving any equipment or staffing service provided by respondent under the terms and conditions of the contract. In addition to the liability imposed upon the respondent on account of personal injury (including death), or property damage suffered as a result of the respondent's negligence, the respondent assumes the obligation to save Lincoln University, including its agents, employees, and assigns, from every expense (including attorney fees), liability, or payment arising out of such negligent act, provided that respondent shall not be responsible for any action or omission of any healthcare practitioner presented by respondent for service to Lincoln University...

Clarification, Section 1.a. (on page 4):

The schedule included in this RFP is based upon what funding has historically allowed. The University is open to alternative scheduling provided such schedules meet the needs of our student population and are within budget.

Clarification, Section 3 (on page 4):

If unable to provide devices as part of your proposal, please provide guidance on the type of devices that the University would be expected to provide.

Clarification, Paragraph 9 (on page 11):

This paragraph is not intended to limit the # of personnel. Multiple personnel may be used to meet the staffing needs.

Addition, Section 9 (on page 6):

d. During nurse practitioner clinic, normally schedule 8 students in a 2 hour period, but will also allow walk-ins for urgent/emergent health needs. The most common visits for the nurse practitioner are well-women exams and physicals.

Addition, Part 2 (on page 6):

11. Labs

a. Tests are done for the following on site: Mono, Rapid Strep A, Urine HCG (preg), Urinalysis (Simple Ua)

b. Currently the University does not do the Influenza A test / Tamiflu

c. The highest volume of labs requiring labs to be sent out are the STD panels and urine cultures. The urine panel consist of: HIV, Hepatitis B & C, HSV 1 & 2, RPR (Syphilis), Gonorrhea & Chlamydia. When the nurse practitioners are here, they may also have me draw labs depending on the current problem (CBC, CMP, TSH, A1C, etc), but those are order only. The STD and urine culture are standing orders labs.

d. Generally, 20+ students a day are seen (some days may vary), and at least half of those are for std testing/teaching.