

Administered by University of Maine System

Office of Strategic Procurement

Request for Proposal (RFP)

SUBMISSION FORM PACKAGE

Public Medical School Feasibility Study

RFP #2024-030

**Issued Date:** March 29, 2024

**Response Deadline Date/Time:** May 31, 2024, 11:59 p.m. EST

**Submitted electronically to:**

UMSResponses@maine.edu and robin.cyr@maine.edu

Email Subject Line – RC- Public Medical School Feasibility Study - RFP# 2024-030

**INSTRUCTIONS**

**Response Format Instructions**

This section contains instructions for Respondents to use in preparing their response. The Respondent’s submission must follow the outline used below, including the numbering of section and sub-section headings. Failure to use the outline specified in this section or to respond to all questions and instructions throughout this document may result in the response being disqualified as non-responsive or receiving a reduced score.

The University and its evaluation team for this document have sole discretion to determine whether a variance from the document specifications should result in either disqualification or reduction in scoring of a response.

Re-phrasing of the content provided in this document will, at best, be considered minimally responsive. The University seeks detailed yet succinct responses that demonstrate the Respondent’s experience and ability to perform the requirements specified throughout this document.

* + 1. **Section 1 - Response Cover Page**
			1. Label this response - Section 1 – UMS Response Cover Page
			2. Insert Appendix A – University of Maine System Response Cover Page
			3. Insert Appendix B – Debarment, Performance and Non-Collusion Certification
		2. **Section 2 - Cost Response**
			1. Label this response - Section 2 – Cost Evaluation
			2. Insert Appendix C – Required Cost Evaluation Exhibits
		3. **Section 3 - Master Agreement**
			1. Label this response - Section 3 – Master Agreement
			2. Insert Appendix D1 – Master Agreement
		4. **Section 4 - Response to Questions**
			1. Label this response - Section 4 – Response to Evaluation Questions & Related Information
			2. Insert Appendix E – Organization Reference Form
			3. Insert Appendix F – Evaluation Question(s) - Organization, Qualifications and Experience
			4. Insert Appendix G – Evaluation Question(s) – Feasibility Study

**SECTION 1**

**Appendix A – University of Maine System Response Cover Page**

**RFP # 2024-030**

**Public Medical School Feasibility Study**

|  |  |
| --- | --- |
| Organization Name: |  |
| Chief Executive – Name/Title: |  |
| Telephone: |  |
| Fax:  |  |
| Email: |  |
| Headquarters Street Address: |  |
| Headquarters City/State/Zip: |  |
| Lead Point of Contact for Quote – Name/Title: |  |
| Telephone: |  |
| Fax:  |  |
| Email: |  |
| Street Address: |  |
| City/State/Zip: |  |

1. This pricing structure contained herein will remain firm for a period of 90 days from the date and time of the quote deadline date.
2. No personnel currently employed by the University or any other University agency participated, either directly or indirectly, in any activities relating to the preparation of the Respondent’s response.
3. No attempt has been made or will be made by the Respondent to induce any other person or firm to submit or not to submit a response.
4. The undersigned is authorized to enter into contractual obligations on behalf of the above-named organization.
5. By submitting a response to a Request for Proposal, bid or other offer to do business with the University your entity understands and agrees that:
	1. The Agreement provisions in **Section 1.2.1.2** of this document will not be modified and are thereby incorporated into any agreement entered into between University and your entity; that such terms and condition shall control in the event of any conflict with such agreement; and that your entity will not propose or demand any contrary terms;
	2. The above Agreement provisions in **Section 1.2.1.2** of this document will govern the interpretation of such agreement notwithstanding the expression of any other term and/or condition to the contrary;
	3. Your entity agrees that the resulting Agreement will be the entire agreement between the University (including University’s employees and other End Users) and Respondent and in the event that the Respondent requires terms of use agreements or other agreements, policies or understanding, whether on an order form, invoice, website, electronic, click-through, verbal or in writing, with University’s employees or other End Users, such agreements shall be null, void and without effect, and the terms of the Agreement shall apply.
	4. Your entity will identify at the time of submission which, if any, portion or your submitted materials are entitled to ''trade secret" exemption from disclosure under Maine's Freedom of Access Act; that failure to so identify will authorize UMS to conclude that no portions are so exempt; and that your entity will defend, indemnify and hold harmless UMS in any and all legal actions that seek to compel UMS to disclose under Maine's Freedom of Access Act some or all of your submitted materials and/or contract, if any, executed between UMS and your entity.

*To the best of my knowledge all information provided in the enclosed response, both programmatic and financial, is complete and accurate at the time of submission.*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title (Printed) Authorized Signature

**Appendix B – Debarment, Performance and Non-Collusion Certification**

**University of Maine System**

**DEBARMENT, PERFORMANCE and NON-COLLUSION CERTIFICATION**

**RFP # 2024-030**

**Public Medical School Feasibility Study**

By signing this document, I certify to the best of my knowledge and belief that the aforementioned organization, its principals and any subcontractors named in this proposal:

1. Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.
2. Have not within three years of submitting the proposal for this contract been convicted of or had a civil judgment rendered against them for:
	1. Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state or local government transaction or contract.
	2. Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
	3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
	4. Have not within a three (3) year period preceding this proposal had one or more federal, state or local government transactions terminated for cause or default.
3. Have not entered into a prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and this proposal is in all respects fair and without collusion or fraud. The above mentioned entities understand and agree that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.

**Failure to provide this certification may result in the disqualification of the Respondent’s proposal, at the University’s discretion.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title (Printed) Authorized Signature

**SECTION 2**

**Appendix C – Required Cost Evaluation Exhibits**

University of Maine System

COST EVALUATION

**RFP # 2024-030**

**Public Medical School Feasibility Study**

**GENERAL INSTRUCTIONS:**

1. The Respondent must submit a cost response that covers the entire period of the Agreement, including any optional renewal periods.
2. The cost response shall include the costs necessary for the Respondent to fully comply with the Agreement terms and conditions and requirements. **Note regarding total cost of ownership:** This “cost” will encompass the entire solution pricing along with all products and services offered as part of the solution.
3. Failure to provide the requested information and to follow the required cost response format provided in Appendix C may result in the exclusion of the Response from consideration, at the discretion of the University. You can add rows and columns required to insert additional information. If a particular cost table is not required as part of your response simply leave it blank.
4. No costs related to the preparation of the Response for this document or to the negotiation of the Agreement with the University may be included in the Response. Only costs to be incurred after the Agreement effective date that are specifically related to the implementation or operation of contracted services may be included.
5. Identify all costs by year, to be charged for performing the services necessary to accomplish the objectives of this document.
6. If there are additional options or services that are not included in the offering, they must be identified and itemized as “optional” and include a description of the product or service and the costs of the option. All items identified in the response (including third party items required) will be considered free add-ons to the proposed solution at the prices included in this response unless expressly stated otherwise.
7. Respondents’ are encouraged to provide additional price incentives for providing an enterprise solution, multi-year or award of multiple institutions.
8. Pricing will be guaranteed by the vendor for the term of the Agreement.
9. The University will NOT seek a best and final offer (BAFO) from any Respondent in this procurement process. All Respondents are expected to provide their best value pricing with the submission of their response. Respondents will NOT be given another opportunity to modify pricing once submitted.
10. An **MS Excel Version** must be included in your final submission for all of these tables. For a copy of the excel version, email the contact provided on the cover page of this document.

**INSTRUCTIONS FOR - Exhibit 1 (Table 1) - Professional Services Rate Schedule**

If you charge by the hour for professional services, provide a rate schedule, or range of hourly rates we could expect. Specify whether or not those rates include travel.

**Respondent’s Organization Name** – Provide the Respondent’s Organization Name.

**Role/Position Title if Individual -** List role/position title of each role/position title from your organization that would be responsible for work on the project.

**Hourly Rate** - Is the hourly dollar amount that may be invoiced by role/position title.

**Exhibit 1 (Table 1) –** Respondents will use this attachment to record all costs associated with this section. For a copy of the excel version of Exhibit 1, email the contact provided on the cover page of this document.

|  |
| --- |
| **Respondent's Name:**  |
| **#** | **Role of Individual/Position Title** | **Hourly Rate** |
| 1 |   |   |
| 2 |   |   |
| 3 |   |   |
| 4 |   |   |
| 5 |   |   |
| 6 |   |   |
| 7 |   |   |
| 8 |   |   |
| 9 |   |   |
| 10 |   |   |
|  | **Include additional explanation of costs and list assumptions that could influence the cost of change request pricing.** |
|  | **List explanations and assumptions here;** |
|  |  -  |
|  |  -  |

**INSTRUCTIONS FOR - Exhibit 1 (Table 2) - Pricing for Custom Features Deliverables**

Provide rate schedule for the high-level deliverables defined RFP Section 1.1.4 Scope of Work.

Costs for subcontractors are to be broken out separately.

**Respondent’s Organization Name** – Provide the Respondent’s Organization Name.

**University Name –** Institution name pertaining to the costs related to the solution.

**Deliverable Name -** Provide a brief name for the deliverable.

**Role/Position Title (Exhibit 1 Table 2) -** List each role/position title from your organization that would be responsible for contributing to completion of the deliverable. Bidder will replace verbiage ‘Position Title 1’, etc. with the appropriate actual role/position title in **Exhibit 1 (Table 1).**

**Hours** – Note the total hours that will be required to provide the contribution necessary to complete the deliverable for each role/position title.

**Hourly Rate** - The hourly dollar amount that may be invoiced by role/position title.

**Cost Estimate** – Calculation of the (Hours x Hourly Rate = Cost Estimate)

**Sub-Total** – Provide a sub-total for each deliverable.

**Total** – Total cost for all deliverables to complete the work for the specified University campus.

Your list of deliverables should trace back to the objectives and requirements listed in this document. Where a requirement is addressed by your product or service without customization, indicate that under the Explanation and reference the Licensing and Maintenance schedule above.

Total compensation for services rendered and deliverables shall include any hourly billing rate and all expected related expenses, both actual and administrative.

**Less Discount** – Discount offered off the Subtotal figure.

**Grand Total** – Subtotal less Discount.

|  |
| --- |
| **Respondent's Name:**  |
| **#** | **Deliverable** | **Role/Position Title (Exhibit 1 Table 2)** | **Hours** | **Hourly Rate** | **Cost Estimate** |
| **University Name:**  |
| 1 | Deliverable Name #1 | Position Title 1 |   |   |   |
| 2 |   | Position Title 2 |   |   |   |
| 3 |   | Position Title 3 |   |   |   |
| 4 |   | Position Title 4 |   |   |   |
| 5 |   | Position Title 5 |   |   |   |
| 6 |   | Position Title 6 |   |   |   |
| 7 |   | Position Title 7 |   |   |   |
| 8 |   | Position Title 8 |   |   |   |
| 9 |   | Position Title 9 |   |   |   |
| 10 |   | Position Title 10 |   |   |   |
|   | **Sub-Total** |   |
| 1 | Deliverable Name #2 | Position Title 1 |   |   |   |
| 2 |   | Position Title 2 |   |   |   |
| 3 |   | Position Title 3 |   |   |   |
| 4 |   | Position Title 4 |   |   |   |
| 5 |   | Position Title 5 |   |   |   |
| 6 |   | Position Title 6 |   |   |   |
| 7 |   | Position Title 7 |   |   |   |
| 8 |   | Position Title 8 |   |   |   |
| 9 |   | Position Title 9 |   |   |   |
| 10 |   | Position Title 10 |   |   |   |
|   | **Sub-Total** |   |
|   | **Total** |  |
|   | **Less Discount**  |  |
|  | **Grand Total** |  |
|   | **Include additional explanation of costs and list assumptions that could influence the pricing for custom features.** |
|   | **List explanations and assumptions here:** |
|   |  -  |
|   |  -  |

**SECTION 3**

### **Appendix D1 – Evaluation Question(s) – Master Agreement**

*This portion of the RFP contains special terms and conditions which will govern the resulting agreement, many of which are stated in RFP Section 1.2, with more detail in RFP Appendix D. Please indicate your acceptance for each special term by “X’ in the Agree or Disagree column.*

*Should you take exception to any of these special terms and conditions you are required to note your exception directly below each of the respective terms in question. It should be noted that any exceptions may result in the disqualification of your proposal, lack of providing the required response or indicating terms will be negotiated post award will result in a zero (0) score for the Master Agreement evaluation criteria in RFP Section 2.1.1.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Language Reference** | **Agreement Language / Requirement** | **Agree** | **Disagree** |
| **Section 2 Requirement:** Term |  |  |
|  | Term | This Agreement shall commence on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and shall terminate on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, unless terminated earlier as provided in this Contract with option for additional renewals upon the parities’ mutual written agreement. |
| Respondent Exception:  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Language Reference** | **Agreement Language / Requirement** | **Agree** | **Disagree** |
| **Section 4 Requirement:** Termination |  |  |
|  | Termination | The **Agreement or a Services Engagement (Rider D)** may be terminated by the University in whole, or in part, whenever for any reason the University shall determine that such termination is in the best interest of the University. Any such termination shall be affected by delivery to the Agreement or of a Notice of Termination specifying the extent to which performance of the Agreement is terminated and the date on which such termination becomes effective. The University shall pay all allowable costs incurred up to the effective date of termination. However, the Agreement or shall not be reimbursed for any costs incurred after the effective date of termination. |
| Respondent Exception:  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Language Reference** | **Agreement Language / Requirement** | **Agree** | **Disagree** |
| **Section 5 Requirement:** Obligations Upon Termination |  |  |
|  | Obligations Upon Termination | Any materials produced in performance of this agreement are the property of the University and shall be turned over to the University upon request. The University shall pay the Agreement or for all services performed to the effective date of termination subject to offset of sums owed by the Agreement or to the University. |
| Respondent Exception:  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Language Reference****(RFP Section 3.0)** | **Agreement Language / Requirement** | **Agree** | **Disagree** |
| **Section 6 Requirement:** Agree to termination language that excludes option for termination for reasons of non-appropriation. |  |  |
|  | Non-Appropriation | Notwithstanding any other provision of this Agreement, if the University is not appropriated sufficient funds to pay for the work to be performed under this Agreement or if funds are de-appropriated, then the University is not obligated to make payment under this Agreement.    |
| Respondent Exception:  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Language Reference** | **Agreement Language / Requirement** | **Agree** | **Disagree** |
| **Section 8 Requirement:** Modification |  |  |
|  | Modification | This Agreement may be modified or amended only in a writing signed by both parties. |
| Respondent Exception:  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Language Reference** | **Agreement Language / Requirement** | **Agree** | **Disagree** |
| **Section 10 Requirement:** Applicable Law |  |  |
|  | Applicable Law | This Agreement shall be governed and interpreted according to the laws of the State of Maine |
| Respondent Exception:  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Language Reference** | **Agreement Language / Requirement** | **Agree** | **Disagree** |
| **Section 13 Requirement:** Applicable Law |  |  |
|  | Applicable Law | This Agreement shall be governed and interpreted according to the laws of the State of Maine. This includes Maine Tort Claims Act (14 M.R.S.A. '8101, et seq.). |
| Respondent Exception:  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Language Reference** | **Agreement Language / Requirement** | **Agree** | **Disagree** |
| **Section 17 Requirement:** Entire Agreement |  |  |
|  | Entire Agreement | This Agreement sets forth the entire agreement between the parties on the subject matter hereof and replaces and supersedes all prior agreements on the subject, whether oral or written, express or implied. This Agreement is the entire agreement between the University (including University’s employees and other End Users) and Contractor. In the event that Contractor enters into terms of use agreements or other agreements, policies or understandings, whether on Contractor's purchase order, website, electronic, click-through, verbal or in writing, with University’s employees or other End Users, such agreements shall be null, void and without effect, and the terms of this Contract shall apply. University will not be bound to any other terms and conditions set forth in any documents, agreements or policies posted on Contractor's website unless such terms and conditions are set forth in this Agreement.  Contractor may not unilaterally change any term or condition of this Agreement. |
| Respondent Exception:  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Language Reference** | **Agreement Language / Requirement** | **Agree** | **Disagree** |
| **Section 21 Requirement:** Confidentiality |  |  |
|  | Confidentiality | The Agreement or shall comply with all laws and regulations relating to confidentiality and privacy including but not limited to any rules or regulations of the University. The University must adhere to the provisions of the Maine Freedom of Access Act (FOAA), 1 MRSA §401 et seq. As a condition of agreement, a respondent must accept that, to the extent required by the Maine FOAA, any ensuing contractual documents, are considered public records and therefore are subject to freedom of access requests. |
| Respondent Exception:  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Language Reference** | **Agreement Language / Requirement** | **Agree** | **Disagree** |
| **Requirement: Rider B Insurance Requirements** |  |  |
| Respondent Exception:  |

**SECTION 4**

### **Appendix E – Organization Reference Form**

**Respondent’s Organization Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS**: Provide a minimum of three (3) current professional references who may be contacted for verification of the Respondent’s professional qualifications to meet the requirements set forth herein. We strongly prefer references from higher education institutions where similar feasibility study’s have been performed.

|  |
| --- |
| **REFERENCE #1** |
| Institution/Company Name |  |
| Contact Name |  |
| Contact Title |  |
| Contact Phone Number |  |
| Contact eMail Address |  |
| Relationship Length |  |

|  |
| --- |
| **REFERENCE #2** |
| Institution/Company Name |  |
| Contact Name |  |
| Contact Title |  |
| Contact Phone Number |  |
| Contact eMail Address |  |
| Relationship Length |  |

|  |
| --- |
| **REFERENCE #3** |
| Institution/Company Name |  |
| Contact Name |  |
| Contact Title |  |
| Contact Phone Number |  |
| Contact eMail Address |  |
| Relationship Length |  |

|  |
| --- |
| **REFERENCE #4** |
| Institution/Company Name |  |
| Contact Name |  |
| Contact Title |  |
| Contact Phone Number |  |
| Contact eMail Address |  |
| Relationship Length |  |

### **Appendix F – Evaluation Question(s) - Organization, Qualifications and Experience**

Respondent’s Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS**: Respondents shall ensure that all information required herein is submitted with the response. All information provided should be verifiable by documentation requested by the University. Failure to provide all information, inaccuracy or misstatement may be sufficient cause for rejection of the response or rescission of an award. Respondents are encouraged to provide any additional information describing operational abilities.

**Evaluation Question(s)**

1. Provide a statement describing your company to include name, number of employees, locations, number of years in business, number of years offering/supporting the proposed solution, and any and all acquisitions or mergers in the last five years. Is the company publicly or privately held?
2. If subcontractors are to be used, provide a list that specifies the name, address, phone number, contact person, and a brief description of the subcontractors’ organizational capacity and qualifications.
3. Please provide information about contract cancellations or non-renewals your company has experienced over the last three years.
4. Please provide your Experience leading the development of Medical School Feasibility Studies for similar clients.
5. Please list the qualifications and experience of individuals identified as part of the team that will be working with the University.
6. Demonstrate your proposed means and methods, and organization of the data gathered to develop the Feasibility Study.
7. Indicate the process for engaging University personnel and other stakeholders in the planning process.
8. Describe your experience offering a solution for the business requirements identified in this document within higher education. Provide a client list that includes any and all higher education clients.
9. Provide a statement that explains why your company would be most qualified to provide products and services to the University of Maine System. What differentiates you from your competitors? In the response the Respondent must demonstrate that they are a recognized leader in the services and/or products covered in this document.
10. Financial Stability

No financial statements are required to be submitted with your responses, however, prior to an award the University may request audited financial statements from your company, credit reports and letters from your bank and suppliers.

### **Appendix G – Evaluation Question(s) – Feasibility Study**

**Evaluation Question(s) – Professional Services**

1. Provide a detailed description of your professional services deliverables required to support the scope of work in this document. Please ensure that you are specifically responsive to **Section 1.1.4 Scope of Work.**
2. Provide at least three finalized Medical School Feasibility Studies or similarly scoped feasibility studies developed by your company for a higher education institution, and if possible, provide plans that were developed for institutions similar in size and composition to the University of Maine System. Please provide a reference contact for the institution for which the plan was designed.

**Evaluation Question(s) – Implementation Requirements**

1. Describe your recommended implementation strategy, best practice consulting options, and professional services. The University of Maine System requires the review of consultant’s credentials/experience and reserves the right to request replacement if he/she fails to meet expectations at any time

.

1. Describe your project management approach. What project management tools do you use?
2. Outline the staffing and composition of the implementation team. Describe how you propose to work with System staff and the roles, vendor staff and roles, and proposed hours required for successful implementation.
3. Implementation roles and responsibilities - Please elaborate on the project team required and time commitment to implement the scope of work including functional and technical resources within the System. Please include in your response a sample project plan detailing the high-level deliverables, tasks and duration, informed by and aligned with the UMS proposed Feasibility Plan Timeline.
4. Identify any third-party vendors involved in your implementation strategy and describe these relationships. Indicate whether these relationships are required or optional. Be sure to detail associated costs and requirements related to the third-party vendor.

**Evaluation Question(s) – Support Requirements**

1. Describe how you manage on-going contact with your clients. Would the University of Maine System be assigned a principle in charge? What expertise would that person have to support our needs?