Supplier Proposal Response Forms

RFP 00096 Temporary Primary Care Provider Services

Legal Business Name	**DBA Name if Applicable**
Primary Contact Name and Title	**Email Address**
Telephone Number	

Submission Instructions

- Complete and submit all five forms through PlanetBids by the proposal deadline stated in the RFP.
- Do not substitute marketing materials for a direct response. Supporting materials may be attached and cross-referenced.
- State every assumption, exclusion, exception, fee, and potential charge. Booking, reservation, sourcing, placement, and per-provider fees or deposits are not permitted. An omitted permissible charge will be deemed included in the proposed rates.
- Proposed provider resumes and credential summaries may be attached to Form 2 or Form 4.
- The University may verify any information supplied and may request clarification consistent with the RFP.

Form	Evaluation Category	Maximum Points
1	Cost Proposal	30
2	Qualifications and Experience	25
3	Technical Approach	25
4	Implementation Plan and Staffing Readiness	15
5	References and Contract Compliance	5

Form 1 Cost Proposal

Evaluation Weight 30 Points

Complete this form in full. Attach additional pages only where specifically requested or when the space provided is insufficient. Clearly identify the form number and question on every attachment.

For evaluation purposes, the University will use 1,000 nurse practitioner hours and 1,000 physician hours for the initial 175-calendar-day period, and the same quantities for the optional extension period. The physician quantity is an evaluation assumption only; actual San Bernardino Campus services will be requested on an as-needed basis and may be substantially less. These quantities are used only to compare proposals and do not represent guaranteed usage, contract value, or a purchase commitment.

Pricing Schedule

Enter all pricing in U.S. dollars. Rates must include recruitment, screening, credentialing support, payroll, taxes, benefits, insurance, account management, and all other costs of performance, including any travel, lodging, meals, per diem, and incidentals incurred by the proposer or its providers. The University will not separately pay or reimburse those costs.

Price Component	Unit	Proposed Rate	Estimated Quantity or Basis	Extended Amount or Notes
Primary care physician services	Per regular hour	$	1,000 hours initial period + 1,000 hours optional extension	Rate × applicable evaluation hours
Nurse practitioner services	Per regular hour	$	1,000 hours initial period + 1,000 hours optional extension	Rate × applicable evaluation hours
Other proposed charge	Describe	$	Apply to evaluation quantities stated above	Identify and calculate every mandatory charge
Estimated total for initial 175-calendar-day period	Period total	$	1,000 physician hours + 1,000 NP hours + applicable charges	Evaluation only; not a usage commitment
Estimated total for optional extension of up to 175 additional calendar days	Period total	$	Same quantities and assumptions as initial period	Evaluation only; option is not guaranteed
Maximum potential aggregate total for evaluation	Period total	$	Initial evaluated total + optional-extension evaluated total	Proposal-comparison amount; not contract value

Pricing Confirmations

Confirmation	Agree	Explanation if Not Agreed
The initial 175-calendar-day period will not exceed $271,000; the optional extension will not exceed an additional $271,000; and the maximum potential aggregate amount will not exceed $542,000.	☐ Yes ☐ No	

Confirmation	Agree	Explanation if Not Agreed
All proposed rates and charges will remain firm throughout the initial period and optional extension unless changed by a written amendment signed by authorized representatives of both parties.	☐ Yes ☐ No	
The University will not pay or reimburse overtime, holiday, on-call, travel, lodging, meals, per diem, incidentals, administrative, permanent-placement, early-termination, cancellation, or similar fees, costs, or expenses. All costs of performance must be included in the proposed regular hourly rates and may not be separately invoiced.	☐ Yes ☐ No	
Proposer will not charge a booking, reservation, sourcing, placement, or per-provider fee or deposit. All provider recruitment, reservation, and placement costs are included in the proposed regular hourly rates.	☐ Yes ☐ No	
No fee or expense is payable unless expressly stated in the final executed contract.	☐ Yes ☐ No	
Proposer will obtain and pay for all parking permits required by its providers. Parking permits, citations, and related parking costs are included in the proposed regular hourly rates and will not be separately invoiced. The currently published daily visitor-parking rate is $10.00, but proposer accepts responsibility for the actual rate in effect when parking is used.	☐ Yes ☐ No	

Pricing Assumptions and Clarifications

Identify assumptions, rate conditions, minimum-hour requirements, cancellation terms, or other permissible pricing qualifications. Calculate separate evaluated totals for the initial 175-calendar-day period and the optional extension using the University's stated evaluation quantities and assumptions. Use the same rates and pricing assumptions for both periods unless a lower extension rate is offered. State "None" if there are no qualifications.

Supplier Response:

Form 2 Qualifications and Experience

Evaluation Weight 25 Points

Complete this form in full. Attach additional pages only where specifically requested or when the space provided is insufficient. Clearly identify the form number and question on every attachment.

Year Established	**Headquarters Location**
California Office Location	**Number of Employees**
Number of Active California Clinicians	**Years Providing Temporary Medical Staffing**

Relevant Company Experience

Describe experience providing temporary physicians and nurse practitioners in California, with emphasis on university, student health, outpatient, or ambulatory care environments.

Supplier Response:

Comparable Engagements

Summarize comparable engagements, including client type, provider disciplines, number of placements, duration, approximate value, and results. Do not repeat the reference contact information requested in Form 5.

Supplier Response:

Organizational Capacity

Describe recruiting resources, credentialing personnel, clinical oversight, payroll and insurance administration, account management, and ability to support up to three concurrent providers.

Supplier Response:

Litigation and Regulatory Disclosure

Disclose every matter required by RFP Section 5.6, including the nature of the matter, parties, forum, status, and final resolution. State “None” if there are no matters to disclose. Attach additional pages if necessary.

Supplier Response:

Provider Qualification Controls

Control	Available	Description or Attachment Reference
Verification of identity, education, training, and work history	☐ Yes ☐ No	
Primary-source verification of licenses, certifications, and registrations	☐ Yes ☐ No	
Sanctions, exclusions, disciplinary history, and malpractice history review	☐ Yes ☐ No	
Reference and background screening	☐ Yes ☐ No	
Professional liability coverage verification	☐ Yes ☐ No	
Ongoing monitoring of license, registration, and credential status	☐ Yes ☐ No	
Ability to provide complete credentialing packets before service begins	☐ Yes ☐ No	

Proposed Provider Qualifications

Identify available physician and nurse practitioner candidates or candidate pools. Attach resumes and credential summaries when available. Do not include protected personal or medical information.

Supplier Response:

Form 3 Technical Approach

Evaluation Weight 25 Points

Complete this form in full. Attach additional pages only where specifically requested or when the space provided is insufficient. Clearly identify the form number and question on every attachment.

Recruitment and Candidate Screening

Describe sourcing methods, clinical screening, candidate interviews, validation of scope-of-practice fit, and the process for presenting qualified candidates.

Supplier Response:

Credentialing and Privileging Support

Describe primary-source verification, credential packet preparation, disclosure of adverse information, turnaround times, and coordination with University reviewers.

Supplier Response:

Clinical Quality and Performance Management

Describe quality assurance, provider monitoring, complaint review, corrective action, clinical escalation, and cooperation with peer review or risk management.

Supplier Response:

Medication Abortion Service Readiness

Describe the proposer's ability to furnish providers who are already appropriately trained, competent, and ready to provide medication abortion services before being presented to the University. Confirm that the University's training will be limited to its internal protocols and procedures and that no separate University credentialing or privileging process applies solely to delivery of this service.

Supplier Response:

Artificial Intelligence Prohibition

Describe the controls used to ensure that assigned providers, affiliates, subcontractors, and third parties do not use artificial intelligence tools, systems, or AI-generated content in patient care or in connection with University Data.

Supplier Response:

Scheduling and Attendance Management

Describe schedule confirmation, timekeeping, absence notification, late-arrival response, and coverage-gap management.

Supplier Response:

Replacement and Continuity of Coverage

Describe the process and expected turnaround for replacing an unavailable or removed provider without an additional placement charge.

Supplier Response:

Account Management and Escalation

Identify the service model for routine communications and after-hours clinical, conduct, patient-safety, credentialing, or coverage concerns.

Supplier Response:

Privacy, Security, and Medical Records

Describe safeguards for EHR access and protected health information, access termination, incident escalation, subcontractor controls, and enforcement of the prohibition on artificial intelligence use in patient care and in connection with University Data.

Supplier Response:

Form 4 Implementation Plan and Staffing Readiness

Evaluation Weight 15 Points

Complete this form in full. Attach additional pages only where specifically requested or when the space provided is insufficient. Clearly identify the form number and question on every attachment.

The service start date will be established only through the University's written notice to proceed after award, contract execution, credentialing, and onboarding. Do not assume a fixed calendar start date.

Staffing Availability

Provider Type	Number Available	Preferred Campus	Earliest Availability	Credential Packet Status	Resume Attached
Physician / Nurse Practitioner		San Bernardino / Palm Desert / Either			☐ Yes ☐ No
Physician / Nurse Practitioner		San Bernardino / Palm Desert / Either			☐ Yes ☐ No
Physician / Nurse Practitioner		San Bernardino / Palm Desert / Either			☐ Yes ☐ No
Physician / Nurse Practitioner		San Bernardino / Palm Desert / Either			☐ Yes ☐ No

Implementation Milestones

Milestone	Responsible Party	Estimated Duration	Dependencies or Deliverables
Contract award and kickoff			
Candidate confirmation and submission			
Complete credentialing packet delivered			
University credentialing and privileging support			
Provider onboarding and EHR training			
Readiness confirmation			
Written notice to proceed and service commencement			

Implementation Narrative

Explain how the proposer will coordinate candidate selection, credentialing, onboarding, scheduling, and launch readiness. Identify critical path items and information required from the University.

Supplier Response:

Post-Award Provider Interviews

Confirm that proposed providers will be available for University interviews after contract award and before acceptance for an assignment. Explain how the proposer will coordinate candidate scheduling and replacement candidates when the University does not accept a proposed provider.

Supplier Response:

Optional Extension Readiness

Describe how the proposer would maintain or replace qualified provider coverage if the University exercises the optional extension for up to 175 additional calendar days. Confirm that continued coverage would use the proposed rates and would remain subject to University authorization.

Supplier Response:

Coverage Contingency Plan

Explain how the proposer will address candidate withdrawal, credentialing delay, absence, poor performance, or other coverage disruption.

Supplier Response:

Proposed Account Manager	**Account Manager Email**
Account Manager Telephone	**After-Hours Contact and Telephone**

Form 5 References and Contract Compliance

Evaluation Weight 5 Points

Complete this form in full. Attach additional pages only where specifically requested or when the space provided is insufficient. Clearly identify the form number and question on every attachment.

Comparable Client References

Provide at least three references for comparable temporary medical staffing engagements completed or active within the last five years. The University may contact references to verify the information provided.

Reference 1

Client Organization	**Contact Name and Title**
Email Address	**Telephone Number**
Engagement Dates	**Approximate Contract Value**

Scope and Provider Types

Describe the services, number and type of providers, work setting, locations, and proposer responsibilities.

Supplier Response:

Reference 2

Client Organization	**Contact Name and Title**
Email Address	**Telephone Number**
Engagement Dates	**Approximate Contract Value**

Scope and Provider Types

Describe the services, number and type of providers, work setting, locations, and proposer responsibilities.

Supplier Response:

Reference 3

Client Organization	**Contact Name and Title**

Email Address	**Telephone Number**
Engagement Dates	**Approximate Contract Value**

Scope and Provider Types

Describe the services, number and type of providers, work setting, locations, and proposer responsibilities.

Supplier Response:

Contract Compliance

Compliance Statement	Agree	Explanation or Exception Reference
Proposer reviewed and agrees to the RFP requirements and incorporated CSU contract documents, except as expressly identified below.	☐ Yes ☐ No	
Proposer can maintain all required insurance, including professional liability coverage applicable to each assigned provider.	☐ Yes ☐ No	
Proposer will not permit a provider to begin services before written University authorization.	☐ Yes ☐ No	
Proposer accepts the $271,000 initial-period maximum, the additional $271,000 optional-extension maximum, the $542,000 maximum potential aggregate amount, and the pricing restrictions stated in the RFP.	☐ Yes ☐ No	
Proposer will protect University Data and protected health information and comply with applicable privacy, security, and incident-reporting obligations.	☐ Yes ☐ No	
Proposer will promptly disclose changes affecting a provider's credentials, insurance, availability, legal eligibility, or fitness to perform services.	☐ Yes ☐ No	
Proposer understands that the optional extension is not guaranteed, may be exercised only through a formal written amendment signed by an authorized University contracting officer after required approvals, and may be declined or ended when permanent University staffing becomes available.	☐ Yes ☐ No	
Proposer will furnish only providers who are already appropriately trained, competent, and ready to provide medication abortion services before presentation to the University and understands that University training is limited to internal protocols and procedures.	☐ Yes ☐ No	
Proposer will ensure that assigned providers, affiliates, subcontractors, and third parties do not use artificial intelligence tools, systems, or AI-generated content in patient care or in connection with University Data.	☐ Yes ☐ No	
Proposer will make proposed providers available for post-award University interviews and understands that the University may accept or reject each proposed provider before assignment.	☐ Yes ☐ No	
Proposer has provided the litigation and regulatory disclosure required by RFP Section 5.6 or has affirmatively stated that there are no matters to disclose.	☐ Yes ☐ No	
Proposer accepts responsibility for obtaining and paying for all provider parking permits and related parking costs and will not invoice the University separately for those costs. Proposer understands that the currently published daily visitor-parking rate is $10.00 and accepts responsibility for any rate changes.	☐ Yes ☐ No	

Requested Exceptions

List every requested exception or proposed modification. "None" means the proposer accepts the requirement as written. References to the proposer's standard terms without a specific exception will not be treated as a requested modification.

RFP Section or Document	Current Requirement	Requested Revision	Business Reason

Certification

The undersigned certifies that the information submitted in these forms and all attachments is true, complete, and authorized on behalf of the proposer, and acknowledges that the University may rely on the information in evaluating the proposal.

Authorized Representative Name and Title	Signature	Date
Legal Business Name	**Email Address**	**Telephone Number**