



## **REQUEST FOR PROPOSAL**

### **INSTALLATION OF TRACK SYSTEM AND PRIVACY CURTAINS**

**PROPOSAL SUBMISSION DEADLINE: May 3<sup>rd</sup>, 2024**

Questions may be submitted in written form to:

**Contact Name: Djumaye Dumay**

**Contact Address:** 380 Nassau Road,  
Roosevelt, NY 11575

**Telephone Number:** 516.396.0752

**Email Address:**  
[ddumay@harmonyhealthcareli.org](mailto:ddumay@harmonyhealthcareli.org)

## **INTRODUCTION**

Harmony Healthcare Long Island is a not-for-profit organization formerly known as Long Island Federally Qualified Health Center or LIFQHC. Harmony Healthcare Long Island comprises six comprehensive health centers and three school-based Health Centers. HHLI strives to improve the lives of those it serves by bringing needed primary care, prevention, and educational services into local communities across Nassau County.

The Harmony Healthcare Long Island locations are situated in these high-need communities where a significant percentage of its service area population lives at or below 185% of the Federal Poverty Level (FPL).

HHLI operates health centers in Elmont, Freeport, Hempstead, Oceanside, Roosevelt, and Westbury/New Cassel. HHLI offers comprehensive services, including adult and pediatric medicine, women's health services (e.g., OB/GYN, mammography, and family planning), laboratory, radiology, dental, health screening for cancer, tuberculosis, sexually transmitted disease, nutrition, behavioral health, and enabling social services, such as WIC and Care Management. Our School-Based Health Center (SBHC) program provides health services within Freeport, Roosevelt, and Westbury high schools. These healthcare locations are available to high school students enrolled in that institution.

HHLI provided care to 44,000 discreet patients and saw 147,000 annual visits in 2021. The mission of HHLI is to provide access to equitable, comprehensive, optimal healthcare by improving the overall wellness of all individuals in our communities and delivering high-quality,



extensive, patient-centered care—our Vision: Creating healthier communities by transforming the healthcare system one person at a time.

## **LOCATIONS OF HEALTH CENTER SITES PERTINENT TO THIS RFP\*\*:**

### **HHLI AT Oceanside**

3227 Long Beach Road, Suite 2, Oceanside, NY 11572  
3 Exams Rooms

## **PROJECT OBJECTIVE**

This RFP intends to have the vendor under consideration specifically address the services required and provide a well-considered price proposal for those services. Provide a General Statement of Qualifications that responds to the services outlined in this RFP.

## **PROJECT SCOPE AND SPECIFICATIONS**

The scope is to provide HHLI with the installation of a track system and privacy curtains for three exam rooms.

**\*\*VENDOR/CONTRACTOR IS RESPONSIBLE FOR ALL MATERIAL NEEDED TO PROVIDE THE REQUIRED SERVICES AND PRODUCTS. \*\***

### **A Personnel:**

- i. Provide an organizational chart of all personnel committed to this project.

### **B. Insurance:**

- i. Insurance coverage.
- ii. Explain your Professional Liability Insurance coverage.

The following is to be included in the response by the Vendor/Contractor:

- A. **Cover Letter:** All proposals must include a cover letter submitted under the Vendor/Contractor's name on the Vendor/Contractor's letterhead, containing the signature and title of a person who is authorized to commit the Vendor/Contractor to a potential contract with HHLI. The cover letter must also identify the primary contact for this Proposal, include a reference to "Request for Proposal: Security Guard Services," and contain contact information (email, telephone, and mailing address).
- B. **Proposal Form:** All proposals must include the complete Proposal form signed by a person authorized to commit the Vendor/Contractor to a potential contract with HHLI.
- C. **Qualifications:** The proposal verbiage must describe the applicant's qualifications to provide the requested product and/or services relevant experience.



- D. Total scope of work.
- E. References: Provide three (3) references.
- F. Personality, Culture, and work style.

All work will be performed based on the agreed schedule except on the holiday list below.

- New Year's Day
- Martin Luther King Jr. Day
- President's Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Veteran's Day
- Thanksgiving
- Day after Thanksgiving
- Christmas Day

#### **SCHEDULED /TIMELINE**

The following timeline has been established to ensure that our project objective is achieved; however, the next project timeline shall be subject to change when deemed necessary by management.

#### **MILESTONE**

**RFP Submission:** May 3<sup>rd</sup>, 2024

**Final Selection (s):** TBD

#### **PROJECT PROPOSAL EXPECTATIONS**

HHLI shall award the contract to the Proposal that best accommodates the various project requirements. HHLI reserves the right to:

- i. Award any contract before the proposal deadline or before receiving all proposals.
- ii. award the contract to more than one Bidder,
- iii. refuse any proposal or contract.

#### **DEADLINE TO SUBMIT PROPOSAL**

HHLI must receive all proposals by via email at [ddumay@harmonyhealthcareli.org](mailto:ddumay@harmonyhealthcareli.org) for consideration in the project proposal selection process.

#### **PROPOSAL SELECTION CRITERIA**



Only those proposals received by the stated deadline will be considered. All proposals submitted by the deadline will be reviewed and evaluated based on the information provided in the submitted Proposal. In addition, consideration will be given to cost and performance projections. Furthermore, the following criteria will be given considerable weight in the proposal selection process:

1. Proposals received by the stipulated deadline must be in the correct format.
2. Bidder's alleged performance effectiveness of their Proposal's solution.
3. Bidder's performance history and alleged ability to timely deliver proposed services.
4. Bidder's ability to provide and deliver qualified personnel having the knowledge and skills required to execute proposed services effectively and efficiently.
5. Overall cost-effectiveness of the Proposal.

HHLI reserves the right to cancel, suspend, and/or discontinue any proposal at any time without obligation or notice to the proposing Bidder.

### **PROPOSAL SUBMISSION FORMAT**

The following is a list of information that the Bidder should include in their proposal submission:

#### **Summary of Bidder's Background**

1. Bidder's Name(s)
2. Bidder's Address
3. Bidder's Contact Information (and preferred method of communication)
4. Legal Formation of Bidder (sole proprietor, partnership, corporation)
5. Date Bidder's Company was Formed.
6. Description of Bidder's company in terms of size, range, types of services offered, and clientele.
7. Bidder's principal officers (President, Chairman, Vice President(s), Secretary, Chief Operating Officer, Chief Financial Officer, General Manager) and the length of time each officer has performed in their field of expertise.
8. Bidder's Federal Employee Identification Number (FEIN) on the W-9 form.
9. Evidence of legal authority to conduct business in New York (business license number).
10. Evidence of established track record for providing services and/or deliverables that are the subject of this Proposal.

#### **Financial Information**

- State whether the Bidder or its parent company (if any) has ever filed for bankruptcy or any form of reorganization under the bankruptcy code.
- State whether the Bidder or its parent company (if any) has ever received any sanctions or is currently under investigation by any regulatory or governmental body.
- HHLI will not incur the cost of lunch/break for the Security Staff.



- A Business Associate Agreement will be required.
- Certificate insurance showing general liability and workers' compensation, HHLI is required to be the certificate holder as additional insured, with waiver of subrogation, and coverage is primary and non-contributory.

**Service(s), Cost Proposal Summary, and Breakdown**

- Summary of schedule.
- A detailed list of all expected costs or expenses related to the proposed project.
- Summary and explanation of any other contributing expenses to the total cost.

Thank you for your interest, Harmony Health Care Long Island.