

**REQUEST FOR PROPOSALS  
SCHNEIDER REGIONAL MEDICAL CENTER**

**Request for Proposal for Contract Staff Personnel**

Pursuant to the Government Hospitals and Health Facilities Corporation (GHHFC) procurement policy the Schneider Regional Medical Center (SRMC) will receive proposals for the work described below. Proposals will be received **until May 17, 2024 at 4:00 PM ATLANTIC STANDARD TIME.**

**DESCRIPTION OF WORK:**

See Scope of Work **Page 3 Section C**

**NEGOTIATED PROCEDURES:**

The Chief Executive Officer (CEO) will appoint an Evaluation Committee to assist in evaluating and selecting the vendor. Accordingly, proposals shall be reviewed and rated on the selection criteria outlined in the “**Factors for Discussions.**” After reviewing and rating the proposals, the Committee may select for discussions from the firm/s or person/s **deemed to be the most highly qualified to provide the services herein required.** Discussions will be conducted with the firm/s or person/s so selected. In addition, the Committee may select to conduct discussions and/or oral presentations from the firm/s or person/s, not less than two (2), deemed to be the most highly qualified.

**FACTORS FOR DISCUSSIONS**

Selection criteria will include (i) Professional qualification, registration, and general reputation of principals of the firm or person; (ii) the extent to which the firm or person specializes in or has provided services of a type and scope similar to the hereunder; (iii) familiarity with the location (s) in which services will be performed; (iv) approach and capability of meeting schedules for new hires; and (v) quality of performance on other similar projects. Proposals will be evaluated according to the following criteria in descending order: (a) Qualifications and Experience (25pts), (b) Readiness to deploy (20pts), (c) Cost (25 pts), (d) References (15pts) (e) Meet Contracting Requirements (15pts) . The Evaluation Committee may, at its option, request any or all proposers to participate in on-site or virtual interviews.

Proposers may only ask questions that are intended to clarify the questions that are being asked to respond. Each Proposer’s time slot for oral interviews will be determined randomly. Proposers who are selected shall make every effort to attend. If SRMC has trouble on any part of Respondent in scheduling a time for the oral interview, it may result in disqualification from further consideration.

**NEGOTIATION:**

The Evaluation Committee shall recommend to the Chief Executive Officer (CEO) the

**REQUEST FOR PROPOSALS**  
**SCHNEIDER REGIONAL MEDICAL CENTER**

**highest qualified firm or person with whom a contract shall be negotiated as a result of the Committee's scores from the written proposals or discussions-oral presentations if conducted.** With the assistance of the Evaluation Committee, the CEO, shall attempt to negotiate a contract with such firm or person.

Should the CEO be unable to negotiate a satisfactory contract with the firm to be the most qualified, at a price determined to be fair and reasonable to SRMC, negotiations with that firm will be formally terminated. Negotiations will then be commenced with the second most qualified, the third most qualified or additional firms to preference and their competence and qualification and shall continue until an agreement is reached.

**INSTRUCTIONS TO PROPOSERS**

**A. NOTICE**

**RFP 0002-24SRMC Staffing Agency Services**

Information provided in the scope of services is to be used only for the purposes of preparing a proposal. It is further expected that each Respondent will read the scope of services thoroughly, for failure to meet certain specified conditions may invalidate the proposal.

The Schneider Regional Medical Center herein after referred to as SRMC, reserves the right to reject any or all proposals or any portion thereof and to accept the proposal deemed most advantageous to SRMC. The **price** shall not be the sole criterion for awarding this project. Scope and quality of work proposed and the ability of the Respondent to complete this type of project shall also be considered.

Applicants are requested to submit proposals based on the scope of services. Alternative proposals recommending new features and technology other than that requested in the scope of work will receive consideration provided such new features and/or technology is clearly explained. Any exceptions to the requirements requested herein must be noted in writing and included as part of the proposal.

The information contained herein is believed to be accurate but is not to be considered in any way as a warranty. Request for additional information clarifying the Scope of Work should be directed in writing to LeRue C. Browne, Director of Procurement & Materials Management, at [lcbrowne@srmedicalcenter.org](mailto:lcbrowne@srmedicalcenter.org)

Failure to ask questions, request changes or submit objections shall constitute the acceptance of all terms, conditions, and requirements in this RFP. The issuance of a written addendum by SRMC is the **only** official method by which interpretation, clarification or additional information can be given. It is the responsibility of the potential Respondent to contact SRMC to ensure that they receive all addenda prior to the submittal of the proposal package. **The proposal package will be considered non-responsive if all modifications are not incorporated.**

**REQUEST FOR PROPOSALS  
SCHNEIDER REGIONAL MEDICAL CENTER**

**B. STATEMENT OF PURPOSE**

To assist SRMC in meeting the requirement for the following services: **RFP 0002-24SRMC**

**C. PROPOSED SCOPE OF WORK:**

Staffing Agency Services

Pursuant to the Government Hospitals and Health Facilities Corporation (GHHFC) procurement policy, the Schneider Regional Medical Center (SRMC) is requesting proposals for the implementation of a telemedicine platform. Proposals will be received **until May 17, 2024, at 4:00 pm ATLANTIC STANDARD TIME.**

**DESCRIPTION OF SOLICITATION:**

The Hospital is in need of the services of a Contractor to provide recruitment of healthcare professionals for temporary and permanent placement at the Hospital. As requested by Hospital, Contractor shall search for and recruit Candidates for temporary and permanent placement (each, a "Search").

Contractor will confirm each Search request in writing (each, a "Confirmation"). Each Confirmation shall include the following information:

- a) the Position practice area (i.e. pharmacist, therapist, nurse, physician specialty, allied health, etc.);
- b) the Fee for the Search and related payment terms;
- c) specific Search criteria required by Hospital.

For each Search, Contractor will identify, contact, and present Candidates to Hospital for consideration. Hospital shall determine which Candidates it wishes to interview. Upon request, Contractor will conduct reference checks. Reference checks are made solely to assist Hospital in making a preliminary determination about the suitability of a Candidate.

Hospital acknowledges and agrees that it is solely responsible for the hiring decision and Hospital shall verify licensure and credential Candidates, if applicable. Subject to the Guarantee below, Contractor shall have no liability for any work performed by any Candidate hired by Hospital. Contractor makes no warranty regarding any Candidate hired by Hospital hereunder.

**REQUEST FOR PROPOSALS  
SCHNEIDER REGIONAL MEDICAL CENTER**

**OTHER CONSIDERATIONS:**

- Extra consideration will be given for proposals that can provide candidates in multiple practice areas that were requested.
- All inclusive pricing is preferred.

**D. TIMETABLE**

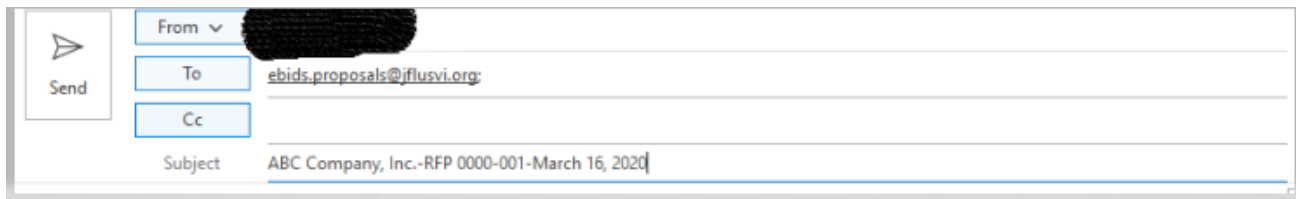
Last Day for Written Clarification: **XXXXX, XXXX, 2024 at 4:00 PM** Atlantic Standard Time.

**E. SUBMISSION OF PROPOSAL**

All interested parties shall submit their electronic submissions, [ebids.proposalsSRMC@srmedicalcenter.org](mailto:ebids.proposalsSRMC@srmedicalcenter.org) no later **XXXXX XXXXX, 2024, at 4:00 PM Atlantic Standard Time.**

Electronic submissions must include the Company’s Name – Solicitation Number and Due Date in the Subject Line of the email. For Example, ABC Company, Inc. – RFP 0000-001 – March 16, 2020.

The First Page of each electronic submission must also include Company’s Name – Solicitation Number and Due Date. The second page of each electronic submission must only contain the following words in red font: **“CONFIDENTIAL BID SUBMISSION”**



All electronic submissions must be received at [ebids.proposalsSRMC@srmedicalcenter.org](mailto:ebids.proposalsSRMC@srmedicalcenter.org) .Where proposals are sent by email, the bidder shall be responsible for their email to SRMC before the date and time set for the closing of acceptance and proposals. Proposals received after the official deadline will be considered **LATE** and will **NOT** be considered for evaluation. There will be no exceptions.

**F. WITHDRAWALS OF PROPOSAL**

A proposal may be withdrawn at any time prior to the time specified as the closing time for acceptance of proposals. However, no proposal shall be withdrawn or canceled for a period of thirty (30) days after said closing time for acceptance of proposals nor shall the successful provider withdraw or cancel or modify his proposal, except at the request of SRMC after having been notified that said SRMC had accepted proposal.

**REQUEST FOR PROPOSALS  
SCHNEIDER REGIONAL MEDICAL CENTER**

**G. INTERPRETATION OF SPECIFICATIONS**

If any person contemplating submitting a proposal requires clarification of any part of the scope of work, he/she may submit to SRMC a written request for an interpretation thereof to LeRue C. Browne, Director of Materials Management, at [lbrowne@srmedicalcenter.org](mailto:lbrowne@srmedicalcenter.org). SRMC will not respond to questions received after the above established date. The Respondent will be responsible for its prompt delivery. Any interpretation of the scope of work will be made in writing to all prospective providers. Oral explanations will not be binding.

**H. CONSIDERATION OF PROPOSAL**

The Director of Procurement & Materials Management shall represent and act for SRMC in all matters pertaining to the scope of work and contract in conjunction therewith. **This RFP does not commit SRMC to the award of a contract, nor pay any cost incurred in preparing and submitting of proposals in anticipation of a contract. SRMC reserves the right to reject any or all proposals and to disregard any informally and/ or irregularity in the proposal when, in its opinion, the best interest of SRMC will be served by such action.** Proposals failing to provide some of the items in the scope of work shall not be rejected per se but any deviations from the scope must be clearly substantiated.

**I. ACCEPTANCE OF PROPOSAL**

SRMC will notify in writing acceptance of one of the proposals. Failure to provide any supplementary documentation to comply with the vendor's proposal may be grounds for disqualification.

**J. CONTENTS OF PROPOSAL**

The following is a list of information to be included in the written proposal. Failure to comply with all the requirements as outlined will disqualify the applicant.

1. Organization:
  - a. Introductory letter about the respondent:
    - i. Name, address, email, and telephone numbers.
    - ii. Type of service for which individual/firm is qualified.
  - b. Current Business License (Consultation for Testing and Evaluation) or state register for the services being advertised. All Respondents bidding as a Joint Venture must be licensed as a Joint Venture in the US Virgin Islands
  - c. Current trade name registration certification; if applicable
  - d. Certificate of Good Standing dated July 1<sup>st</sup> of the current calendar, or later
  - e. Articles of Incorporation (For Corporations) or Articles of Organization for (LLC's) or Statement of Qualification (Limited Partnerships), if applicable.

**REQUEST FOR PROPOSALS  
SCHNEIDER REGIONAL MEDICAL CENTER**

- f. Corporate Resolution or equivalent identifying the person who is authorized to act for the Respondent with respect to this RFP.
  
- 2. Project experience:
  - a. Provide a list of projects currently being performed. Include a brief description of the project and percentage completed.
  
- 3. Reference Letters: Three (2) letters minimum related to the project being solicited. To obtain maximum allotted points, each letter must:
  - a. Include information about past performance on similar project from authorized representative;
  - b. Include a working telephone number; and email address to be contacted; and
  - c. Notarized.
  
- 4. Project Approach:
  - a. The respondent applying to this solicitation will describe how you will approach this project and availability to perform the services requested.
  - b. The respondent applying to this solicitation will provide a listing of geotechnical equipment to use to perform services requested.
  
- 5. Proof of Sam.Gov registration
  
- 6. **The Cost Proposal must be submitted in a separate file. The Contractor will provide cost estimates for the following outlined services.**

**K. CONFLICT OF INTEREST**

A proposer filing a proposal hereby certifies that no officer, agent, or employee of SRMC has a pecuniary interest in this proposal or has participated in contract negotiations on behalf of SRMC; that the proposal is made in good faith without fraud, collusion, or connection of any kind with any other Respondent for the same request for proposals; the Respondent is competing solely on its own behalf without connection with or obligation to, any undisclosed person or firm.

**L. ACCEPTANCE OF CONTRACT TEMPLATE AND OTHER TERMS AND CONDITIONS**

By submitting a proposal in response to this RFP, the Respondent agrees to accept the boilerplate terms and conditions of SRMC's standard Professional Services Contract, a copy of which is attached to this RFP, if the proposer is selected for award. In addition, the Respondent agrees to comply with all legal requirements to contract with SRMC.

**REQUEST FOR PROPOSALS  
SCHNEIDER REGIONAL MEDICAL CENTER**

**M. MANDATORY LIST OF REQUIRED SUPPORTING DOCUMENTS TO CONTRACT WITH GOVERNMENT OF THE VIRGIN ISLANDS**

1. See attached.

THE DOCUMENTS IN THE ATTACHMENT WILL BE REQUIRED FOR APPROVAL OF THE CONTRACT WITH THE SUCCESSFUL RESPONDENT.

**N. REQUIRED DOCUMENTS**

1. **PUBLIC LIABILITY:** The successful Respondent will be required to obtain and have in place public liability insurance and other insurance necessary as requested in this proposal package. Insurance policy (ies) shall name SRMC as the certificate holder and additional insured via an endorsement. The public liability insurance shall have a minimum limit of not less than three hundred thousand dollars (\$ 300,000.00) for anyone per occurrence for death or personal injury and three hundred thousand dollars (\$ 300,000.00) for any one occurrence for property damage. Respondent must provide public liability insurance within (10) working days after award.
2. **PROFESSIONAL LIABILITY:** The successful Respondent will be required to supply proof of professional liability insurance for the services to be performed, with policy limits of no less than \$ 300,000.00 per each occurrence. SRMC shall be listed thereon as a certificate holder but not as an additional insured. Proof of professional liability coverage must be provided within ten (10) working days after award.
3. **WORKERS' COMPENSATION:** Within ten (10) working days after award of project, the successful Respondent must submit a copy of their certificate providing that the firm and its agents are covered by Workers' Compensation Employee's Liability.

**O. DEBARMENT**

By execution of an agreement, the firm certifies that it is eligible to receive grant awards using federally appropriated funds that it has not been suspended or debarred from entering into contracts with any federal agency. The firm shall include this provision in each of its subcontracts hereunder and shall furnish its Subcontractors with the current "LIST OF PARTIES EXCLUDED FROM FEDERAL PROCUREMENT OR NON-PROCUREMENT."

In the event the Firm or Subcontractor misrepresents its eligibility to receive grant awards using federal funds, the Firm or Subcontractor agrees that it shall not be entitled to payment for any work performed under the executed agreement and that the Firm or Subcontractor shall promptly reimburse SRMC for any progress payments heretofore made.

If, during the term of the executed agreement, the firm shall become ineligible to receive grant awards using federal funds, the agreement shall be terminated forthwith for cause and the firm shall not be entitled to payment for any work, or purchase under the agreement or Subcontractor after the

**REQUEST FOR PROPOSALS  
SCHNEIDER REGIONAL MEDICAL CENTER**

effective date of ineligibility.

**P. TAXES**

The price proposed by Offeror(s) shall be the total consideration, inclusive of taxes, is applicable. The Offeror(s), if awarded the Contract, may be subject to gross receipt taxes, excise taxes, import taxes, or customs duty, depending on the nature of the scope of work. All taxes are the responsibility of the Offeror(s) unless exempt by law. The Offeror(s) is advised to contact the Virgin Islands Bureau of Internal Revenue (“IRB”), (340) 715-1040, for information on their tax obligations. Neither the Authority, nor its employees or representatives, shall be responsible or liable due to any inquiries or representations regarding the Offeror(s)/Firm’s tax liability.

**Q. OPEN RECORDS**

Respondents are advised that any and all materials, information and documentation in any proposal submitted in connection with an RFP or an IFB may become a record of The Facility and may be subject to the provisions of Title 3 V.I.C. § 881, et seq. (Public Records Act). The Public Records Act requires disclosure of public documents upon request of any citizen unless the public document is deemed to be confidential or otherwise exempted by law. To date, however, no court of law has ruled on the application of this law to independent instrumentalities such as SRMC.” Confidential Information” includes all technical business, personnel, the taxpayer or other information including customer or client information and details of customer accounts, however, communicated or disclosed to the receiving party or its employees, relating to past, present and future research, development and business activities of the disclosing party and that has been identified as “confidential”. Both parties agree: (i) that the receiving party and its employees may disclose Confidential Information to others if required by law or with the prior written consent of the disclosing party; (ii) not to make use of Confidential Information other than for the performance of this Agreement; and (iii) that it will not use such information for its own advantage to the detriment of the disclosing party or its customers. Confidential information shall not include information which: (i) generally becomes available to the public (other than by the acts or omissions of the receiving party or its employees); (ii) was known prior to the date of this Agreement by “or becomes known to” the receiving party or its employees and was not obtained from any person under any obligation of confidentiality to the disclosing party, (iii) is independently developed by the receiving party; or (iv) is required to be disclosed pursuant to legal process or regulation.

**R. APPENDIX A**

Proposal Package Checklist

**S. APPENDIX B**

Bid Fee Schedule



**REQUEST FOR PROPOSALS  
SCHNEIDER REGIONAL MEDICAL CENTER**

**T. APPENDIX C**

Certification of Information

**U. APPENDIX D**

Women & Minority Owned Business Enterprise Participation Plan

**V. APPENDIX E**

GVI Non-Collusion Affidavit

**W. APPENDIX F**

Debarment Certification Form

**X. APPENDIX G**

Acknowledgement of any Addenda

**APPENDIX A**

**Proposal Package Checklist**

The following is a list of information to be included in the written proposal. Failure to comply with all the requirements as outlined will disqualify the applicant.

1. Submission of Proposal to:

[ebids.proposalsSRMC@srmedicalcenter.org](mailto:ebids.proposalsSRMC@srmedicalcenter.org)

Subject line contains- **Company's Name- Solicitation Number and Due Date.**

a. Proposals to include each of the following:

- i. Title Page
- ii. Table of Contents
- iii. Introductory Cover Letter – Name, Address, Email, Telephone, Type of Service for which Individual/Firm is Qualified
- iv. Name/Address of Principals of Firm
- v. Commitment Statement Letter
- vi. Executive Summary with Key Personnel with Relevant Experience, Including Resumes as Applicable and Length of Time with the Organization

**REQUEST FOR PROPOSALS**  
**SCHNEIDER REGIONAL MEDICAL CENTER**

- vii. Number of Staff Available for Assignment (Local & Out of Territory)
- viii. Outside Consultants that will be Retained for this Project and Percentage of Work to be Sub-Contracted
- ix. Firm Background and Experience
- x. Current Business License
- xi. Current Tradename Registration Certificate (if applicable)
- xii. Certificate of Good Standing
- xiii. Certificate of Resolution/Memorandum Authorizing Signatory on Company Letterhead
- xiv. Copy of SAM.GOV Registration & DUNS Number
- xv. Articles of Incorporation/Articles of Organization/Limited Partnership Agreement
- xvi. Listing of **ALL** of Vendor's Pending Litigation
- xvii. Confidential/Proprietary Information (if applicable)
- xviii. List of completed projects and estimated cost of each
- xix. Current projects underway; scope; percentage completed to date and estimated cost of each.
- xx. Provide at least three (2) references for work done on similar projects within the last 5 years
- xxi. Technical Proposal; Describe how you will approach this project and availability to perform the services requested
- xxii. Menu of Services and Cost Proposal in a separate sealed envelope
- xxiii. Appendix A: Proposal Package Checklist;
- xxiv. Appendix B: Respondent's Qualification Statement & Minimum Qualifications Questionnaire
- xxv. Appendix C: Bid Fee Schedule
- xxvi. Appendix D: Certification of Information
- xxvii. Appendix E: Women and Minority Owned Business Enterprises Participation Plan
- xxviii. Appendix F: GVI Non-Collusive Affidavit
- xxix. Appendix G: Debarment Certification Form
- xxx. Appendix H: Acknowledgement of any Addenda
- xxxi. Appendix I: Exceptions to the terms and conditions specified in the RFP and General Contract Provisions

**REQUEST FOR PROPOSALS  
SCHNEIDER REGIONAL MEDICAL CENTER**

**APPENDIX B  
BID FEE SCHEDULE**

**Schneider Regional Medical Center  
Telehealth Platform  
BID SCHEDULE**

CONTRACTOR \_\_\_\_\_  
(Contractor Name)

Description	Quantity	U/M	Unit Price		Total Cost	
			Dollars	Cents	Dollars	Cents
	1	LS	-			

**Total Cost of Project is:** \_\_\_\_\_

**Vendor Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The undersigned Contractor acknowledges that the quantities included on the Bid Sheet are estimated values. It is the Contractor's responsibility to ascertain that the required materials and quantities are included in the Bid Sheet. Any discrepancies in calculation will be verified during the time of evaluation.

**REQUEST FOR PROPOSALS**  
**SCHNEIDER REGIONAL MEDICAL CENTER**

**APPENDIX C**

**Certification of Information**

The undersigned, on behalf of the company named below, hereby represents and certifies to the best of their knowledge that:

- The information contained in the enclosed response is accurate and truthful as it relates to this Request for Proposal for **RFP 0005-SRMC**.
- Compliance to all applicable laws, regulation, or ordinances of applicable Federal, State, Territorial, and other governmental or regulatory agencies, which have jurisdiction, will continually be maintained.
- Unless fully disclosed in the response, the information submitted was not prepared in conjunction or cooperation with any other company and or individual.
- The firm named below unconditionally accepts all terms and conditions listed in this request for proposal, unless fully disclosed in the response.
- They have examined the Request for Proposal and related documents. They hereby submit the following Proposal for **RFP 0002-23SRMC** and do all things necessary to complete work in accordance with said documents required.
- The individual signing this form is an officer of the firm and is authorized to sign agreements on behalf of the company.
- They agree to commence work under this contract within ten (10) days of receipt of written "Notice to Proceed" from SRMC and to complete the entire work of the contract as specified substantially.
- This proposal shall hold for and may not be withdrawn for a period of thirty (30) calendar days from the Proposal due date.
- They have received all addenda to the Request for Proposal, all of the provisions and requirements of which addenda have been considered in preparation of this Proposal.
- No claim will be made on account of any increased wage, scale, material prices, taxes, insurance, cost indexes, or material prices.
- SRMC reserves the right to reject any or all bids and to waive any formality in the bidding.

**REQUEST FOR PROPOSALS  
SCHNEIDER REGIONAL MEDICAL CENTER**

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

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Organized as a (mark one):

\_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation Under the

Law of the State of: \_\_\_\_\_

Legal Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Web: \_\_\_\_\_

If a corporation, indicate the state of incorporation is a partnership, enumerate all partners. Current, valid Insurance Certificates and Union Cards for all trades are required for this project, and must be forwarded to the Vice President, Territorial Capital Projects for file record following award.

**REQUEST FOR PROPOSALS  
SCHNEIDER REGIONAL MEDICAL CENTER**

**APPENDIX D**

**Women & Minority Owned Business Enterprise Participation Plan**

**D.1 Subcontractor Participation Plan**

**Check one:** Initial Plan Amended Plan

*The purpose of this form is to ensure that appropriate planning and consideration go into the subcontractor utilization process, and to serve as documentation of your commitment to comply with MWBE requirements for this project. Please complete and sign this form and submit it with the proposal package.*

I affirm the following statements are true and accurate:

I have read and understood the MWBE requirements of the project.

I will make and thoroughly document good faith efforts to meet MWBE requirements.

This Subcontractor Participation Plan lists all subcontractors I intend to use, including non-MWBE firms. I understand the Intent to Perform as Subcontractor form, which verifies subcontractors have been contacted and intend to participate in this project, must be submitted for each contractor with this form.

I understand that I must submit an amended Subcontractor Participation Plan if there are any changes to the information provided herein.

Upon request, I will provide the Virgin Islands State Division of Homeland Security and Emergency Services (DHSES) with proof of payments made to subcontractors.

**FOR CONSTRUCTION CONTRACTS ONLY**

I must submit a separate Subcontractor Participation Plan for each direct subcontractor listed below who will retain second-tier subcontractors. Each direct subcontractor plan should be received prior to the date that subcontractor commences work on the project. If a direct subcontractor on this form is not subcontracting out part of its work, it must submit a Self-Perform Statement in lieu of a plan.

Authorized Person: \_\_\_\_\_

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

**Subcontractor Information**

**REQUEST FOR PROPOSALS  
SCHNEIDER REGIONAL MEDICAL CENTER**

Business Name	MWBE Certified (Y/N)	Award Amount	Services to be Provided	Anticipated Start Date

**D.2 Intent to Perform as Subcontractor**

Respondent/ Prime Contractor Firm		Subcontractor	
Name		Name	
Address		Address	
Phone		Phone	
Federal Id Number		Federal Id Number	
Contract/RFP Number			
Projected Start Date			
Projected Completion Date			
Work to be Performed			
Price of Work to be Performed			

**Certification**

The Contractor Firm hereby commits to hiring the Subcontractor, and the Subcontractor hereby affirms its intent to participate on the project. The firm must notify SRMC of any changes to the information provided herein. By signing below, each party certifies that the above information is true and accurate. Providing false or misleading information shall be grounds for the application of any applicable criminal and/or civil penalties for perjury.

Prime Contractor Firm Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Prime Contractor Firm Title

Subcontractor Signature: \_\_\_\_\_ Date \_\_\_\_\_

**REQUEST FOR PROPOSALS  
SCHNEIDER REGIONAL MEDICAL CENTER**

Subcontractor Title

**D.3 Self-Perform Statement**

This project has Minority and Women-Owned Business Enterprise (MWBE) goals. Any subcontracting must be reported by filling out the Subcontractor Participation Plan and submitting it to your Prime Contractor Firm. If your business is self-performing all the work assigned under this contract, an authorized representative must sign below and submit it to your Prime Contractor Firm. Signing below is an acknowledgment that if circumstances change and subcontracting does occur, a Subcontractor Participation Plan must be submitted immediately else payment may be withheld.

I have read and understand the above state, and I affirm that business (name of business) \_\_\_\_\_ will be executing 100 percent of the work assigned to it by (Prime Contractor Firm) \_\_\_\_\_ under the \_\_\_\_\_ (Project Location name) Redevelopment Project, and thus will not be subcontracting any work.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

\_\_\_\_\_  
Title



**REQUEST FOR PROPOSALS  
SCHNEIDER REGIONAL MEDICAL CENTER**

**APPENDIX E**

**GOVERNMENT OF THE VIRGIN ISLANDS  
GOVERNMENT HOSPITALS AND HEALTH FACILITIES CORPORATION  
NON-COLLUSION AFFIDAVIT**

————— 0 —————

..... being duly sworn, deposes and says that –

He is [owner, partner, officer, representative, or agent] of.....

..... the Respondent that has submitted that attached bid;

- He is duly informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such bid;
- Such bid is genuine and is not a collusive or sham bid;
- Neither the said Respondent nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Respondent, firm or person to submit a collusive or sham bid in connection with the contract for which the attached bid has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Respondent, firm or person to fix the price or prices in the attached bid or of any other Respondent, or to fix any overhead, profit or cost element of the price or the bid price of any other Respondent, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against The Government of the Virgin Islands or any person interested in the proposed contract; and
- The price or prices quoted in the attached bid are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Respondent or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

\_\_\_\_\_  
Signature of Affidavit

SUBSCRIBED AND SWORN to before me this....., day of .....  
\_\_\_\_\_  
Notary Public

**REQUEST FOR PROPOSALS  
SCHNEIDER REGIONAL MEDICAL CENTER**

**APPENDIX F**

**GVI Debarment Certification Form**

**GOVERNMENT OF THE VIRGIN ISLANDS  
GOVERNMENT HOSPITALS AND HEALTH FACILITIES CORPORATION**

***DEBARMENT CERTIFICATION FORM***

---

***Certification Regarding Debarment, Suspension, and Ineligibility***

---

- By submission of this solicitation, the Respondent certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any federal or local programs in the Territory or any Federal department or agency.
- Signing this Certification without disclosing all pertinent information about a debarment or suspension shall result in rejection of the offer or cancellation of a contract. The GVI may also exercise any other remedy available by law.
- Where the Respondent is unable to certify to any of the statements in this certification, such Respondent shall attach an explanation to this solicitation.

Name and Title of Authorized Representative:

Signature

Date

Subscribed and sworn to before me on the Island of \_\_\_\_\_, this  
\_\_\_\_\_ day of \_\_\_\_\_, 2021, by \_\_\_\_\_ of legal age,

\_\_\_\_\_  
(Trade or Corporation)

and personally, known to me.

(SEAL)

\_\_\_\_\_  
Notary Public

**REQUEST FOR PROPOSALS  
SCHNEIDER REGIONAL MEDICAL CENTER**

**APPENDIX G**

**Addendum Acknowledgment**

**RESPONDENT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tax Identification #: \_\_\_\_\_

**RESPONDENT 'S CONTACT PERSON**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**SCHEDULE OF ADDENDA**

(I) or (We) acknowledge receipt of the Addenda to the RFP Package hereinafter named, for the project(s) included in this RFP and declare that (I) or (We) accept these Addenda and that every change is included in this proposal.

Addendum Number _____	Date _____
Addendum Number _____	Date _____
Addendum Number _____	Date _____
Addendum Number _____	Date _____

**RESPONDENT 'S AUTHORIZED REPRESENTATIVE**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_