City of Union City Request for Proposals From Physicians to provide Recreation Physicals for the City of Union City for the period commencing on July 1, 2016 and ending on June 30, 2017

Introduction

Pursuant to the Fair and Open Process described under N.J.S.A. 19:44A-1, et seq., the City seeks Request for Proposals ("RFP") from Physicians licensed to practice medicine in the State of New Jersey to provide physical examinations for children participating in recreation programs, as directed by the Corporation Counsel, the Board of Commissioners or other appropriate official within the City for a contract for the term beginning on July 1, 2016 and ending on June 30, 2017. All candidates are required to comply with N.J.S.A. 10:5-31 et seq and N.J.A.C. 17:27 et seq. as amended. (Affirmative Action). Each candidate shall submit proof of business registration with the New Jersey Division of Taxation (P.L. 2004, C.57). The successful Physician must have significant experience in providing medical services for children requiring physicals. The successful Physician will provide the City of Union City with medical services in the capacity of a Physician including but not limited to:

1. Conduct physical examinations for children participating in the Hudson County Youth Football League including football players and cheerleaders;

2. Complete the doctor's declaration for participation in the Hudson County Youth Football League;

3. Physician shall comply with all HIPAA requirements; and

4. Physician shall provide the City with proof of malpractice insurance.

Each candidate shall submit proof of business registration with the New Jersey Division of Taxation (P.L. 2004, C.57) and must comply with the Affirmative Action requirement contained at N.J.A.C. 17:27 *et seq*.

Professional Information and Qualifications

Copies of this standardized submission requirements and selection criteria are on file and available from the Office of the City Clerk. Each interested firm shall submit the following information:

1. Name of Business;

2. Address of principal place of business and all physicians or business' offices and corresponding telephone and fax numbers;

3. Areas of Practice;

4. Description of Physician's education, licensing, experience, qualifications, number of years with the practice and a description of experience with services similar to those described above;

5. At least four (4) references;

6. Examples of your record of success as a Pediatric Physician;

7. The Physician's ability to provide the services in a timely fashion (including staffing, familiarity and location of key staff);

8. Cost details, including the hourly rates of each of the individuals who will perform the services and the time estimates for each individual, all expenses, and where appropriate;

9. Statement of corporate ownership (c.52:25-24.2); and

10. Statement, see attached, executed by a corporate officer, member, partner or sole proprietor certifying that there are no prior or pending ethics complaints against them or their company.

Selection Criteria

The selection criteria used in awarding a contract or agreement for professional services as described herein shall include:

1. Qualifications of the individuals who will perform the tasks and the amounts of their respective participation;

2. Experience in providing medical services to children in urban environments substantially similar to Union City and references;

3. Ability to perform the task in a timely fashion, including staffing and familiarity with the subject matter;

4. Ability to be available with the appropriate personnel at all times necessary to accomplish the representation; and

5. Cost competitiveness in light of all of the above factors.

Submission Requirements

Sealed RFPs will be publicly opened by the Union City Clerk in his offices at Union City Hall, 3715 Palisade Avenue, Union City, at 11:00 a.m. on May 25, 2016. The RFP must be received no later than 11:00 a. m. on May 25, 2016 by:

Dominic Cantatore, Acting City Clerk
City of Union City
3715 Palisade Avenue
Union City, New Jersey 07087

Please submit one original and two (2) copies of the RFP. Use white 8 ½" x 11" paper.

STATEMENT CONCERNING ETHICS COMPLAINTS

I, _____, of full age and to the best of my knowledge and belief, as of the date of this Certification, hereby certify as follows:

1. I am the _____ in connection with the firm, entity, partnership, sole proprietorship which entity is submitting this proposal to the City of Union City.

2. I am aware of no prior or pending ethics complaints against myself or any firm or entity.

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Dated: _____ By: _____

Print Name: _____

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