

The logo for Lakehead Nurse Practitioner-Led Clinic is displayed within a dark blue rectangular box. On the left side of the box, there is a thin vertical green line. The text "Lakehead" is written in a bold, white, sans-serif font, and "Nurse Practitioner-Led Clinic" is written below it in a white, italicized, sans-serif font.

Lakehead
Nurse Practitioner-Led Clinic

Request for Quotation (RFQ)

Project Management Services

Project: NP- 2017-11

Closing before 4:00 PM on November 17, 2017

Request for Quotation

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Project Overview

Lakehead Nurse Practitioner-Led Clinic (LNPLC) is a Not-for-Profit Primary Health Care Clinic, funded by the Ontario Ministry of Health and Long-Term Care. LNPLC is seeking Project Management Services to develop schedule optimization, physical space allocation, equipment requirements, oversee implementation of clinic expansion, and close-out of the project.

LNPLC invites individuals or firms to submit Quotations for the above-referenced project in accordance with the terms and conditions of this Request for Quotation document.

Definitions

Clinic Executive – Lakehead NPLC Clinic Administrator and Clinical Director

Contract – the contract which will be executed, for which this RFQ is issued

Project – the work outlined in this RFQ

Project Manager – the successful bidder being rewarded the work of this contract

Proponent – interested parties submitting Quotations for the work contained in this RFQ

Quotation – completed submissions in response to this RFQ

Background

LNPLC was founded in 2009 as one of the first Nurse Practitioner-Led Clinics in Ontario. It is now one of 25 such clinics, employing an interdisciplinary team of health providers and admin staff. We offer primary health care services to 3,200 patients in Thunder Bay, and work within the local network of health service organizations, hospitals, diagnostic lab centres, pharmacies and other partners.

We have advocated over the past five years to the Ministry of Health and Long-Term Care (MOHLTC), the need for increased access to primary care for residents of Thunder Bay, and our clinics ability to immediately staff two additional Nurse Practitioners (NPs) within our current physical space.

In October 2017, we received notification that we would receive this requested funding, and we expect the funding to be received by December, 2017.

Scope of Services

The intent of this project is to engage a Project Manager to take input from the Clinic Executive, staff, and Board of Directors to develop an expanded clinic model. This will include a change in clinic hours from 8:30 – 4:30 Monday to Friday to include evening and weekend hours of operation.

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With this additional funding, we will expand our staff as follows:

	Current Staffing	Expanded Staffing
Nurse Practitioners	4	6
Registered Nurse	1	1.5
Registered Dietitian	0.8	1
Social Worker	1	1.5
Registered Practical Nurse	1	1
Pharmacist	0.2	0.2
Medical Secretary	2	2.5
Admin Assistant	1	1
Clinic Administrator	1	1
	<hr/>	<hr/>
	12	15.7

Potential schedules will be modeled based on optimized staffing hours and positions to minimize overlap of staff, and to agree with preferred structure based on patient and staff feedback, which optimizes access to health providers.

Change in physical space may be required (ie. build additional office space within existing clinic space, if staff overlap requires).

The Project Manager will participate in initial meetings with executive to refine definition of the project, and subsequent meetings with staff for input sessions, as well as presentation of the plan to the Board of Directors.

All coordination in relation to design with LNPLC is to be included in the Project Manager's Scope of Work.

Project Budget/Cost Control

Budget

The One-Time funding received from MOHLTC for 'Furnishings and Equipment for new FTEs' is \$84,300. This amount will include all costs related to the hiring of staff, purchase of equipment, reconstruction of physical space, and the costs and fee of the Project Manager.

Costs

The Project Manager will ensure that all costs related to development and implementation of the Project do not exceed the funding amount included within the Budget presented above.

Project Schedule

The Project Manager will develop a detailed schedule to identify Project activities. In addition to presenting a schedule of implementation (hiring timeline, launch date for expanded hours), the schedule must meet the requirements of the following high-level milestones:

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Project Phase	Completion Date
Project Manager engaged	November 20, 2017
Initial Consultations with executive	November 30, 2017
Feedback sessions with Staff and Board	December 15, 2017
Progress Report and Draft presentation to Board	January 9, 2018
Follow-up feedback sessions and plan modifications	February 6, 2018
(If Required) Construction plan developed	February 6, 2018
Final Project Plan presentation to Board	March 6, 2018
Hiring of staff, and launch of expanded hours	April 1, 2018
Evaluation and plan modification	Spring/Summer 2018

The Project Manager shall confirm that it can complete its services in accordance with the approved schedule.

Project Roles and Responsibilities

Project Manager

The Project Manager will consult with the Clinic Executive and present recommendations based on all aspects of the work outlined in this RFQ.

The Project Manager's duties will include:

- Coordinating meetings with Clinic Executive, and feedback sessions with clinic staff
- Development of schedule and physical space models
- Development of recommendations for team member staffing and schedule optimization
- Development of overall plan recommendations
- Presentation to the Board of Directors on milestones and final project presentation
- Evaluation of project implementation with Clinic Executive

Form of Contract

Proponent's Quotation submissions must be received by the closing date of November 17, 2017.

The successful Project Manager will enter into a contract with Lakehead Nurse Practitioner-Led Clinic to deliver the services outlined in this RFQ.

Contract Form and Execution

The parties of this Contract agree that the Contract Documents shall be executed and maintained in hard copy by Lakehead Nurse Practitioner-Led Clinic, and the Project Manager.

The Clinic Executive and the Project Manager shall execute the Contract in writing, and affix their respective signatures.

Instructions to Proponents

Deadline for Quotation

Quotations are accepted electronically and by hard copy mailed or delivered to Lakehead Nurse Practitioner-Led Clinic at the following:

email: kyle.jessiman@lnplc.ca

Lakehead Nurse Practitioner-Led Clinic
ATTN: Kyle Jessiman, Clinic Administrator
101 – 325 Archibald St. S
Thunder Bay, ON
P7E1G6

Quotations must be received before the following date and time (the Closing Date and Time)

4:00 PM EST on November 17, 2017

Quotations received after the Closing Date and Time will not be considered.

Enquiries

Proponents are responsible to clarify any queries prior to submitting its Quotation. All enquiries related to this RFQ should be directed by email or by telephone to:

Kyle Jessiman, Clinic Administrator
807-475-9595 x204
kyle.jessiman@lnplc.ca

prior to the Closing Date and Time.

Submission Requirements

Proponents must satisfy the following mandatory requirements in their Quotation in accordance with the requirements of this RFQ.

- Fully executed and unconditional Appendix A – Quotations Submission Compliance
- Properly executed and unqualified Appendix B - Fixed Fee Quotation Form. The fixed price shall include all reimbursable expenses related to the work outlined in this RFQ.
- Fully executed and unconditional Appendix C – Lakehead Nurse Practitioner-Led Clinic's CONFIDENTIALITY AGREEMENT

Evaluation

Evaluation Process

Lakehead Nurse Practitioner Clinic Executive will evaluate Quotations using the following steps:

1. Validation of mandatory requirements
2. Financial Evaluation

Mandatory Requirements

Quotations that do not meet the mandatory requirements will not be considered further

Financial Evaluation

Points will be awarded on the basis of the fixed fee Quotations and the allocation of fees to stages of the project.

General Conditions

Lakehead Nurse Practitioner-Led Clinic's rights

LNPLC reserves the right to:

- Reject any and all Quotations;
- Accept any Quotation in whole or in part, including the lowest priced or any Quotation;
- Waive any minor irregularities in any Quotation
- Cancel this Request for Quotation either before or after submission deadline;
- Negotiate for the modification of any single Quotation; and
- Re-advertise for Quotations if desired

Quotation Expenses

Proponents are solely responsible for their own expenses in preparing and submitting Quotations, and for any negotiations or discussions with LNPLC or its representatives and consultants, relating to or arising from this Request for Quotation.

Request for Quotation

No Contract

By submitting a Quotation and participating in the process as outlined in this Request for Quotation, Proponents expressly agree that no contract of any kind is formed under, or arises from, this Request for Quotation, prior to the signing of a formal written contract.

No Claims

The Owner and its representatives, agents, consultants and advisors will not be liable to any Proponent for any claims, whether for costs, expenses, losses or damages, or loss of anticipated profits, or for any other matter whatsoever, incurred by the Proponent in preparing and submitting a Quotation, or participating in negotiations for a contract, or other activity related to or arising out of this Request for Quotation.

No Collusion

By submitting a Quotation the Proponent, and each firm, corporation or individual member associated with the Proponent's Quotation submission, represents and confirms to LNPLC, with the knowledge and intention that LNPLC may rely on such representation and confirmation, that its Quotation has been prepared without collusion or fraud, and in fair competition with Quotations from other Proponents.

Conflict of Interest

Proponents shall disclose any potential conflicts of interest and existing business relationships they may have with LNPLC or any known participants in the project. Conform to the conflict of interest requirements and disclosures as indicated in APPENDIX A - Quotation Submission Compliance Form – Conflict of Interest.

Accuracy of Information

While LNPLC has used considerable efforts to ensure an accurate representation of information in the Request for Quotation, the information contained in this Request for Quotation is supplied solely as a guideline for Proponents. LNPLC gives no representation whatsoever as to the accuracy or completeness of any of the information set out in this Request for Quotation, or any other background or reference information or documents prepared by third parties and made available to Proponents. Proponents will make an independent assessment of the accuracy and completeness of such information and will have no claim whatsoever against LNPLC or its representatives, agents, consultants and advisors, with respect to such information.

Ownership of Submissions

All Quotations submitted shall become the property of LNPLC

Confidentiality

Proponents shall treat all information received through this Request for Quotation process and subsequent contract award as confidential, and will not disclose such information to any person except with the prior written consent of LNPLC. Conform to the confidentiality requirements as indicated in APPENDIX C - Lakehead Nurse Practitioner-Led Clinic's CONFIDENTIALITY AGREEMENT

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Working Language

All Quotations must be written in English.

Payment Terms and Invoicing Procedures

The terms of payment for the Project Manager services shall be in accordance with the contract initiated by LNPLC and the Project Manager, as per the agreed upon APPENDIX B - Fixed Fee Schedule

Invoicing Procedures:

- All invoices are to be submitted to
Lakehead Nurse Practitioner-Led Clinic
101 – 325 Archibald St. S
Thunder Bay, ON
P7E1G6

Insurance Coverage and WSIB

By submission of its Quotation the Proponent confirms that it will be covered by its own insurance when working on the premises of LNPLC, or in respect to the work outlined in this RFQ. WSIB or equivalent workplace injury insurance will also be the sole responsibility of the Proponent. The Proponent agrees to waive any claim against LNPLC which would arise from workplace injury caused by its work on this Project, unless expressly caused by purposeful misconduct or negligence by LNPLC.

Consultant Contract Cash Allowance

The Project Manager agrees that all fees applicable to the work outlined in this RFQ will be the responsibility of the Project Manager, and sole reimbursement from LNPLC will come in the form of payment as agreed upon in the contract, and based upon Appendix H - Fixed Fee Quotation Form.

END OF REQUEST FOR QUOTATION

APPENDIX A - Quotation Submission Compliance Form

To provide Project Management services for Lakehead Nurse Practitioner-Led Clinic, according to the requirements of the Request for Quotation (RFQ).

Proponent Information

Legal Name of Proponent

Project Contact

Proponent's Street Address

City

Province

Postal Code

Telephone

Fax

I/We agree, for the Fixed Fee stated in the Fixed Fee Quotation Form to supply all labour, materials, and services for the execution and completion of the assignment in accordance with the Request for Quotations.

I/We agree at LNPLC's request to redistribute the timing of the delivery of the services to suit the progress of the project with no increase in the fee.

I/We submit the requested information outlining the team organization and deployment of resources, experience of the firm and references, qualifications of the prime contact, and team qualifications.

I/We recognize that the information and references submitted may be investigated and that pertinent information may be obtained, and hereby consent to such investigation.

Conflict of Interest Declaration

I/We hereby confirm that there is not nor was there any actual or perceived Conflict of Interest any other type of unfair advantage in our submitting the Quotation or performing or observing the contractual obligations of the Project Manager in the Agreement.

[or]

The following is a list of situations, each of which may be a Conflict of Interest or an instance of unfair advantage, or appears as potentially a Conflict of Interest or unfair advantage in our company submitting the Quotation or the contractual obligations of the Project Manager in the Agreement.

In submitting the Quotation:

I/Our company has no knowledge of or the ability to avail ourselves of Confidential Information LNPLC (or other than confidential information which may have been disclosed by LNPLC to the Proponents in the normal course of the Request for Quotation) and the confidential information was relevant to the Work, its pricing or the Request for Quotation evaluation process.

I/We agree that, upon request, I/we shall provide LNPLC with a Conflict of Interest Declaration from each individual identified above in the form prescribed by LNPLC.

I/We understand that any omission or failure to answer questions included herein may result in my/our being disqualified from further consideration in this Request for Quotation.

Tax Compliance Declaration

I/We hereby certify that at the time of submitting our Quotation, we are in full compliance with all tax statutes administered by the Ministry of Finance for Ontario and that, in particular, all returns required to be filed under all provincial tax statutes have been filed and all taxes due and payable under those statutes have been paid or satisfactory arrangements for their payment have been made and maintained.

APPENDIX B - Fixed Fee Offer

I/We hereby offer to provide to Lakehead Nurse Practitioner-Led Clinic, all services, labour and materials required to complete the assignment described in the Request for Quotation dated November 11, 2017, including the cost of all related disbursements as described in the RFQ, for the Fixed Fee of;

_____ Dollars

Insert Fixed Fee in words. Words take precedence over numbers.

_____ \$ Canadian

Insert Fixed Fee in numbers.

I/We understand that the Fixed Fee stated in words will form the Contract Price to perform this Project. The Fixed Fee is the sum of the prices identified below which include the cost of all related disbursements. Other disbursement costs in addition to the Fixed Fee Quotation will not be permitted.

I/We acknowledges that the Fixed Fee includes the cost to complete all work described herein including presentations and travel and that some deviation from the work as described is normal and expected, and has been factored into the Fixed Fee.

Fixed Fee Breakdown for Prime Consulting Services:

Pre-Design Services	\$
Schedule Model Development	\$
Physical Space Analysis	\$
Project Presentation Preparation	\$
Project Evaluation	\$
TOTAL FIXED FEE (excluding all applicable taxes)	\$
Harmonized Sales Tax (HST)	\$

Hourly Rates for Additional Work are not to be billed separately, and all fees related to the work outlined in this RFQ are to be included in this Fixed Fee Offer.

Addenda

In preparation of the Quotation we considered all addenda issued prior to the closing date.

Date

Name of Proponent

Signature of Proponent or Company Officials

I have the authority to bind the Company

APPENDIX C – Lakehead Nurse Practitioner-Led Clinic’s CONFIDENTIALITY AGREEMENT

I agree to keep confidential any information obtained during the performance of my duties at LAKEHEAD NURSE PRACTITIONER-LED CLINIC. I understand that confidential information includes, but is not limited to, information relating to:

- Personal health information of clients (such as but not limited to health records in any format (including paper or electronic), conversations, registration information, the fact that someone is, has been or may become a client of LAKEHEAD NURSE PRACTITIONER-LED CLINIC, the name of a substitute decision-maker, etc.);
- LAKEHEAD NURSE PRACTITIONER-LED CLINIC’s employees, physicians, students, researchers, contractors or vendors (such as but not limited to employee records, disciplinary action, performance reviews, quality reports etc.);
- LAKEHEAD NURSE PRACTITIONER-LED CLINIC’s business information (such as but not limited to contracts, financial information, memos, peer review information, etc.).

I agree that I have read and agree to follow the following LAKEHEAD NURSE PRACTITIONER-LED CLINIC privacy policies:

CPP-04 Confidentiality and Communication of Client Information
CPP-04-01 Use of Personal Health Information

If I need help understanding these policies, I will ask the Privacy Officer, Clinic Administrator or Clinical Director.

I also understand and agree that:

- I am only allowed to collect, use and disclose (including: receive, look at, access, ask for, view, copy, record, print, read, listen, share with others) confidential information on a “need to know basis” only, and even then only the minimum amount required, as required for my role or as I have been authorized to do in writing or as required by law.
- I will not communicate confidential information either within or outside LAKEHEAD NURSE PRACTITIONER-LED CLINIC, except to persons authorized to receive such information and only for the purposes of performing my duties.
- I will not collect, use or disclose the confidential information of family, friends, co-workers or any other individual, unless they are under my direct care or I am authorized as part of my official duties at LAKEHEAD NURSE PRACTITIONER-LED CLINIC and not for my own purposes.
- I am not allowed to engage in self-study (such as but not limited to learning how to document or learning about our clients and the services we offer them or learning how others provide services) with personal health information in the custody or control of LAKEHEAD NURSE PRACTITIONER-LED CLINIC without written permission from my supervisor/manager or the Privacy Officer.

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- I will not share my passwords to electronic information systems with anyone. I understand I am responsible for protecting those passwords and access to LAKEHEAD NURSE PRACTITIONER-LED CLINIC's systems and records and that I am responsible for all actions performed when the electronic information system has been opened using my password.
- I will access, process and transmit confidential information using only authorized hardware, software, or other authorized equipment. I understand that I may not save confidential information on an unencrypted USB key or other unencrypted portable device.
- I shall not remove confidential information from LAKEHEAD NURSE PRACTITIONER-LED CLINIC premises (including taking it home to work on) except as authorized. If authorized, I shall securely store the information and ensure it is in my custody and control at all times.
- I will not alter, destroy, copy or interfere with confidential information, except with authorization and in accordance with LAKEHEAD NURSE PRACTITIONER-LED CLINIC policies and procedures.
- I shall immediately report all incidents involving loss, theft or unauthorized use or disclosure of confidential information to my immediate supervisor/manager and to LAKEHEAD NURSE PRACTITIONER-LED CLINIC's Privacy Officer.

I understand that the LAKEHEAD NURSE PRACTITIONER-LED CLINIC conducts regular audits to ensure confidential information is protected against unauthorized access, use, disclosure, copying, modification or disposal.

I understand any breach of my duty to maintain confidentiality may result in corrective action. Such corrective action taken may include, but is not limited to: retraining, loss of access to systems, suspension, reporting my conduct to the Information and Privacy Commissioner of Ontario or a professional regulatory body or sponsoring agency, school or institution, restriction or revocation of privileges, and immediate dismissal. I understand there could also be notification of affected persons. I understand a privacy breach could also result in me being fined, prosecuted or sued.

I understand and agree to abide by the conditions outlined in this pledge (even if some of them do not apply to my role), and they will remain in force even if I cease to be employed by or associated with LAKEHEAD NURSE PRACTITIONER-LED CLINIC

Name: _____

Signature: _____

Date: _____