



## Department of Procurement Services

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160 South Hollywood Street · Room 126 · Memphis, TN 38112 · (901) 416-5376

### QUESTIONS AND ANSWERS

#### **RFP 042726TW Health Services School Based Clinics**

1. **What is the estimated budget of the contract? If unknown, please provide previous spending.**  
**TBD**
2. **Is this a new requirement? If not, please provide list of the current vendor(s) providing the service and how are the current services being procured? Apart from end of tenure, is there any other reason to release this solicitation? Are there any pain points?**  
**Christ Community Health Services (CCHS) are currently provided the service and no funds are procured.**
3. **Please provide the total number of temporary staffs on current assignment? Provide the job classification of each worker, vendor assigning the temporary employee, and the pay/bill rate for the temporary employee.** **Currently CCHS houses 2 NP, 2 MA, 1 scheduler, and 1 Supervising Physician to oversee the clinics. The rate of each employee was determined by the vendor. MSCS does not negotiate any salaries for the employees of the vendor.**
4. **Will this be a single award or multiple award?**  
**Single Award**
5. **Please provide a copy of the proposal of all current vendors providing temporary staffing, including rate/cost sheets.**  
**You can view the vendor's response(s) by way of an open records request.**
6. **What is the average length of the assignment?**  
**The anticipated assignment will be from July 1, 2026- June 30, 2029**
7. **Is it mandatory to have a local office?**  
**Yes**
8. **Is there any preference to the local vendor while evaluating the proposal?**  
**Please refer to page 43 of the proposal.**
9. **Do we need to submit the Certificate of Insurance and Business License with the proposal?**  
**Yes**
10. **Kindly provide specific list of attachments and documentation required to be submitted with the proposal so to avoid compliance issues.**

**Please refer to page 10-11 of the proposal.**

11. If a vendor does not qualify as a Small Business Enterprise (SBE) and/or Local Vendor, should the corresponding checkboxes on the cover page be left unchecked, or marked as "N/A"?

**Either would suffice**

12. Please confirm whether subcontracting is mandatory under this solicitation. Additionally, are there any subcontracting goals, that vendors should be aware of?

**Subcontracting is not mandatory and there was no goal placed on this project.**

13. If a vendor is based in the State of Tennessee but does not have a physical office located within Shelby County, will this impact the evaluation of the proposal beyond the Local Preference Policy considerations?

**Yes**

14. For vendors that do not have a Shelby County business license, will submission of a valid Tennessee state business license or registration be acceptable, or is a Shelby County business license mandatory for proposal submission?

**A valid Tennessee business license is acceptable.**

15. Can proposal responses for RFP 042726TW be delivered via FedEx or other courier services directly to 160 S. Hollywood Street, Room 126, Memphis, TN 38112, and be considered compliant if received before the deadline?

**Yes. Courier services are acceptable. If received before the deadline, the proposals will be compliant and acceptable.**

16. As per Page 10, Tab C: Experience and Capabilities, Item 2, please confirm whether vendors are required to include only the organizational chart, or if a narrative describing the account management team structure and roles should also be provided.

**Please provide requested information as it is listed in proposal.**

17. As per Page 10, Tab C: Experience and Capabilities, the RFP requests references capable of documenting (a) the Vendor's ability to manage similar contracts and (b) the quality and breadth of services provided. However, Appendix C only includes fields for basic reference information (e.g., client name, services provided, contact details). Please confirm whether vendors are required to provide additional narrative or testimonials addressing items (a) and (b), or if completion of Appendix C alone is sufficient.

**Please provide requested information as it is listed in proposal.**

18. As per Page 10, Tab C: Experience and Capabilities,3, please clarify whether vendors are required to submit resumes for the proposed account management team or identified candidates who will perform the work, or if representative/sample resumes for proposed roles (e.g., Nurse Practitioner, Medical Assistant, Physician Consultant) are acceptable in cases where final staffing has not yet been determined.

**Please provide requested information as it is listed in proposal.**

19. As per Page 10, Tab D: Fiscal Integrity/Financial Statements, please confirm whether submission of audited financial statements for the last three (3) years will satisfy all requirements under this section. Additionally, please clarify whether vendors are still required to provide separate information for items (a) through (f), or if these elements are considered covered within the audited financial statements. If audited financial statements are not available, can vendors provide any one of the items listed in (a) through (f) as acceptable documentation?  
**Please provide requested information as it is listed in proposal.**
20. As per Page 10, Tab D: Fiscal Integrity/Financial Statements, vendors are required to identify any claims or pending litigation within the past five (5) years. If a vendor has no claims or litigation to report, is it acceptable to state “N/A” or “None” in response to this requirement?  
**Either will suffice**
21. As per Page 11, Tab E: Technical Response to RFP Scope of Work, please confirm whether vendors may provide a narrative technical response organized with subheadings addressing each requirement of Part V (Scope of Work).  
**Please provide requested information as it is listed in proposal.**
22. Please confirm that preference will be given to bidders with a physical address in Shelby County, Tennessee, in accordance with the Local Preference Purchasing Policy.  
**Yes**
23. As per Page 14, Part V: Scope of Services (Details), please confirm the staffing requirements. Is the intent that each clinic will be staffed with one (1) Nurse Practitioner (NP) and one (1) Medical Assistant (MA), with one (1) Physician Consultant overseeing all clinics? **Yes** Additionally, is the total required staffing three (3) full-time NPs and three (3) full-time MAs, with one (1) additional part-time NP and one (1) additional part-time MA for expansion, rather than separate physician consultants at each clinic? **The staffing model includes one (1) Nurse Practitioner (NP) and one (1) Medical Assistant (MA) assigned to each clinic, with one (1) Physician Consultant providing oversight for all three clinics. If services expand to satellite and/or MSCS locations, each additional site will require one (1) Nurse Practitioner (NP) and one (1) Medical Assistant (MA), with continued oversight provided by the Physician Consultant. The Westwood location will operate within a shared space and will provide services on designated days of operation. While other locations will be fully staffed Monday-Friday.**
24. Please confirm whether services are required to be provided only at the three specified locations (East High School, Sheffield Career and Technology Center, and Westwood High School), or if vendors are expected to provide services at additional schools or locations within the district as needed. **MSCS currently operates three (3) School-Based Clinics at East High, Sheffield Career and Technology Center, and Westwood HS that provide services to all MSCS students, including those in district-managed schools. All students will come to those locations for health services.**

25. Please provide an estimate of the number of students within the district who are expected to utilize or require the school-based clinic services under this RFP. **Last year a total of 5383 visits were completed.**
26. Will staff be required to travel between the three clinic locations as part of service delivery? If so, will expenses such as parking and mileage be reimbursed by the District, or should these costs be included in the vendor's pricing proposal? **These costs should be included in the vendor's pricing proposal. The District will not reimburse vendor for any expenses.**
27. Please confirm whether the bidder is required to provide any equipment, medical supplies, or technology for clinic staff. If so, please specify the types of equipment and materials that are expected to be provided by the vendor versus those that will be provided by the District. **The District will provide the facility, including furnished waiting areas, exam rooms, and conference rooms, along with utilities such as electricity, gas, and water. The vendor will be responsible for procuring all medical supplies and any additional equipment necessary to operate the clinic. Vendor will also be responsible for internet services, signage, and the electronic medical records software.**
28. As outlined under Project Specifications (Services Offered include Pharmacy), please confirm whether the vendor is required to provide and dispense medications as part of the services, or if pharmacy services will be handled separately by the District or a third party. **All services offered will be at the discretion of the vendor.**
29. As per Page 19, Part V: Scope of Services (Financial Sustainability section), please confirm whether proposers are required to address each of the listed items (1-4) in detail within Tab E (Technical Response), and whether the 'Background Information' section must also be completed as part of the response, or if a summarized approach is acceptable. **MSCS is interested in understanding how the vendor will sustain and provide services for students who are uninsured. Therefore, items 1-4 are required. The Background Information section is intended for additional background information, if needed.**
30. As per Page 19, Part V: Scope of Services, please clarify whether the 'Additional Background Information' section is required to be completed by proposers, and if so, what specific information is expected. Additionally, please confirm whether the reference to 'District readiness' applies to the proposer or is intended as internal guidance for MSCS.  
**This is not required if there is no additional information to provide.**
31. As per Page 27, bond requirements , please confirm whether any bonding requirements apply to this contract. If bonding is required, please specify the type of bond (e.g., bid bond, performance bond) and the required dollar amount.  
**A bid bond is not required**

32. The solicitation references 'Small Business Enterprise Joint Venture Utilization (Appendix I)' under Tab F; however, this form does not appear to be included in the provided appendices. Please confirm whether this form is required and, if so, kindly provide the correct document.

**Appendix I is the pricing schedule. There was no goal set for this project, therefore the utilization form was not included and is not required.**

33. With respect to the Small Business Enterprise (SBE) Joint Venture Utilization requirement, please confirm whether subcontracting with SBE firms is mandatory for this RFP. If so, what are the participation goals or targets, and what documentation or certifications are required to demonstrate compliance?

**Subcontracting is not required, as no goal was set for this solicitation.**

34. Please confirm whether the required references must be from projects specifically involving school-based health clinic services with staffing such as Nurse Practitioners (NPs), Medical Assistants (MAs), and Physician oversight within the State of Tennessee, or if similar experience in other states or healthcare settings will be considered acceptable. **Required references must be from projects involving pediatric patients and similar experience will be considered acceptable.**

35. Please confirm whether vendors may provide references from other healthcare settings, provided they include similar roles such as Nurse Practitioners (NPs), Medical Assistants (MAs), and Physician oversight, even if they are not specific to school-based clinics. **Required references must be from projects involving pediatric patients and similar experience will be considered acceptable.**

36. As per Page 11, Tab E: Technical Response to RFP Scope of Work, please clarify whether vendors are required to provide resumes for proposed Nurse Practitioners (NPs), Medical Assistants (MAs), and Physician Consultant personnel. If so, should these be live resumes or sample resumes? Additionally, how many resumes per role are required?

**Yes; Traditional sample resume(s)**

37. As per Page 11, Tab E: Technical Response to RFP Scope of Work, vendors are required to address Part V (Scope of Work). Please confirm whether providing a detailed technical approach, including staffing plan, experience, and work plan, will suffice, or if vendors are also required to submit resumes for proposed Nurse Practitioners (NPs), Medical Assistants (MAs), and Physician Consultant personnel as part of the technical response
- A detailed technical approach, including staffing plan, experience, and work plan should include the resumes for proposed Nurse Practitioners (NPs), Medical Assistants (MAs), and Physician Consultant personnel. Unless that staff will need to be hired.

**A detailed technical approach, including staffing plan, experience, and work plan should include the resumes for proposed Nurse Practitioners (NPs), Medical Assistants (MAs), and Physician Consultant personnel. Unless that staff will need to be hired.**

38. Upon review of the solicitation, Page 11 (Tab F) references ‘Small Business Enterprise Joint Venture Utilization (Appendix I)’; however, the appendices provided identify Appendix I as the Pricing Schedule (Page 45). Please clarify whether the Small Business Enterprise Joint Venture Utilization form is required, and if so, kindly provide the correct appendix or form. **Please refer to question 32 for response.**
39. As per Page 14, Part V: Scope of Services, our understanding is that the required staffing includes a total of six (6) full-time FTEs (three (3) Nurse Practitioners and three (3) Medical Assistants), plus one (1) additional part-time Nurse Practitioner (0.5 FTE) and one (1) additional part-time Medical Assistant (0.5 FTE) for expansion, totaling seven (7) FTEs, along with one (1) Physician Consultant overseeing all clinics. Please confirm whether the pricing should reflect a combined/blended hourly rate covering this total staffing model across the three clinics. **MSCS does not negotiate any salaries for the employees of the vendor.**
40. As per Appendix I – Pricing Schedule, please clarify how vendors are expected to provide pricing for all required staffing roles (e.g., Nurse Practitioners, Medical Assistants, Physician Consultant) within the single line-item format for each year. **The vendor shall provide either a salary range or a fixed salary for all staff positions. This information will be utilized to document in-kind contributions.**
41. As per Appendix I – Pricing Schedule, please confirm whether vendors may utilize the blank space to provide a detailed breakdown of hourly rates by job classification (e.g., Nurse Practitioner, Medical Assistant, Physician Consultant), and then reflect the total combined cost in the annual (\$ per year) fields. **Yes**
42. As per Appendix I – Pricing Schedule, please clarify how vendors should account for varying hourly rates across different staffing roles (e.g., Nurse Practitioners, Medical Assistants, and Physician Consultant) within the single hourly rate format. Should vendors provide a blended rate, and if so, are we permitted to include a detailed pricing breakdown by role as a separate attachment?  
**Please refer to question 39 for response.**
43. As per Page 48, Certification Regarding Lobbying, please confirm whether this form is required to be completed for this RFP. If not applicable, should FNS Grant/Cooperative Agreement’ be marked as ‘N/A’ or left blank?  
**N/A will suffice**
44. As per Appendix A: Special Terms & Conditions and Appendix H: Local Preference Purchasing Policy, we do not see a designated signature section. Please confirm whether these documents are provided for informational purposes only, or if vendors are required to sign and submit an acknowledgment under Tab F: Forms.  
**No signature required**
45. As per Page 30, Appendix E – Debarment Affidavit, please confirm that if the respondent is a corporation, the form should be executed by an authorized corporate officer, and the signature lines for individual or partnership respondents may be left blank.  
**Yes, if you are corporate entity the individual and or partnership respondents may be left blank.**

46. As per Appendix F – Anti-Bribery Affidavit, for the section requiring disclosure of any violations, if the vendor has no such matters to report, is it acceptable to state “N/A” or “None” in the provided space?

**This will suffice**

47. As per Appendix G – Certificate of Insurance Coverage, please confirm whether vendors are required to complete and submit the provided form only, or if a separate Certificate of Insurance (COI) issued by the insurance carrier must also be included with the proposal

**Please complete the submit form if the vendor needs to include additional documentation, that is ok.**

48. As per Appendix H – Local Preference Purchasing Policy, please confirm whether the Local Preference requirement can be waived under any circumstances for this solicitation.

**No. It will not be waived.**

49. As per Page 11, Tab H: Electronic Media (Include with Submission), please confirm whether vendors may include a simple statement under Tab H indicating that the bidder has provided the USB containing the electronic version of the proposal within the sealed envelope,

**Please provide USB in the manner that is noted in the proposal.**

50. Please confirm whether Small Business Enterprise (SBE) firms are given any evaluation preference under this solicitation. Additionally, will vendors certified as Minority Business Enterprises (MBE) in the State of Tennessee receive any consideration or preference during evaluation?

**There is no SBE goal for this project.**

51. As per Page 26, Appendix A – Special Terms and Conditions for RFPs, Section g. Certificates and Affidavits references documents such as Sales Tax Certification, Minority Business Enterprise (MBE) Affidavit, and Asbestos Free Certification. Please confirm whether these documents are required to be submitted with the proposal, or if they are only applicable post-award or when specifically requested.

**These documents are not required for this solicitation.**

52. As per Page 25, Section 6: Proposal Submission, please confirm whether the optional letter of explanation is mandatory, or if vendors may omit this letter if all required information is already clearly addressed within the proposal response.

**Please provide requested information as it is listed in proposal.**