



REQUEST FOR QUALIFICATIONS (RFQ)

RFQ NUMBER: 24-0815

RFQ MUST BE DELIVERED BY: Monday, September 16, 2024 at 10:00 a.m.

RFQ MUST BE MAILED TO: Laredo College
Attention: Mr. Miguel A. Rangel
Director of Purchasing
West End Washington Street
Laredo, Texas 78040

RFQ MAY BE HAND DELIVERED TO: Laredo College
Fort McIntosh Campus, Building P-49
West End Washington Street
Laredo, Texas 78040

RFQ WILL BE OPENED: Monday, September 16, 2024 at 10:15 a.m.
Laredo College Fort McIntosh Campus
Elpha Lee West Building Room 102

THE LAREDO COLLEGE COLLEGE'S BOARD of TRUSTEES ("COLLEGE COLLEGE"), invites your firm to submit qualifications for:

Request for Qualifications for Physician Consultant Services

All qualifications should be mailed, or hand delivered to:

Laredo College
Mr. Miguel A. Rangel
Director of Purchasing
Building P-49 Room 101
West End Washington Street
Laredo, TX 78040

SECTION 1

GENERAL INFORMATION & REQUIREMENTS

1.1 GENERAL INFORMATION

Laredo College is seeking qualified physicians to provide professional consulting services for the development of the Health Services Department.

1.2 PUBLIC INFORMATION

All information, documentation, and other materials submitted in response to this solicitation are considered non-confidential and/or non-proprietary and are subject to public disclosure under the Texas Public Information Act (*Texas Government Code*, Chapter 552.001, *et seq.*) after a contract is executed. The Owner strictly complies with all statutes, court decisions, and opinions of the Texas Attorney General with respect to disclosure of RFQ information.

Information in any tangible form which is submitted by respondents will be treated as confidential **until such time as a contract is executed**. After that time, the information may be disclosed to requestors under the Texas Public Information Act, Chapter 552, Texas Government Code. If a respondent believes all or a portion of the information submitted is proprietary and confidential and should therefore be exempt from disclosure, they must clearly designate the specific item(s) and the proper statutory citation must be

1.3 CLARIFICATION AND INTERPRETATIONS

Any clarifications or interpretations of this RFQ that materially affect or change its requirements will be posted by the Owner as an addendum on the Electronic State Business Daily Website. All such addenda issued by the Owner before the proposals are due shall become a part of the RFQ, and respondents shall acknowledge receipt of and incorporate each addendum in its response.

Interpretations or clarifications in any other form, including oral statements, will not be binding on the Owner and should not be relied on in preparing Qualifications.

1.4 SUBMISSION OF QUALIFICATIONS

Deadline: LAREDO COLLEGE will accept proposals until 10:00 am, Monday, September 16, 2024.

Provide (1) original response in hard copy and one (1) USB drive containing the full response of the Qualifications in “pdf” format.

Laredo College will not accept submissions after the deadline.

Properly submitted Qualifications will not be returned to respondents.

1.5 EVALUATION OF QUALIFICATIONS

The evaluation of the Qualifications shall be based on the requirements described in this RFQ. All properly submitted Qualifications will be reviewed, evaluated, and ranked by a committee appointed by the College President. Qualifications shall not include any information regarding respondent’s fees, pricing, or other compensation.

1.6 EVALUATION CRITERIA

The College generally utilizes the following criteria in evaluating all submitted Qualification Statements (Grading scale indicating the maximum possible points awarded per criteria – Total Maximum possible points = 100:

- a. Applicant's experience as a Professional Consultant and professional background – (50 points).
- b. Applicant's ability to perform all services (20 points).
- c. Applicant's reputation, professional integrity and competence in providing professional consulting services (20 points).
- d. Applicant's capability to meet previous project schedules and deadlines, whether for the College or other entities and availability to begin work (10 points).

1.7 ACCEPTANCE OF EVALUATION METHODOLOGY

By submitting its Qualifications in response to this RFQ, Respondent accepts the evaluation process and acknowledges and accepts that the determination of the "most qualified" physician(s) will require subjective judgments by the Owner.

1.8 NO REIMBURSEMENT FOR COSTS

Respondent acknowledges and accepts that any costs incurred from the Respondent's participation in this RFQ shall be at the sole risk and responsibility of the Respondent.

SECTION 2

2.1 PURPOSE:

The Laredo College solicits proposals from qualified physicians to provide physician consultant services for both of the College's campuses.

2.2 SCOPE OF SPECIFICATIONS AND SUBMISSION:

Scope of Work

The Laredo College Physician Consultant should be a licensed physician who practices medicine in the State of Texas. The physician contracts with the College on a yearly basis to give guidance and direction to the College's Health Services Department at the local level.

The college physician consultant will:

- a. Act as a liaison between the college and other physicians, health agencies, and the general public regarding circumstances involving the college and public health.
- b. Monitor and consult with the college's Health Services Department, the LC Board, and administrators
- c. Offer medical advice and consultation regarding the medical needs affecting the safety and welfare of the students.
- d. Provide nursing staff with a Health Practice and Procedures Manual and standing orders that are updated and signed annually.
 - e. Provide timely oversight on issues that may be or are of public health concern.
- f. Assist the administration with nursing staff development programs and policy development on health and safety matters.
- g. Advise the college on the validity of requests for medical vaccination exemptions.
- h. Provide consultative services in matters of health education, public health law and related medical problems, and emergency treatment procedures.
- i. In general, the physician will act as a consultant on behalf of Laredo College.

Submittal Checklist

Below are the required documents and information needed to complete your submission. Failure to properly complete and submit any of the required documents may disqualify your proposal.

- ☐ Copy of current Physician Medical License
- ☐ Years of experience

INSURANCE

1. Physician shall furnish a certificate of insurance showing that the Physician maintains Physician's insurance carrier authorized to do business in the State of Texas by the State Board of Insurance. Said certificate shall include a clause obligating the Insurer to give ten (10) days prior written notice of any material change in the insurance including cancellation. **Failure to provide insurance within a 10 day(s) notice to the Purchasing Office will forfeit bid. Laredo College must be named additional insured and a certificate holder under the insurance policy.**
2. The following are the types of coverages and the limits set by the State of Texas that shall be maintained:
 - A. Worker's Compensation Insurance \$500,000.00
 - B. Comprehensive General Liability Insurance in the following amounts:
 1. General Aggregate \$ 1,000,000.00
 2. Products-Comp/Ops Aggregate \$ 1,000,000.00
 3. Personal & Advertising Injury \$ 1,000,000.00
 4. Each Occurrence \$ 500,000.00
 5. The Comprehensive General Liability Insurance must include liability coverage for:
 - a. Bodily injury,
 - b. Personal Injury,
 - c. Independent Physician,
 - d. Blanket Contractual,
 - e. Product,
 - f. Fire,
 - g. Medical Expense, and
 - h. Complete Operations.
 - C. Comprehensive Automobile Liability Insurance as follows: \$500,000.000
 1. Bodily Injury \$100,000 per person
 2. Bodily Injury \$300,000 per accident
 3. Property Damage \$100,000 per accident
3. The Physician shall indemnify and hold harmless the College and its officers and employees from any claim, liability, injury, expense, or loss, including defense costs and attorney's fees, arising out of Physician's performance.
4. Accordingly, the College shall notify the Physician promptly in writing of any claim or action, and shall have the right and option to be present in any such claim or action at its own expense.
5. Physician must attach licenses and certification requirements.

FORM 1295

Effective January 1, 2016 all contracts executed by the Laredo Community College Board of Trustees', regardless of the dollar amount, will require completion of Form 1295 "Certificate of Interested Parties," per the new Government Code Statute §2252.908. All contractors submitting a response to a formal Bid, RFCSP, SOQ or any contracts, contract amendments, renewals or change orders are required to complete the Form 1295 online through the State of Texas Ethics Commission website at the time the business entity §2252.908 (4d) submits the signed contract.

Additional information can be found at:

https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm.

CONFLICT OF INTEREST

1. Any Board member, who has a substantial interest, either direct or indirect in any business entity seeking to contract with the District, shall, before any vote or decision on any matter involving the business entity, file an affidavit stating the nature and extend of interest and shall abstain from any participation in the matter.
2. Physicians must convey any conflict of interest that may exist if selected to perform the Service Contract in accordance with the College's Manual of Policy and applicable state and local laws.

Estimated Time Schedule

- 1st Advertisement: August 25, 2024
- 2nd Advertisement: September 01, 2024
- RFQ Deadline: September 16, 2024 @ 10:00 am Central Standard Time
- Official award notice will be distributed via email on September 30, 2024 (tentatively)

REQUIRED FORMS:

FELONY CONVICTION AFFIDAVIT AND NOTIFICATION

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states “ ... a person or business entity that enters into a Contract with the a District must give advance notice to the District if the person or an owner of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony.”

Subsection (b) states “... a school District may terminate a Contract with a person or business entity if the District determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The District must compensate the person or business entity for services performed before the termination of the contract”.

☐ This Notice is not required if your firm is a publicly held corporation. Statutory citation covering notification of criminal history of contractor is found in the Texas Education Code 44.034.

☐ I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

Applicant's Signature:

Address: _____

☐ City, State, and Zip Code:

☐ Print name of the Authorized Company Official:

☐ My firm is a publicly held corporation; therefore, this reporting requirement is not applicable.

Signature/Date of Company Official: _____ **Date:**

☐ My firm is not owned nor operated by anyone who has been convicted of a felony or I have never been convicted of a felony.

Signature/Date of Company Official: _____ **Date:**

☐ My firm is owned or operated by the following individual(s) who has/have been convicted of a felony.

Name of Felon(s):

(Attach additional sheet if necessary)

Details of Conviction(s):

Print Name: _____ **Title**

: _____

Signature/Date of Company Official:

Date: _____

**Request for Taxpayer
Identification Number and Certification**

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number											
				-				-			
OR											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

CONFLICT OF INTEREST QUESTIONNAIRE
For vendor doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

2 ☐ **Check this box if you are filing an update to a previously filed questionnaire.** (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

☐ Yes

☐ No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

☐ Yes

☐ No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 ☐ **Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).**

7

Signature of vendor doing business with the governmental entity

Date