

## Request for Qualifications

## Architectural Services

**El Paso Children’s Hospital Renovations**

**RFQ # 950-03-25-006**

**March 3, 2025**

**SUBMITTAL CHECKLIST**

Due Date: April 2, 2025 @ 2:00 p.m. Mountain Time (MT)

|  |  |
| --- | --- |
| Request Number: | RFQ 950-03-25-006 |
| Vendor Name: |  |
| Contact Name: |  |
| Phone Number: |  |
| Contact E-Mail: |  |

**\*\*\*It is absolutely essential that the following three documents are signed. Failure to complete and sign any of these will result in rejection of your response\*\*\***

Check-off

1. \_\_\_\_ Signed and completed Response Agreement.

2. \_\_\_\_ Signed and completed Conflict of Interest Questionnaire (submission of an RFQ/RFQ response constitutes doing business). A signature is required in box #4 regardless of any other entry on the form.

3. \_\_\_\_ Signed and completed Public Integrity Disclosure.

Acknowledge Addendums Received (as applicable)

\_\_\_\_ Addendum 1

\_\_\_\_ Addendum 2

\_\_\_\_ Addendum 3

\_\_\_\_ Addendum 4

\_\_\_\_ Addendum 5

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

#### TABLE OF CONTENTS

##### Page Number

[1. OBJECTIVE 4](#_Toc191287747)

[2. BACKGROUND 4](#_Toc191287748)

[3. SCOPE OF SERVICES 5](#_Toc191287749)

[4. EVALUATION FACTORS FOR AWARD 6](#_Toc191287750)

[5. FEATURES 7](#_Toc191287751)

[6. SELECTION TIMETABLE 11](#_Toc191287752)

[7. PROCEDURE 11](#_Toc191287753)

[8. RESPONSE AGREEMENT 17](#_Toc191287754)

[9. GENERAL TERMS AND CONDITIONS 19](#_Toc191287755)

[10. CONFLICT OF INTEREST QUESTIONNAIRE 24](#_Toc191287756)

[11. PUBLIC INTEGRITY DISCLOSURES 26](#_Toc191287758)

# OBJECTIVE

The purpose of this Request for Qualifications (RFQ) is to solicit sealed statements of qualification from experienced firms to establish a contract for Architectural Services for El Paso County Hospital District d/b/a University Medical Center (“Hospital District, University Medical Center, Owner or Hospital”). The selection of the firm will be at the sole discretion of University Medical Center and will be based on University Medical Center’s sole opinion about which firm best meets the needs and requirements of University Medical Center. The services contemplated under this solicitation are for Architectural as well as Mechanical, Electrical, Plumbing, Construction Drawings, Bid and Construction Administration for renovation projects at El Paso Children’s Hospital. Reference Exhibit B & Exhibit C for additional information.

The selection of the firm will be at the sole discretion of UMC about which Offeror’s Proposal provides the best value to UMC based on the evaluation factors set forth in Section 3 herein.

# BACKGROUND

The El Paso County Hospital District is a not-for-profit, community-owned healthcare organization operating in El Paso, Texas, providing acute care services as well as outpatient and primary care services spanning virtually all major healthcare service lines. University Medical Center of El Paso is the largest public hospital located directly on the U.S./Mexico border, and it is the only teaching hospital in the West Texas/Southern New Mexico region, affiliated with the Texas Tech University Health Sciences Center El Paso. It also has affiliation agreements with numerous educational institutions in the region, including the University of Texas at El Paso, Southwest University, El Paso Community College, and others. Accredited by the Joint Commission and licensed for 354 beds, the hospital admits approximately 16,000 patients each year. Approximately 70,000 patients are seen in its Emergency Department annually. The University Medical Center of El Paso also serves as the region’s only Level 1 Trauma Center. The hospital is also a Center of Excellence in Mother/Baby care and a Level 4 Maternal Care facility (the highest level of care possible). One third of all babies born in El Paso County annually are born at UMC of El Paso. University Medical Center of El Paso is also the region’s only Joint Commission-certified Comprehensive Level 1 Stroke Center.

The hospital began in 1915 as El Paso County Hospital. Its mission today is To Heal, To Serve and To Educate.

University Medical Center of El Paso’s Vision is: To be the first choice for healthcare in the Southwest.

We are committed to C.A.R.E.S values throughout the El Paso County Hospital District:

Community – Pursue access to healthcare for all members of our community.

Accountability – Embrace responsibility for the outcomes resulting from our choices and actions.

Respect – Treat everyone with dignity and compassion.

Excellence – Provide the highest quality of care.

Service – Exceed each customer’s expectations every time.

University Medical Center of El Paso is a university-affiliated teaching hospital, sharing its campus with the Texas Tech University Health Sciences Center El Paso. Texas Tech University’s medical school designated UMC of El Paso as its primary teaching facility in 1973. Resident physicians receive post-graduate training in Family Practice, Anesthesiology, Psychiatry, Pathology, Radiology, Surgery, Emergency Medicine, Orthopedic, and other specialties/fields.

Additionally, Allied Health Career students receive their clinical training at University Medical Center of El Paso through memorandums of agreements with the University of Texas at El Paso, the El Paso Community College, New Mexico State University and 50 other educational institutions.

Twice in the 1990’s and again in 2008, UMC of El Paso was recognized as one of the nation’s top performing hospitals in a study titled “100 Top Hospitals: Benchmarks for Success.”

Since the early 1990’s, UMC of El Paso has been designated by the White House as the primary hospital to provide medical care to the President and Vice President of the United States, should it be needed during their visits through the region.

# SCOPE OF SERVICES

**3.1 Definitions**

For purposes of this Request for Proposal, the following words and terms shall have the meanings specified below:

1. *Agreement* shall mean the terms and conditions contained in the General Contractor’s Agreement between University Medical Center and the selected firm; the form of the Agreement.
2. *Architect* shall mean the architectural firm(s), including its agents and representatives, retained by Owner to provide comprehensive engineering services for the Project, including, but not limited to design services, civil, landscape, electrical engineering services, and construction administration services. Referred to as “ Architect.”
3. *Program Manager* shall mean the person or entity that will assist the owner in planning and executing the hospital bond program.
4. *Offeror(s)* shall mean those entities or persons submitting Statements of Qualification in response to this RFQ, including their agents and representatives.
5. *Owner* shall mean the El Paso County Hospital District dba University Medical Center.
6. *General Contractor* shall mean that firm responsible to provide construction services as described herein.
7. *Project Team* *or Project Delivery Team* shall mean the Owner, Architect, Program Manager, Construction Contractor and their respective agents and representatives.
8. *Proposal Due Date* shall mean the date established in this Request for Proposal.
9. *RFQ* shall mean this Request for Qualifications including all addenda, attachments and exhibits thereto.
10. *Selection Committee* shall mean a group of individuals designated by University Medical Center to review the qualifications and fee proposal of the Offerors and recommend the most qualified and best value firm for this bond program.
    1. **Mandatory Pre-Submittal Meeting: A Mandatory Pre-Submittal Meeting is scheduled on March 20, 2025, 10:00 AM (MT) at El Paso Children’s Hospital, Basement Level - Board Room , 4845 Alameda Aven., El Paso, TX 79905 . Site visits will be available at the conclusion of the Pre-Submittal Conference.**

3.3 Project Completion Schedule: Offerors are advised that the work contemplated under this Program is coordinated with other commitments of the Owner, and it is therefore imperative that the work be completed on schedule.

3.4 Agreement Form: See Sample Agreement referred to in Exhibit A. The information included in the Exhibit will be finalized during the contract negotiation process.

3.5 **TERM OF CONTRACT:** The hospital district intends to enter into an agreement for these services with a single firm for duration of the projects described in Exhibit B Scope of Work.

# EVALUATION FACTORS FOR AWARD

|  |  |
| --- | --- |
| **Factors** | **Weight** |
| Quality and appropriateness of staffing plan and related factors (Tab III) | 20 |
| Statement of Interest and experience of organization (Tab IV) | 20 |
| Familiarity with Local Market (Tab IV) | 20 |
| Related Experience and quality of personnel assigned to perform the services (Tab V) | 20 |
| Quality of Design and Construction Phasing Plan/Schedule (Tab VI) | 20 |

# FEATURES

UMC desires that the response to the solicitation be as succinct as possible, while still providing sufficient information for evaluation of the Respondent’s qualifications, approach, and ability to meet UMC’s needs in a responsive and cost-effective manner. In that regard, UMC requests that the responses follow the outline format below, and that the vendor addresses all of the questions posed in this solicitation.

The ”TAB” Sections contained in this solicitation regarding the Respondent’s experience and qualifications, scope of services, quantitative capabilities, organizational and financial stability, compensation requirements or other requirements listed. Refer to the “TAB” Sections on the specifics on what needs to be submitted in response to this solicitation.

All documents in the proposal must be submitted in the Tab order and attachment sequence as specified. Any section or questions left unanswered shall make the response incomplete and such response will not be considered.

1. **Cover Letter**

Provide a one-page Cover Letter. Immediately behind the cover letter, include a copy of Letter of Intent on this RFQ signed by Offeror indicating receipt of each Addendum issued.

1. **TAB I - History of the Firm/Organizational Structure**

**Organizational Structure**

If the Offeror is a corporation, provide the following information:

Date of incorporation

Place of incorporation and principal place of business

Officers and Directors (include position, address and telephone number)

Affiliates, partner corporations, and subsidiaries

If the Offeror is a general or limited partnership, provide the following information:

General Partners (include address and telephone number)

Limited Partners, if applicable (include address and telephone number)

If the Offeror is a joint venture, provide the following information:

Date of formation

Name and address of each venture partner

Principals of each venture partner

Venture partner holding the majority of interest in the joint venture and its percentage of interest.

If the Offeror is not a corporation, general or limited partnership, or joint venture, please identify the type of business entity and provide any pertinent information.

Provide the total number of employees (divided into full and part-time) and if a sole proprietor, state this.

Include your firm’s primary office location in addition to other locations including sub-consultants.

1. **TAB II – Completed UMC Forms**

**It is essential that these three documents be completed and signed. Failure to execute any of these will result in rejection of your response.**

1. Provide completed and signed Response Agreement
2. Provide completed and signed Conflict of Interest Disclosure
3. Provide completed and signed Public Integrity Disclosure
4. Statement of Omissions/Deviations to this RFQ as applicable.
5. Statement of comments and/or objections to the standard Agreement (Exhibit A – Contract for Architectural Services Between Owner and Architect).

**D. TAB III - Quality and Appropriateness of Staffing Plan and Related Factors**

The Respondent shall provide a Design and Construction Phasing Plan and assess the sequence and duration of each major task of the Program. This schedule serves as the basis of the staffing plan required above but, more importantly, will set the stage for the actual performance of the work. The response will be judged for the quality of thought that is included in the planning of the work and the resultant quality and completeness of the proposed schedule. While we clearly understand that along with the Architect comprising the Project Team, the Architect will nevertheless be held accountable to meet its own proposed design schedule unless it show that there were unknown circumstances that any other qualified Architect would not have been aware of.

1. **TAB IV - Statement of Interest & Experience of Organization**

Statement of Interest: Describe in a paragraph or a page what makes the respondent particularly qualified and interested in performing as Architect for this Project.

FIRM CAPABILITIES: Statement of your firm’s (and sub-consultants’) qualifications and scope of professional and technical services provided. Describe your firm’s experience, particularly as it relates to this Program.

PRIOR EXPERIENCE: Describe relevant experience (i.e. similar projects) associated with personnel who will be actively engaged in the Program for projects completed since 2018. Similarly indicate the Firm’s (and subconsultants’) experience in the local El Paso market relationship(s) with local trade partners

In addition to other written information this is to include a table showing all comparable projects completed since 2018 along with project specifics to include: name and location; size in square feet; total project cost; total completion of project from start of program validation thru first patient day; contact information for Owner’s representative who is most familiar with the respondent’s work on the project.

1. **TAB V - Related Experience and Quality of Personnel**

Provide an organizational chart and graphic staffing plan showing the amount /% of time each assigned person will be on the Program along with resumes for each person. In addition, provide a chart cross referencing the assigned personnel to the projects shown as experience of the responding organization shown in the table requested in Tab IV above.

1. **TAB VI - Quality of Design and Construction Phasing Plan/Schedule and timing of Completion**

The Respondent shall provide a Design and Construction Phasing Plan and assess the sequence and duration of each major task of the Program. This schedule serves as the basis of the staffing plan required above but, more importantly, will set the stage for the actual performance of the work. The response will be judged for the quality of thought that is included in the planning of the work and the resultant quality and completeness of the proposed schedule. While we clearly understand that along with the Architect comprising the Project Team, the Architect will nevertheless be held accountable to meet its own proposed design schedule unless it show that there were unknown circumstances that any other qualified Architect would not have been aware of.

1. **TAB VII - Proof of Insurability**

Submit a letter from insurance provider stating provider’s commitment to insure respondent for the types of insurance and at the levels specified in this RFQ if awarded a contract in response to the attachment to this RFQ. Refer to Exhibit C Insurance Requirements. Respondent shall also submit a copy of its current insurance certificate.

1. **TAB VIII - Litigation Disclosure**

Failure to fully and truthfully disclose the information required by this Litigation Disclosure form may result in the disqualification of your Submittal from consideration or termination of the contract, once awarded.

1. Have you or any member of your Firm or Team to be assigned to this engagement ever been indicted or convicted of a felony or misdemeanor greater than a Class C in the last five (5) years?

Circle One YES NO

1. Has a claim ever been asserted in the last ten (10) years against you or any member of your Firm or Team to be assigned to this engagement for injunctive relief, specific performance, or monetary damages in any civil proceeding (whether by litigation or by arbitration) alleging fraud, malfeasance, breach of contract, strict liability, negligence or gross negligence (either generally or in regard to the rendering of professional service?

Circle One YES NO

1. Have you or any member of your Firm or Team to be assigned to this engagement been terminated (for cause or otherwise) from any work being performed for the city of El Paso or any other Federal, State or Local Government, or Private Entity?

Circle One YES NO

1. Have you or any member of your Firm or Team to be assigned to this engagement been involved in any claim or litigation with the El Paso County Hospital District or any other Federal, State or Local Government, or Private Entity during the last ten (10) years?

Circle One YES NO

If you have answered “Yes” to any of the above questions, please indicate the name(s) of the person(s), the nature, and the status and/or outcome of the information, indictment, conviction, termination, claim or litigation, as applicable. Any such information should be provided on a separate page, attached to this form and included with this Submittal.

# SELECTION TIMETABLE

1. This table is tentative and subject to change.

|  |  |
| --- | --- |
| **Item** | **Target Date For Completion** |
| RFQ Issued | March 3, 2025 |
| Mandatory Pre-Submittal Meeting | March 20, 2025 at 10:00 am MT in the El Paso Children’s Hospital, Basement Level - Board Room |
| Written Comments Deadline | March 27, 2025 by 2:00 pm MT |
| Responses Due | April 2, 2025 by 2:00 pm MT |
| Short List Presentation/Interview (if required) | TBD |

1. Offerors may be asked to participate in one or more of the following steps:
2. It is estimated that the overall evaluation/selection process may take from three (3) to six (6) weeks.
3. Offerors will be asked to provide references and assist with the coordination of reference call checks upon request.
4. Offerors will be asked to make contract negotiation decisions promptly and within short notice.
5. Any questions or concerns about the timetable should be communicated in writing immediately upon receipt of the RFQ. (No phone calls.)
6. Failure to meet the delivery dates as outlined above may be basis for disqualifications of your proposal.

# PROCEDURE

**PLEASE NOTE:**

**Deviation from any of the following procedures may result in rejection of proposals submitted which contain such deviation(s).**

**A.** **Submission of Proposal**

1. All RFQ communication will be issued by the Materials Management department of University Medical Center of El Paso. All responses must be received by the Materials Management department.
2. **All communications** regarding the RFQ must be clearly marked on any correspondence (mail, email, Bonfire platform) to indicate **“Architectural Services El Paso Children’s Hospital Renovations RFQ # 950-03-25-006”** addressed to contact below:

Liliana Guerrero

Materials Resource Manager

El Paso County Hospital District

4815 Alameda Avenue, El Paso, TX 79905

[bidsquestions@umcelpaso.org](mailto:bidsquestions@umcelpaso.org)

1. All responses must be submitted through portal <https://umcelpaso.bonfirehub.com/portal> by the deadline. All material submitted in response to this RFQ will become property of El Paso County Hospital District.

1. Responses and all supporting documentation, if any, must be uploaded through <https://umcelpaso.bonfirehub.com/portal> on or before **2:00 p.m. (MT), April 2, 2025**  The offeror assumes all responsibility for the timely receipt of the RFQ response. **LATE PROPOSALS, REGARDLESS OF DELIVERY MEANS, WILL NOT BE ACCEPTED.**
2. **An Officer of the responding company must sign the Response Agreement AS IS, DO NOT change or retype the form.** **If for any reason, our specifications and/or Response Agreement are altered in the response, University Medical Center of El Paso may reject the proposal and the respective offeror may not be considered.** **An authorized agent of the offeror must sign the Response Agreement.**
3. **Offerors may not engage in “private communications” with any member of the Board of Managers of the El Paso County Hospital District or members of the El Paso County Commissioner’s Court regarding this RFQ/RFP from the date of issuance of the RFQ/RFP until the procurement process is complete and a contract has been negotiated with the selected offeror. Private communication means any communication other than communications that take place at a posted meeting of the full Board of Managers/Commissioner’s Court, or a meeting of a committee of the Board of Managers/Commissioner’s Court, or a meeting which has been specifically authorized by the Board of Managers/ Commissioners Court for the purpose of negotiating with an offeror.**
4. **State Law requires that responses must include filing a Chapter 176 Conflict of Interest Disclosure. Offerors are REQUIRED to include a completed and signed Conflict of Interest Questionnaire with their proposal.**
5. **To assure public confidence in the integrity of this procurement process and the integrity of the firms and individuals providing services to the Hospital District, each offeror must complete and sign the Public Integrity Disclosure or your response may not be considered.**
6. **Offeror must complete each section of the RFQ in its entirety and in the formats contained within this document**. The offeror shall submit all information and documentation in the order requested in the RFQ, even if it is redundant. Any response that is not made in accordance with the terms of the RFQ will be rejected. University Medical Center of El Paso shall not be held responsible for searching through responses for the required information and documentation.
7. If the offeror believes that any question in this RFQ is unclear or susceptible to more than one interpretation, the offeror must indicate that uncertainty and explain any conditions or assumptions pertinent to the response.
8. Offerors should make every attempt to use terminology in their proposal that is consistent with that of the hospital. Comparable terminology may be substituted where appropriate if the offeror provides clear and concise definitions.
9. The vendor shall submit all information and documentation in the order requested in the RFQ, even if it is redundant. Any response that is not made in accordance with the terms of the RFQ will be rejected. The University Medical Center of El Paso shall not be held responsible for searching through responses for the required information and documentation.
   * 1. **Submission of Questions**
10. All questions / requests must be submitted through the Bonfire Procurement portal <https://umcelpaso.bonfirehub.com/portal> or contacting person referenced in this RFQ. Materials Management must receive all written questions / comments, including questions and requests for clarification, no later than the Written Comments Deadline detailed in the RFQ Selection Timetable.

All questions / requests must be directed in writing to:

Liliana Guerrero

Materials Resource Manager

El Paso County Hospital District

[bidsquestions@umcelpaso.org](mailto:bidsquestions@umcelpaso.org)

1. Any oral, email or other communication regarding this RFQ with employees or officials of The Hospital District, other than the individuals mentioned above will be considered unofficial and non-binding. Until award letter notification has been made, all communication regarding this RFQ must be directed to Materials Management.
2. Revisions to the RFQ
3. Should any amendments and/or addenda be necessary, all offerors that requested a copy of the RFQ will be given the opportunity to respond. Lack of response to any amendment(s) and/or addenda shall make responses incomplete.
4. University Medical Center of El Paso will notify all offerors of amendments(s) and/or addenda, via Bonfire Procurement portal <https://umcelpaso.bonfirehub.com/portal> or

UMC website ([www.umcelpaso.org](http://www.umcelpaso.org)). Notwithstanding, it shall be the responsibility of the vendors to become informed of any amendment(s) and/or addenda to the RFQ.

1. Evaluation Process

Selection will be based on how well the responses meet the following criteria:

* + 1. The experience in providing the services demonstrated by the offeror, including the ability to offer all services requested.
    2. The extent to which services to be provided meet stated Hospital District requirements, including HIPAA compliance.
    3. Contractual terms that would govern the relationship between the Hospital District and the offeror.
    4. Best estimated overall cost in relation to the services offered and benefits demonstrated; as well as proposed calendar days to complete the work.
    5. The number and type of comparable references with positive comments.

1. Proposal Evaluation
2. All proposals will be reviewed by the RFQ Coordinator to determine compliance with administrative requirements and instructions specified in the RFQ. Only responsive proposals which meet the minimum requirements will be forwarded to the evaluation team for further review.
3. The evaluation of proposals shall be accomplished by an evaluation team, to be designated by The Hospital District, which will determine the proposal most responsive to the requirements stated in this RFQ. Proposals will be evaluated strictly in accordance with the requirements set forth in this RFQ and any addenda issued.
   1. Written submittals and oral presentations, if considered necessary, will be utilized in selecting the winning proposal. The Hospital District, at its sole discretion, may elect to select the top scoring finalists to continue to Phase II, for a presentation to help determine final award.

b, Oral Presentations:As part of the selection process, Respondent(s) may be asked to make oral presentations. If an oral presentation is requested, the Respondent(s) may be asked to elaborate on elements of their response and demonstrate their understanding or the Owner’s request. The process of evaluating the submittals and conducting any subsequent interviews may extend, at a minimum, one month following the solicitation deadline. Notwithstanding brief introductory comments, the primary presenter(s) during the oral presentation shall be the Offer’s proposed Project Manager who will have the day-to-day responsibility of managing the Project.

c. The solicitation or request to make an oral presentation shall not obligate UMC to accept or contract for any services whatsoever. UMC reserves the right to request additional information or material deemed necessary to assist in the selection process and to modify or alter any or all the requirements herein. IN the event of a modification, all Respondent(s) who submitted qualified responses will be given the opportunity to modify their responses in the specific area affected.

1. Commitments made by the offeror(s) at the presentation, if any, will be considered binding. The score from the presentations will be considered independently, to result in the selection of the offeror.
2. Notification of Selected / Rejected Proposals
3. If a response is accepted, the offeror will be contacted by the individuals aforementioned.
4. If a response is not accepted, the offeror(s) will be notified in writing after a contract has been executed with the selected offeror.
   1. General Terms and Conditions
5. The El Paso County Hospital District reserves the right to accept or reject any or all parts of any response for any reason whatsoever. The Hospital District further reserves the right to reject any and/or all responses.
6. The Hospital District assumes no responsibility for any costs incurred during the preparation of the response by the offeror.
7. El Paso County Hospital District reserves the right to negotiate final terms and conditions of the proposal and the resulting agreement.
8. El Paso County Hospital District reserves the right to award or cancel this process at any time.
9. El Paso County Hospital District is not bound to accept the lowest quote, nor any proposal submitted.
   1. Proprietary Information / Public Disclosure
10. Materials submitted in response to this competitive procurement shall become the property of The Hospital District.
11. Any information in the proposal that the offeror(s) desire to claim as proprietary and exempt from disclosure must be clearly designated. The page must be identified and the particular exception from disclosure must be clearly identified by the word “Confidential” printed on the lower right-hand corner of the page.
12. The Hospital District will consider an offeror’s request for exemption from disclosure; however, The Hospital District will make a decision predicated upon applicable laws.
13. Marking the entire proposal exempt from disclosure will not be honored. The offeror must be reasonable in designating information as confidential.
14. Non-proprietary information in response to this RFQ will be subject to public disclosure once the award is made and the contract signed with selected offeror.
15. Nondiscrimination

No person shall be excluded from participation in, be denied benefits of, be discriminated against in the admission or access to, or be discriminated against in treatment or employment in The Hospital District’s contracted programs or activities on the grounds of disability, age, race, color, religion, sex, national origin, or any other classification protected by Federal, State, and Local Laws; nor shall they be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of contracts with The Hospital District.

1. Statement of Omissions and Deviations

Offeror shall provide a full description of any omissions or deviations from the requirements set forth in the RFQ and the reasons why the omissions or deviations are in the best interest of University Medical Center of El Paso. The effect of any omissions or deviations on the total cost shall be included. If there are no omissions or deviations from the RFQ, the Respondents shall state the following:

“The proposal contains no omissions or deviations from the RFQ.”

University Medical Center of El Paso reserves the right to disqualify any proposal that contains any omissions/deviations (to include offeror declining to provide on-site presentations and/or demonstrations) if in University Medical Center’s sole determination, it is decided that such omissions/deviations impact the overall goal for which this RFQ was intended.

Additionally, the respondent may optionally list and explain any additional tasks, products or services that are proposed or recommended along with the associated cost, deliverables, and timetable to be undertaken that are not specified in this RFQ. Any additional elements should be clearly delineated and cost estimates presented separately so that University Medical Center of El Paso may consider the value added and distinguishes such elements from the required components in the RFQ.

# RESPONSE AGREEMENT

In exchange and consideration of this Request for Qualifications (hereinafter “RFQ”) by the El Paso County Hospital District d/b/a University Medical Center of El Paso (hereinafter “The Hospital District”),

                                   agrees that:

(Name of Offeror)

1. This response will become the property of The Hospital District and may be evaluated by any employee, consultant, or agent of The Hospital District.
2. The Hospital District reserves the right to proceed or not to proceed with plans to obtain services. The Hospital District further reserves the right to accept or reject any or all parts of the response to this RFQ.
3. All proprietary information provided in response to this RFQ will be treated as confidential to the extent permitted under the Texas Public Information Act. Non-proprietary information in response to this RFQ will be subject to public disclosure once the award is made and the contract signed with the selected Offeror. Offeror shall designate which portions of the Response/Agreement it considers to be proprietary.
4. All information in this response may be modified or changed only after notification of and approval by The Hospital District.
5. This RFQ is to be kept confidential to the extent permitted under the Texas Public Information Act. Information contained therein may not be used for any purpose other than in the preparation of a response submitted to The Hospital District.
6. By submitting a response to this RFQ, the Offeror agrees that the laws of the State of Texas shall govern the validity, performance, and enforcement of any contract between The Hospital District and the selected Offeror, and that the venue for any legal proceedings shall be in El Paso County, Texas.
7. By submitting a response to this RFQ, the Offeror represents and warrants that it has read and understands the RFQ documents and that its response is made in accordance with the terms of the RFQ.
8. By submitting a response to this RFQ, the Offeror represents and warrants that it has read and understands that the contract terms between the selected Offeror and The Hospital District may be subject to the contractual terms of separate contracts between The Hospital District and other entities within The Hospital District.
9. By submitting a response to this RFQ, the Offeror represents and warrants that the services it proposes are currently in compliance with HIPAA requirements and that it will maintain such services in compliance with HIPAA requirements as they may be amended or modified hereafter.
10. By submitting a response to this RFQ, the Offeror agrees to waive any claim it has or may have against The Hospital District and any of its agents and employees, and the Board of Managers of the El Paso County Hospital District, both individually and in their official capacities, arising out of or in connection with 1) the administration, evaluation, or recommendation of any response to this RFQ; 2) waiver of any requirements contained in the RFQ or the contract documents; 3) acceptance or rejection of any response to this RFQ; and 4) award of this contract.
11. The response or any portion thereof, may at the option of The Hospital District, become part of the final contract, and thus, legally binding.
12. If The Hospital District requests the submittal of supplemental information, the information requested shall be promptly provided in writing. Such supplemental information shall be deemed a part of the response.
13. By submitting a response to this RFQ, the Offeror represents and warrants that it shall not contract with any individual(s) or entity that is excluded from participation under the OIG or any other governmental program. The Offeror shall notify The Hospital District immediately in the event that Offeror, or any individual(s) it contracts with, is excluded from participating under the OIG or any other governmental program.
14. By submitting a response to this RFQ, the Offeror represents and warrants that neither it nor its employees, agents, or assigns have been (a) convicted of a criminal offense related to healthcare (unless such person or entity has implemented a compliance program as part of an agreement with the federal government); or (b) listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation under 42 U.S.C. 1320a-7, the OIG List of Excluded Individuals/Entities and/or the GSA list of debarred Offerors.
15. By submitting a response to this RFQ, the Offeror represents and warrants that it shall notify The Hospital District within three (3) days of the time it receives notice of any action being taken against it or its employees, agents, or assigns which could result in its exclusion from participating in the Federal health care programs. The Offeror acknowledges that The Hospital District may terminate this Agreement without penalty or further payment upon the resolution of a pending criminal charge or proposed disbarment or exclusion which results in a conviction, disbarment or exclusion of the Offeror or its employees, agents, or assigns.
16. By submitting a response to this RFQ, the Offeror hereby acknowledges that The Hospital District has adopted a Code of Conduct for the purpose of identifying and rectifying compliance issues as they may arise. The Offeror hereby represents and warrants that it and its employees, agents, or assigns shall comply with the Code of Conduct that it meets all applicable The Hospital District compliance guidelines.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Offeror Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of authorized representative for Offeror

# GENERAL TERMS AND CONDITIONS

***For viewing purposes only, do not need to sign***

1. This Agreement shall be for a period of \_\_\_\_\_\_\_\_\_\_, beginning on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 202\_ and ending the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 202\_. Customer may terminate this Agreement without cause by giving the other party thirty (30) days written notice. Parties may immediately terminate this Agreement for cause pursuant to breach of any term of this Agreement. Notice of termination to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall be mailed by certified mail, return receipt requested to Chief Executive Officer, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Notice of termination to Customer shall be mailed by certified mail, return receipt requested to the President and Chief Executive Officer, University Medical Center of El Paso, 4815 Alameda Avenue, El Paso, Texas 79905. Any other notice required or permitted under this Agreement shall be mailed by certified mail, return receipt requested, to the addresses above. A party may change its address by giving notice in compliance with this section.
2. Payments not made when due shall be subject to late charges of the lesser of (a) one and one-half percent (1.5%) per month of the overdue amount or (b) the maximum amount permitted under applicable law.
3. Both parties agree that the said sum for the services rendered during the term of this Agreement shall not exceed $\_\_\_,\_\_\_.00 annually.
4. Nothing contained herein shall be construed as creating the relationship of employer and employee between \_\_\_\_\_\_\_\_\_\_\_ and Customer, insofar as Customer will not direct \_\_\_\_\_\_\_\_\_\_\_ in the performance of its services or in any manner interfere with the professional judgment of \_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_ shall be deemed at all times to be an independent contractor. \_\_\_\_\_\_\_\_\_\_\_ shall not be included in any employee retirement or fringe benefit plan, and will not be covered by Worker’s Compensation Coverage. Customer will not withhold monies for State or Federal Income Tax or Social Security Payments, and the fees stipulated herein shall be paid in full to \_\_\_\_\_\_\_\_\_\_\_ without deductions of any kind. \_\_\_\_\_\_\_\_\_\_\_ shall be responsible for payment of Social Security and State and Federal Income Taxes.
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby agrees to maintain liability insurance the limits of which shall be not less than ONE MILLION DOLLARS ($1,000,000.00) for each incident and THREE MILLION DOLLARS ($3,000,000.00) aggregate.
6. Customer is a political subdivision of the State of Texas and is governed by the Texas Public Information Act, Chapter 552, Texas Government Code. The Parties acknowledge and agree that Customer shall only be obligated to perform its duties under this section and this Agreement in compliance with the Public Information Act. To the extent to which some duties hereunder are not in conformity with the requirements of the Public Information Act, Customer shall be relieved of said duties without penalty or further liability. In the event either party receives a request under the Public Information Act for Confidential Information it shall immediately notify the other party and confer on whether disclosure should be opposed. It is expressly agreed that Customer may request a determination from the Attorney General of the State of Texas in regard to the application of the Public Information Act to the requested information and whether the information is to be made available to the public. It is further agreed that Customer, its officers and employees shall have the right to rely on the determinations of the Texas Attorney General, and that Customer, its officers and employees shall have no liability to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ for disclosure to the public in reliance on a decision by the Attorney General. Nothing in this agreement shall require \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Customer to violate the terms of the Public Information Act.
7. This Agreement is conditional upon, subject to and contingent upon funding being available for the term in question and \_\_\_\_\_\_\_\_\_\_\_ shall have no cause of action against Customer in the event that Customer is unable to perform its obligation under this Agreement as a result of suspension, termination, withdrawal or failure of funding to Customer. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledges that Customer is a political subdivision of the State of Texas, and as such adopts its budget according to the laws of the State of Texas for a period of one year beginning on October 1st and terminating on September 30th of each year. In the event that Customer shall not obtain funding, this Agreement shall be terminated upon thirty (30) days written notice to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. However, Customer shall remain obligated to pay \_\_\_\_\_\_\_\_\_\_\_\_\_\_ for all services rendered prior to the effective date of notice of termination.
8. Customer cannot agree to binding arbitration. Any proposed dispute resolution process can only be entered into upon the mutual agreement of both parties.
9. If any provision of this Agreement shall be construed to be illegal or invalid, it shall not affect the legality or validity of any other provisions hereof, and the illegal or invalid provision shall be deemed stricken and deleted herefrom to the same extent and effect as if never incorporated herein, but all other provisions shall continue to the extent that they substantially reflect the Agreement contemplated by the parties.
10. All signatures to this Agreement warrant their authority to execute this document.
11. This Agreement constitutes and expresses the entire Agreement between the parties regarding the subject matter addressed and shall not be amended or modified except by written instrument signed by all parties.
12. For the purpose of determining the place of Agreement and the law governing same, this Agreement is entered into in the County of El Paso, State of Texas and shall be governed by the laws of the State of Texas. Venue for all causes of action arising from or in connection with this Agreement shall be in El Paso County, Texas.
13. Neither party shall have the right to assign or otherwise transfer any rights, interests, or obligations under this Agreement without prior written consent of the other party. Such consent shall not be unreasonably withheld.
14. Neither party shall be responsible for any delay, damage, failure, or inability to perform resulting from causes not within the control of the party and which the party is unable to prevent through reasonable diligence.
15. The terms and provisions contained in this Agreement shall inure to the benefit of and be binding upon the parties hereto and their heirs, respective successors in interest, legal representatives and assigns, except as otherwise herein expressly provided. No person or entity other than the parties, except governmental entities to the extent required by law or as otherwise herein expressly provided, shall be entitled to bring any action to enforce this Agreement, and the terms of this Agreement are intended solely for the benefit of, and to be enforceable only by, the parties or their respective successors in interest or assigns as permitted under this Agreement.
16. Except as otherwise provided, no term or condition of this Agreement shall be waived except by written waiver of the waiving party. The forbearance or indulgence by a party in any regard whatsoever shall not constitute a waiver of the term or condition to be performed by the other party, and until complete performance by the other party of such term or condition, the forbearing party shall be entitled to invoke any remedy available under this Agreement or by law despite such forbearance or indulgence. The waiver by a party of any breach of any term or condition of this Agreement shall apply to and be limited to the specific instance involved and shall not be deemed to apply to any other instance or to any subsequent breach of the same or any other term or condition of the Agreement.
17. Each party shall be responsible only for its own acts and omissions under this Agreement. Each party shall, to the extent permitted by the laws and constitution of the State of Texas, indemnify the other party against, and hold the party harmless from, any and all liabilities, including attorney's fees, resulting from or arising out of or connected with the party's failure to comply with this Agreement or tortious or unlawful act or omission.
18. Pursuant to Public Law 96-499, sec. 952 (Sec. 1861 (v)(1) of the Social Security Act), the parties agree that: \_\_\_\_\_\_\_\_\_\_\_ shall, until the expiration of four (4) years after the furnishing of the services under this Agreement, retain and make available, under written request by the secretary of the U.S. Department of Health and Human Services, or upon written request, by the U.S. Comptroller General, or any of their duly authorized representatives, the contract and books, documents and records of \_\_\_\_\_\_\_\_\_\_\_ that are necessary to verify the nature and extent of the cost of the services under this Agreement. If \_\_\_\_\_\_\_\_\_\_\_ carries out any of the duties of this Agreement through a subcontract, with a value or cost of $10,000.00 or more over a twelve (12) month period with a related organization, such subcontract shall contain a clause to the effect that, until the expiration of four (4) years after the furnishing of such services pursuant to such subcontract, the related organization shall retain and make available, upon written request by the Secretary of the U.S. Department of Health and Human Services, or upon written request by the U.S. Comptroller General, or any of their duly authorized representatives, the subcontract and books, documents or records of such organization that are necessary to verify the nature and extent of such costs of the subcontracted services. In the event of a request for access, \_\_\_\_\_\_\_\_\_\_\_ agrees to notify Customer what response will be made to that request.
19. \_\_\_\_\_\_\_\_\_\_\_\_\_ represents and warrants that it shall not contract with any individual(s) or entity that is excluded from participation under the Office of Inspector General (“OIG”) or any other governmental program. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall notify Customer immediately in the event that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or any individual(s) it contracts with, is excluded from participating under the OIG or any other governmental program. \_\_\_\_\_\_\_\_\_\_ represents and warrants that neither it nor its employees, agents, or assigns have been (a) convicted of a criminal offense related to healthcare (unless such person or entity has implemented a compliance program as part of an agreement with the federal government); or (b) listed by a federal agency as debarred, excluded or otherwise ineligible for federal program participation under 42 U.S.C. 1320a-7, the OIG List of Excluded Individuals/Entities and/or the General Services Administration (“GSA”) list of debarred contractors. \_\_\_\_\_\_\_\_\_\_ shall notify Customer within three (3) days of the time \_\_\_\_\_\_\_\_\_\_ receives notice of any action being taken against \_\_\_\_\_\_\_\_\_\_ or its employees, agents, or assigns which could result in \_\_\_\_\_\_\_\_\_\_\_ exclusion from participating in the Federal health care programs. \_\_\_\_\_\_\_\_\_\_ acknowledges that Customer may terminate this Agreement without penalty or further payment upon the resolution of a pending criminal charge or proposed disbarment or exclusion which results in a conviction, disbarment or exclusion of \_\_\_\_\_\_\_\_\_ or its employees, agents, or assigns.
20. Customer is exempt from payment of taxes under Chapter 151, Texas Tax Code, known as Limited Sales, Excise and Use tax Act, for the purchase of tangible personal property.

(THIS SPACE INTENTIONALLY LEFT BLANK)

IN WITNESS WHEREOF, the parties have hereunto set their hands.

EL PASO COUNTY HOSPITAL DISTRICT D/B/A

UNIVERSITY MEDICAL CENTER OF EL PASO

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

R. JACOB CINTRON

President and Chief Executive Officer

REVIEWED FOR FORM

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

Legal Counsel

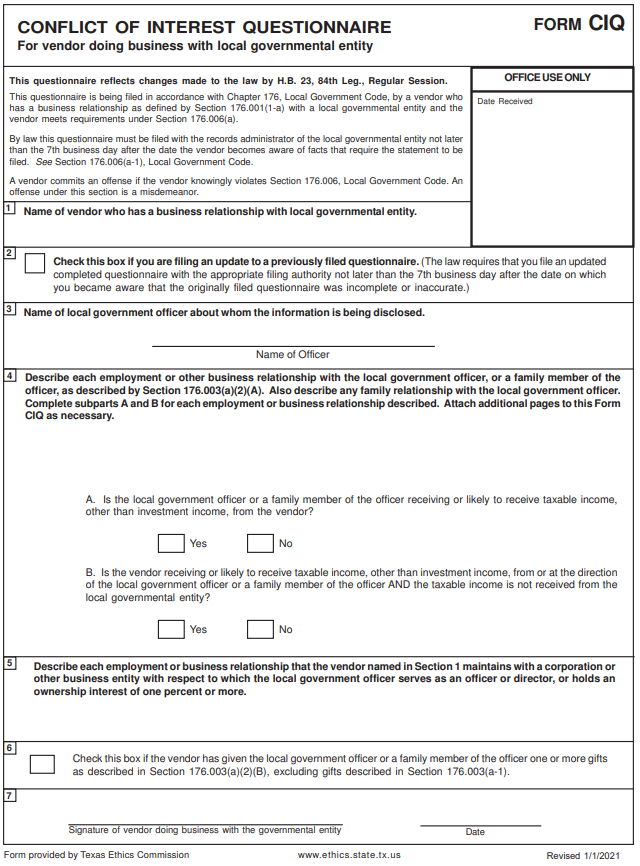
### CONTRACTOR

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

NAME

Title

# CONFLICT OF INTEREST QUESTIONNAIRE



# 

# PUBLIC INTEGRITY DISCLOSURES

To assure public confidence in the integrity of this procurement process and the integrity of the firms and individuals providing services to the Hospital District, **each offeror must answer each of the following or your response may not be considered.**

1. Disclose whether the offeror, or any of its employees or agents, is a target or is currently under investigation for giving or soliciting bribes, or improperly influencing or attempting to influence the award or termination of any contract with the County of El Paso, or the El Paso County Hospital District.

1. Warrant that neither the offeror nor any employee or agent has given or offered anything of value to any member or family member of the El Paso County Commissioners Court or El Paso County Hospital District Board of Managers, with respect to the award or termination of any contract with the County of El Paso, or the El Paso County Hospital District.

1. Disclose for the period of the last eighteen (18) months, any and all campaign contributions or gift or any transfers of cash, checks or anything of value to any member or family member of the El Paso County Commissioners Court or El Paso County Hospital District Board of Managers.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Business Name |  |  |
| Signature |  | Date |
| Name |  | Title |