

TOWN OF NORTH  
PROVIDENCE  
SCHOOL DEPARTMENT

State of Rhode Island

**Terms and Requirements for Request for Proposal**

Item Description: **SCHOOL DISTRICT PHYSICIAN - CONSULTANT**

Date and Time to be **ISSUED**: **WEDNESDAY, MARCH 19, 2025**

Date and Time to be **OPENED**: **THURSDAY, APRIL 10, 2025 AT 11:00 A.M.**

Proposals may be submitted up to **10:00 AM** on the above meeting date at the **Office of the School Finance Director**, 1820 Mineral Spring Ave., North Providence, RI 02904, during normal business hours, 8:30 AM through 4:00 PM. All proposals will be publicly opened and read at the above noted address.

**INSTRUCTIONS**

1. Vendors must submit sealed proposals in an envelope clearly labeled with the above captioned item or work. The proposal envelope and any information relative to the proposal must be addressed to the **Finance Director**, 1820 Mineral Spring Ave., North Providence, RI 02904. Any communications that are not competitive sealed proposals (i.e., product information or samples) should have “**NOT A PROPOSAL**” written on the envelope or wrapper.
2. Proposals must meet the attached specifications. Any exceptions or modifications must be noted and fully explained.
3. Proposal responses must be in ink or typewritten.
4. The price or prices proposed should be stated both in **WRITING** and in **NUMERALS**, and any proposal not so stated may be rejected.
5. Proposals **SHOULD BE TOTALED** WHEN APPLICABLE. Do not group items: price each item individually. Awards may be made on the basis of *total* proposal or by *individual items*.
6. Each responder is required to state in their proposal their full name and place of residence; and must state the names of persons or firms with whom he is submitting a joint proposal. All proposals **SHOULD BE SIGNED IN INK**.
7. One original proposal and **two copies** shall be submitted.

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**NOTICE TO VENDORS**

1. The North Providence School Department (NPSD) reserves the right to waive any and all informalities and to award the contract on the basis of the lowest qualified evaluated bid proposal.
2. No proposal will be accepted if made in collusion with any other responder.
3. A responder who is an out-of-state corporation must qualify or register to transact business in this State, in accordance with R.I. Gen. Laws, as amended, Sections 7-1.1-99, 7-1.1-105, 7-1.1-106.
4. The North Providence School Committee reserves the right to reject any and all proposals.
5. In determining the lowest qualified evaluated bid proposal, cash discounts for payments less than thirty (30) days will not be considered.
6. Where prices are the same, the North Providence School Department reserves the right to award to one responder, or to split the award.
7. Competitive bids may be obtained by all responders attending the formal proposal opening.
8. As the North Providence School Department is exempt from the payment of Federal Excise Taxes and Rhode Island Sales Tax, prices quoted are not to include these taxes.
9. In case of error in the extension of prices quoted, the unit price will be given.
10. The contractor will not be permitted to either assign or underlet the contract, nor assign legally or equitably any moneys hereunder, or its claim thereto without the previous written consent of the School Committee.
11. Delivery dates must be shown on your proposal. If no delivery date is specified, it will be assumed that an immediate delivery from stock will be made.
12. A certificate of insurance shall be required of a successful vendor in which the North Providence School Department is named an *additionally named insured* in the title holder box. The certificate shall provide that the school department will be given at least 30 days advance notice of policy cancellation.
13. Proposals may be submitted on an "equal" in quality basis. The NPSD reserves the right to decide equality. Responders must indicate brand or make offered and submit detailed specifications if other than brand requested.
14. For contracts involving construction, alteration and/or repair work, the provisions of State Labor Laws concerning payment of prevailing wage rates apply (See R.I. General Laws Sec. 37-13-1 et seq. as amended).
15. No goods should be delivered or work started without Notice from the NPSD.

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VENDOR PROPOSAL TERMS

1. It is hereby mutually understood and agreed that no payment for extra work shall or will be claimed or made unless ordered in writing by the School Finance Director or his designee.
2. Awards will be made within thirty (30) days of the proposal opening. All proposal prices will be considered firm, unless qualified otherwise. Requests for price increases will not be honored.
3. Failure to deliver within the time quoted or failure to meet specifications may result in default action in accordance with the general specifications. It is agreed that deliveries and/or completion are subject to strikes, lockouts, accidents and Acts of God.
4. Only one shipping charge will be applied in the event of partial deliveries for blanket purchases or term contracts.
5. The successful responder shall, prior to commencing performance under the contract, attach and submit a certificate of insurance, in a form satisfactory to the NPSD by which the successful responder will indemnify and hold harmless the NPSD during the term of the contract from claims for personal injury or damages to property sustained by third person, or their agents, servants and/or claimed under them.

**Introduction:**

The North Providence School Department is soliciting for proposals for: SCHOOL DISTRICT PHYSICIAN - CONSULTANT

**Requests for Clarification:**

Inquiries concerning clarification on any portion of this RFP should be made to:

Finance Office  
1820 Mineral Spring Ave.  
North Providence, RI 02904  
[Comptroller@npsd.k12.ri.us](mailto:Comptroller@npsd.k12.ri.us)

**Cost Proposal:**

The cost proposal should include the following information:

- 1.) The responder shall submit Attachment “B” filled out completely.
- 2.) The cost proposal should contain all pricing information relative to delivery of services as described in this RFP.
- 3.) No proposals will be accepted after THURSDAY, APRIL 10, 2025 at 10am. North Providence School Department will evaluate all proposals. Be prepared to answer any calls in regards to the proposal.

**Evaluation Criteria:**

- 1.) The NPSD will review and evaluate each submitted proposal in accordance with the requirements of this RFP. The evaluation will include weighted criteria detailed below. If further information is desired, vendors may be requested to make additional written submissions or oral presentations to the North Providence School Committee.
- 2.) Proposal will be evaluated on the following:

		<b>Score</b>
1.	Company Information and Years in Business	20
2.	Required documents stated in RFP	20
3.	Experience and References	20
4.	Business located in North Providence	5
5.	Pricing	35
	<b>Grand Total</b>	<b>100</b>

**Final Selection:**

The North Providence School Committee will select a firm based upon the review, evaluation and recommendation of the Evaluation Committee in regards to the proposal submitted for consideration. The North Providence School Committee will take final action as to whether to go forward with the proposal. Following the notification of the firm selected, it is expected a contract will be executed between the parties.

- 1.) A firm’s submission of a proposal indicates acceptance of the conditions contained in this Request for Proposals unless clearly and specifically noted in the proposal submitted and confirmed in the contract between the NPSD and the firm selected.

**Timeline:**

Request for Proposals Issued	WEDNESDAY, MARCH 19, 2025
Proposal Due Date and Opening	THURSDAY, APRIL 10, 2025 AT 11:00 A.M.
School Committee Meeting for potential contract award	WEDNESDAY, APRIL 23, 2025

## **Attachment “A” – Page one**

The North Providence School Department invites the submittal of responses to this Request for Proposals:

### **SCHOOL DISTRICT PHYSICIAN – CONSULTANT**

#### **Project Description:**

The proposed school health consultation is designed to guide and support North Providence Schools in the delivery of health services in the school environment (including screenings). This guidance would include:

#### **Consultations**

Meeting with nursing staff annually and prn

Provide medical/professional knowledge to administration

Furnishing information on health-related matters

Review of standing orders, protocols and procedures

Serve as a liaison with students’ physicians

Initiating first-aid orders

Reporting and management of infectious diseases and outbreaks, in accordance with the most current Department of Health recommendations related to infection control in the school environment.

#### **Requirements:**

License to practice allopathic or osteopathic medicine in the State of Rhode Island in accordance with Chapter 5-37 of the RIGL.

Have knowledge of all state and local laws, regulations and protocols affecting schools and participate to ensure implementation of all such laws, regulations and protocols in collaboration with the school’s administrative authorities and school health personnel.

Consultants may be requested to interview.

**Attachment “B” – Page one**

**NORTH PROVIDENCE SCHOOL DEPARTMENT  
COST PROPOSAL FORM**

Agrees to respond on: **SCHOOL DISTRICT PHYSICIAN - CONSULTANT**

Date and time to be opened: **THURSDAY, APRIL 10, 2025 AT 11:00 A.M.**

<b>VENDOR NAME:</b>	
<b>VENDOR ADDRESS:</b>	
<b>CITY, STATE, ZIP:</b>	
<b>Soc. Sec. # or Fed. ID #</b>	

The North Providence School Committee and/or its authorized representatives shall have the right to cancel these services in this contract when it is determined that school operations have been delayed by failure of these contractors to render proper services for any reason whatsoever under the terms of the contract, or when any contract conditions and specifications are not met.

The bidder as indicated below, has carefully examined the proposals, specifications, and proposes and agrees, if this proposal is accepted, to contract with the NPSD to provide: SCHOOL DISTRICT PHYSICIAN -  
CONSULTANT

**Attachment "B" – Page two**

**Proposal Form**

Name of Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Cost Description:

PRICE

SCHOOL DISTRICT PHYSICIAN – CONSULTANT .....\$ \_\_\_\_\_