STATE OF NEW HAMPSHIRE

DEPARTMENT OF CORRECTIONS

DIVISION OF ADMINISTRATION

P.O. BOX 1806
CONCORD, NH 03302-1806

603-271-5610 FAX: 603-271-5639
TDD Access: 1-800-735-2964

William L. Wrenn
Commissioner

Bob Mullen
Director

Date Issued: February 6, 2009
Request for Proposals (RFP), Terms and Conditions

Re: RFP Title – On-site X-Ray, Electrocardiography (ECG), and Holter Monitoring Services
RFP Number – NHDOC 09-02-GFMED
RFP Closing Date: 4-2-2009

NH Department of Corrections Mission Statement: *Our Mission is to provide a safe, secure, and humane correctional system through effective supervision and appropriate treatment of offenders, and a continuum of services that promote successful re-entry into society for the safety of our citizens and in support of crime victims.*

This mission is supported though contracts with non-profit corporations; public corporations; public agencies (agency or department of municipal, county or state government); or by private proprietorships, partnerships, or corporations; or a consortium of public, non-profit, and private entities, that are awarded contracts through the State of New Hampshire Request for Proposals process. These organizations are herein after known as the "Vendor," "Contractor," or "Bidder."

1. Brief Description:

   Attached is a Request for Proposal, number NHDOC 09-02-GFMED, and contract format for the provision of on-site X-Ray, Electrocardiography, and Holter Monitoring services to inmates of the NH Department of Corrections (NH DOC), herein after known as the "Department," "NH DOC," or, "State," facilities as specified in Exhibit A, Scope of Services. The contract is for the period beginning August 3, 2009, or, on the date of approval by the Governor and Executive Council of the State of New Hampshire, whichever is later, through August 3, 2011 with an option to renew once for an additional period of up to two (2) year(s).

2. Vendor Conference:

   The NH Department of Corrections will hold a non-mandatory Vendor's Conference with all prospective Vendors for the purpose of answering any technical questions related to the services requested and/or to the requirements of the RFP. This Vendor Conference will be held on **3-13-2009 at 10:00 AM, EST at the NH Department of Corrections, 4th Floor Conference Room, 105 Pleasant Street, Concord, NH 03301.**

   2.1. The purpose of the Vendor Conference is to:
   - 2.1.1. request clarification of any section of the RFP;
   - 2.1.2. request changes to the RFP for requirements considered so restrictive as to prohibit or discourage responses;

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2.1.3. offer suggestions or changes to the RFP which could improve the RFP competition or lower the offered price;
2.1.4. review any applicable documentation;
2.1.5. non attendance to the Vendor's Conference does not prohibit Bidders to submit a proposal.

2.2. RSVP to attend Vendor Conference:
2.2.1. Vendors are requested to RSVP, **in writing to Joyce Leeka**, via US Mail, fax or e-mail, see below for contact information, by **3/12/2009** indicating the number of individuals (maximum of 2) who will attend the Vendor Conference;
2.2.2. The document to be used to RSVP your attendance is located as the last page of this RFP.

3. Proposal Inquiries:

3.1. All inquiries concerning this RFP shall be made in writing, citing the RFP Title, RFP Number, Page, Section, and Paragraph, and submitted to the address listed below.

3.2. No written inquiries will be entertained unless they are typed and received by the addressed person below on or before the date listed on the Procurement Timetable, section 23. Inquiries must be submitted by the officer of the organization that is permitted to legally obligate the organization to the terms of this RFP and awarded Contract.

3.3. All inquiries and RSVP's pertaining to the services being requested or to this RFP herein should be directed in writing to:

NH Department of Corrections
Medical Operations Administrator
Attn: Joyce Leeka
PO Box 1806
Concord, NH 03302-1806
jleeka@nhdoc.state.nh.us.

Fax number: 603-271-3659

3.4. Answers to all written inquiries received will be posted on the NH Department of Corrections website: http://www.nh.gov/nhdoc/business/rfp.html, on or no later than March 6, 2009.

4. Specifications:

Vendors must submit proposals as specified. Any changes to the proposal specification will be posted on the NH Department of Corrections website: http://www.nh.gov/nhdoc/business/rfp.html, for all Vendors. Verbal agreements or instructions from any source are not authorized by the NH Department of Corrections.

5. Proposal Submissions:

Please submit **three (3) original** complete proposals signed in **blue ink**. Proposals must be typed and clearly printed in **black ink**. **Corrections must be initialed.** Proposals that are not complete or are unsigned will be considered "technically non-compliant". Any proposal received after the deadline will be considered "technically non-responsive" and the Vendor will be so notified by the NH

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Department of Corrections with the proposal sent back to the Vendor without review and unopened if possible. **Do not staple** any part of the proposals. Please use only binder clips to secure and/or separate sections of the proposals. Proposals must be **sealed** or they will not be accepted. All pages to this RFP **must be initialed** by the individual of the prospective Vendor who can legally bind themselves and their organization into a Contract. This must be the same individual who will be signing all contractual documentation requested of this RFP.

6. Labeling the Proposal for Submission:

Please clearly mark the outside of your envelope RFP NHDOC 09-02-MED, closes 4/2/2009. **Proposals must be received by the Contract/Grant Administrator no later than** April 2, 2009**, before 2:00 PM, EST on the closing date of the RFP to be considered**. The address to submit proposals via US Mail is as follows: NH Department of Corrections, PO Box 1806, Concord, NH 03302-1806. The address to hand deliver proposals is as follows: Governor Hugh Gallen Complex - Main Building, NH Department of Corrections, Room 324, 3rd Floor, Division of Administration, 105 Pleasant Street, Concord NH, 03301.

7. Terms of Submission:

All material received in response to this RFP shall become the property of the NH Department of Corrections and will not be returned to the Vendor, unless it is considered "technically non-responsive." Regardless of the Vendor(s) selected, the NH Department of Corrections reserves the right to use any information presented in a proposal. The content of each Vendor's proposal(s) shall become public information once a Contract has been awarded an approved by the Governor and Executive Council of the State of New Hampshire.

8. Vendor Responsibility:

The successful Vendor shall be solely responsible for meeting all terms and conditions specified in the RFP, their proposal, and any awarded Contract. Financial responsibility for preparation of proposals is the sole responsibility of the Vendor and shall not commit the NH Department of Corrections or the State to pay any costs incurred for the preparation of such proposals.

9. Cancellation:

The NH Department of Corrections reserves the right to accept or reject any or all proposals and to cancel this RFP in whole or in part upon written or published notice of intent to do so.

10. Financial Commitment:

Financial commitment by the NH Department of Corrections will not occur until such time as the Governor and the Executive Council of the State of New Hampshire approve a Contract.

11. Rejection of Proposals:

11.1. A Vendor's proposal may be rejected at any time if the Vendor:
- 11.1.1. has any interest that may, in the sole discretion of the NH Department of Corrections, conflict with performance of the services for the State;
- 11.1.2. fails to demonstrate to the satisfaction of the NH Department of Corrections that it is in sound financial condition;

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11.1.3. fails to reach agreement with the NH Department of Corrections on all Contract terms.

12. Other Remedies to "Technically Non-Compliant":

12.1. The NH Department of Corrections, in its sole discretion, may determine that the reasons the Vendor's Proposal is "technically non-compliant" with any RFP requirement is insubstantial. In such cases the NH Department of Corrections may:
12.1.1. seek clarification;
12.1.2. allow the Vendor to make minor corrections; or
12.1.3. apply a combination of the two remedies above.

13. Addendum(s) and/or Amendment(s) or Withdrawal of the RFP:

If the NH Department of Corrections decides to amend or clarify any part of this RFP, a written amendment will be provided to all prospective Vendors on the NH Department of Corrections website: http://www.nh.gov/nhdoc/business/rfp.html. NH Department of Corrections, at its discretion, may amend the RFP at any time prior to the deadline for submission and terminate this procurement in whole or in part at any time.

14. Collusion:

The Vendor's signature on a proposal submitted in response to this RFP guarantees that the prices quoted have been established without collusion with other eligible Vendor(s) and without effort to preclude the State of New Hampshire from obtaining the best possible competitive proposal.

15. Document Alterations/Changes/Omissions:

It is unlawful to make any alteration(s) to the text or format of this RFP, or the text or format of any addendum or attachment to this RFP. A signature of the person authorized to legally bind the Vendor to the terms of this RFP on the Cover Sheet signifies that no alternation have been made to the original text or format of this RFP. Any alterations made to the original text of this document may result in the proposal being considered "technically non-compliant."

16. Evaluation Criteria/Procedure:

The proposal shall be subject to a procedural review by the Contract Administrator prior to any other evaluation reviews to ensure the proposal:
a. conforms in form and format to the instructions contained within the RFP;
b. is complete;
c. is properly executed; and
d. contains all required supporting documentation.

17. Liability:

The NH Department of Corrections shall not be held liable for any costs incurred by the Vendor in the preparation of their proposal, or for work performed prior to Contract issuance.

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18. Best Interest of the State:

If the NH Department of Corrections determines it is in the best interest of the State, it may seek a "*BEST AND FINAL OFFER***"** from Vendors submitting acceptable and/or potentially acceptable proposals. The **"***BEST AND FINAL OFFER***"** would provide a Vendor the opportunity to amend or change its original proposal to make it more acceptable to the State. NH Department of Corrections reserves the right to exercise this option.

18.1. Proposals received from qualified Vendors will be evaluated on a 'Best Value' basis using the criteria identified is this section. The State expects to contract with one Vendor but may, upon its discretion, contract with more than one vendor if it is found to be more advantageous for the State.

19. Proposal Receipt and Review:

19.1. Proposals will be reviewed to initially determine if minimum submission requirements have been met. The review will verify that the proposal was received before the date and time specified, with the correct number of copies, the presence of all required signatures, and that the proposal is sufficiently responsive to the needs outlined in the RFP to permit a complete evaluation. Failure to meet minimum submission requirements will result in the proposal being rejected and not included in the evaluation process.

19.2. The Department will select a group of personnel to act as an evaluation team. Upon receipt, the proposal information will be disclosed to the evaluation committee members only. The proposal will not be publicly opened.

19.3. The Department reserves the right to waive any irregularities, minor deficiencies and informalities that it considers not material to the proposal.

19.4. The Department may cancel the procurement and make no award, if that is determined to be in the State's best interest.

20. Proposal Evaluation Criteria:

20.1. Proposals will be evaluated based upon the proven ability of the respondent to satisfy the requirements of this Request in a cost-effective manner. Specific criteria are:
   a. Technical Experience/Ability – 40%
   b. Pricing – 60%

   Note: **If the Technical Experience/Ability (specified in Exhibit A, Scope of Services) of an organization does not meet the needs of the NH Department of Corrections, the Department shall designate the Vendor as non-qualifying. The non-qualifying Vendor will be omitted from the rest of the evaluation and will be so notified in writing.**

20.2. Awards will be made to the responsive Vendor(s) whose proposals are deemed to be the most advantageous to the State, taking into consideration all evaluation factors in section 20.1 above.
   a. The contract will be awarded to the Bidder submitting the lowest total cost to the State based upon the New Hampshire Department of Corrections estimated volume as long as the Vendor's Technical Experience/Ability are acceptable to the Department.
   b. The NH Department of Corrections reserves the right to award more than one contract or not to award a contract for this Request of Proposals, RFP Number - NHDOC 09-02-GFMED.

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21. Public Disclosure:

    21.1. RSA 21-I: 13-a, II provides, in part, that no information shall be made available to the public concerning invitations or proposals for public bids from the time the proposal is made public until a contract is actually awarded in order to protect the integrity of the public proposal process. Accordingly, the State has determined that information contained in proposals submitted in response to any RFP shall not be released to the public until the Governor and Executive Council of the State of New Hampshire approve a contract. At that time, all proposals will be disclosed to the public to the extent required by the statutes governing access to public records and meetings, RSA Ch. 91-A.

    21.2. Awards will be made to the responsive Vendor(s) whose proposals are deemed to be the most advantageous to the State, taking into consideration all evaluation factors.

    21.3. Proposals will be made available to the public after all discussions, negotiations, final awards have been made and after Governor and Executive Council approval. The NH Department of Corrections reserves the right to reject any and all proposals submitted in response to this RFP.

22. Selection, Notification, and Award of Contract:

    22.1. Although proposals may be accepted and a contract awarded without discussion, the State may initiate discussions should clarification or negotiation become necessary. These discussions will usually be limited to all acceptable proposals but may also be extended to the potentially acceptable proposals. Vendors shall be prepared to send qualified personnel to discuss technical and contractual aspects of the proposal.

    22.2. If the NH Department of Corrections awards a contract relative to this RFP, a letter shall advise the successful Vendor(s). Public announcements or news releases pertaining to any contract awarded shall not be made without the written permission of the NH Department of Corrections.

23. Procurement Timetable:

Event #	Description of Event	Date of Event
1.	RFP Issued	2/6/2009
2.	Written Inquiries Due	2/27/2009
3.	Answers to Inquiries, Posted to the NH DOC's website	3/6/2009
4.	Letter of Intent/RSVP to Vendor's Conference	3/12/2009
5.	Vendor Conference	3/13/2009
6.	Proposal Due	4/2/2009
7.	Best & Final Offer	If Necessary
8.	Contract Finalization	April – May 2009
9.	Approval by the Governor and Executive Council	May – June 2009
10.	Start Contractual Services	8/3/2009

Note: The NH Department of Corrections reserves the right to modify the above procurement timetable at anytime. Notice of any such change will be posted on the NH Department of Corrections website and will be entitled "Procurement Timetable Change."
Event # 5 (Proposals Due) can not be changed for any reason.

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Proposal Cover Sheet Instructions

1. Location of Services:

   To establish a Vendor for the provision of on-site X-Ray, Electrocardiography, and Holter Monitoring services for the NH Department of Corrections facilities as specified in Exhibit A, Scope of Services, of this RFP.

2. Vendor:

   Organization name as it appears on the Certification of Good Standing provided by NH Secretary of State.

   Note: In order to obtain the Certificate of Good Standing, write directly to the Secretary of State, Corporate Division, State House Room 204, 107 North Main Street, Concord, NH 03301-4989. Requests must include the complete name of the company as it is registered with the Office of the Secretary of State and a check (call for fee information) made payable to the State of New Hampshire. In the event that you need to expedite the request, you may fax the request to 603-271-3247 or go in person to request a copy and you will be billed (call for fee information) for the expedited service. Include your mailing address, corresponding check number, and telephone and fax numbers. You will receive a fax of the Certificate in addition to a mailed copy.

3. Address:

   Address as identified on Alternate W-9 and actual location(s) of Vendor business. **Not a PO Box number.**

4. Signature:

   Person authorized to legally bind the Vendor to the terms of this RFP and the State Contract Form (P-37).

5. Date:

   Date the document is signed.

6. Title:

   Title of the Officer signing the Contract.

7. Type or Print Name Signed Above:

   Typewritten name of the person responsible for the implementation of this service.

8. Contact Person:

   Name of a representative responsible to service this contract.

9. Telephone, E-mail and Fax Number:

   Telephone number, e-mail address and fax number where the Contact Person can be reached.

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Proposal Cover Sheet

1. LOCATION AND DURATION OF SERVICES:

- **Location: On-site X-Ray, Electrocardiography, and Holter Monitoring services are to be furnished to the New Hampshire State Prison facilities: NH State Prison for Men, NH State Prison Secure Psychiatric Unit, Concord, NH, NH State Prison for Women, Goffstown, NH, and Lakes Region Facility, Laconia, NH.**
- **Duration: This contract will begin August 3, 2009, or, on the date of approval by Governor and Executive Council of the State of New Hampshire, whichever is later, through August 3, 2011 with an option to renew once for an additional period of up to two (2) years.**

OFFER: The undersigned hereby proposes to furnish to the STATE OF NEW HAMPSHIRE, the services as described in the PROPOSAL in accordance with the specifications contained herein.

RESPONDING TO RFP NUMBER:

TOTAL COST (Exhibit B-1, Line 93, Total Cost Per Year): $_____ X (2) = $_____

The signer of the Vendor below signifies the assent of the Vendor to all of the terms and conditions of this RFP unless exception is taken, in writing.

2. VENDOR:_____
Name of Corporation or Respondent

3. ADDRESS:_____
Street Address

_____
City or Town State Zip Code

_____ _____
4. SIGNATURE: 5. DATE:

_____
6. TITLE:

_____
7. TYPE NAME OF SIGNATORY:

8. CONTACT PERSON:_____ 9. TELEPHONE:_____

10. E-MAIL: _____ 11. FAX: _____

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Proposal Check Sheet

Materials to be Submitted:

Vendors shall submit **three (3) original copies** of their proposal and the following executed documents with original signatures in blue ink, signed by the Corporate Officer duly authorized to execute said documents on behalf of the organization as listed on the Vendor's Certificate of Authority and the State Contract Form P-37.

- Proposals that are not complete or unsigned will be considered "technically non-compliant";
- Any proposal(s) received after the deadline will be considered "technically non-responsive" and the Vendor will be notified by the NH Department of Corrections with the proposal sent back to the Vendor unopened. Proposal must be **sealed** or they will not be accepted. Do not staple any part of the proposals. Only use binder clips to secure and/or separate sections to the proposal(s).

If your organization is interested in submitting a proposal obtain, complete, and return in the following order:

- ❑ Proposal Cover Sheet (this document may be found within this RFP);
- ❑ Request for Proposal, Terms and Conditions pages 1 – 6.
- ❑ Exhibit A – Scope of Services (submit all documentation requested, this document can be found within this RFP);
- ❑ Exhibit B – Estimated Budget/Method of Payment (submit all documentation requested; this can be found within this RFP);
- ❑ Exhibit C – Special Provisions
- ❑ Attachment 1 - Rules of Conduct – (Link: Attachment 1);
- ❑ Attachment 2 - Administrative Rules – (Link: Attachment 2);
- ❑ Attachment 3 - Confidentiality of Information Agreement – (Link: Attachment 3);
- ❑ Attachment 4 - Certificate of Authority (execute and submit only the Certificate of Authority that applies to your entity) - (Link: Attachment 4 Corp w/ Seal, Attachment 4b w/o Seal, Attachment 4d Partnership, Attachment 4c Sole Proprietor);
- ❑ Attachment 6 – HIPAA Standard Business Agreement – (Link: HIPPA Standard Business Agreement);
- ❑ Attachment 7 - Alternate W-9 Form – (Link: W-9 Document);
- ❑ Attachment 8 – State Contract Form P-37 – (Link: P-37 Document).
  - **Please fully execute: Items 1.3, 1.4, 1.5, 1.11, and 1.12, in front of a Notary Public or Justice of the Peace and have them fill out Items 1.13, identifying the State, County and date upon notarization, 1.13.1 (apply Seal) and 1.13.2.**
  - **Please initial and date (located at the bottom right corner) pages 2-4 of this document.**

Other necessary forms for submission:

- ❑ Certificate of Good Standing (not included herein, must be provided by Vendor):
  In order to obtain a Certificate of Good Standing, write directly to the Secretary of State, Corporate Division, State House Room 204, 107 North Main Street, Concord, NH 03301-4989. Requests must include the complete name of the company as it is registered with the Office of the Secretary of State and a check for (call for fees) made payable to the State of New Hampshire.
  - In the event that you need to expedite the request, you may fax the request to (603) 271-3247 or go in person to request a copy and you will be billed (call for fees) for the expedited service.
  - Include your mailing address, corresponding check number, and telephone and fax numbers. You will receive a fax of the Certificate of Good Standing in addition to a mailed copy.

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Proposal Check Sheet Continued…

- ❑ Certificate of Insurance (not included herein, must be provided by Vendor):
  The Vendor must contact their Insurance provider to obtain a Certificate of Insurance (COI) form pursuant to section 14, Insurance, of the State Contract Form (P-37). Once obtained, include a copy of the COI with the responding proposal and fax a copy to: NH Department of Corrections, Contract Administrator, at 603-271-5639.

  The COI must provide the following:
  - Shall designate the NH Department of Corrections as the Certificate Holder;
  - Shall designate the Certificate Holder's address as: PO Box 1806, Concord, NH 03302-1806;
  - Shall designate a ten (10) day written cancellation clause;
  - Shall provide, for the life of the contract, the minimum General Liability coverage to be no less than $2,000,000.00 per each occurrence and $2,000,000.00 general aggregate.

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On-site X-Ray, Electrocardiography, and Holter Monitoring Services to be furnished to the following New Hampshire State Prison facilities:

NH State Prison for Men (NHSP-M) 281 North State Street Concord, NH 03301	NH State Prison for Women (NHSP-W) 317 Mast Road Goffstown, NH 03045

NH State Prison Secure Psychiatric Unit (SPU) 281 North State Street Concord, NH 03301	Lakes Region Facility (LRF) One Right Way Path Laconia, NH 03246

1. Scope of Work: Full on-site X-Ray, Electrocardiography, and Holter Monitoring services including but not limited to:

1.1 On-site X-Ray, Electrocardiography, and Holter Monitoring services for the period commencing August 3, 2009, or, on the date of approval by the Governor and Executive Council of the State of New Hampshire, whichever is later, through August 3, 2011 with an option to renew once for an additional period of up to two (2) year(s).

1.2. Services to include of the on-site X-Ray and/or performing the on-site ECG (technical component) and the interpretation of the on-site X-Ray and/or on-site ECG (professional component) to include on-site Holter Monitoring.

1.3. All on-site X-Rays to be interpreted by Board Certified Radiologists. All on-site ECG's are to be interpreted by Board Certified Cardiologists.

1.4. Routine Radiology Quality Improvement reporting agreed upon by both parties. Also, the Vendor must report any accreditation requirements for improvement.

1.5. The Vendor shall provide a monthly report of the number and cost of each type of on-site X-Ray, on-site ECG and on-site Holter Monitor performed by prison facility (NHSP-M, SPU, NHSP-W and LRF) including year-to-date cumulative report with reports in Excel format is preferred.

1.6. Electrocardiogram to be performed by computerized electrocardiogram equipment that provides an immediate computer-interpreted report on site and is submitted for Cardiologist review.

1.7. The Vendor shall provide routine on-site service at the NHSP-M once a day, Monday-Friday, at a minimum. Routine on-site services at SPU, NHSP-W and LRF shall be provided, Monday-Friday, as scheduled by telephone call either the same day or the next business day.

1.8. The Vendor shall provide emergency (STAT) on-site service outside the above routine business hours within three (3) hours of the request for services.

1.9. Results of the Cardiologist review will be faxed within twenty-four (24) hours after the ECG is performed.

1.10. Verbal report from the Radiologist within two (2) hours after the service is performed.

1.11. All technologists performing radiology procedures will be American Registry of Radiological Technologists registered ("R.T.").

1.12. If licensure for Radiological Technologists should be required by the State of New Hampshire, then technologists performing the procedures shall be licensed according to New Hampshire State Laws or Regulations.

1.13. Radiology screens are to be rare earth type to minimize radiation exposure.

1.14. A mounted chest stand, either wall or free standing, will be provided by the Vendor as necessary.

1.15. Written report, "8 1/2 x 11" format, of Radiologist and Cardiologist reviews will be delivered to the State Prison within forty-eight (48) hours of the services performed.

1.16. Initial request format to be "8 ½ x 11" NCR with space provided for documentation of telephone results.

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1.17. On-site X-Ray, Electrocardiography, and Holter Monitoring services to include: (See Exhibit B-1, Fee Schedule.)

1.18. The NH Department of Corrections has the right to terminate the contract, for the convenience of the State, in whole or in part, by providing a letter of notification to the Vendor with a sixty (60) day notice of termination. This sixty (60) calendar day period will begin on the sixtieth (60th) day from the date a certified letter is sent to the Vendor.

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NAME OF BIDDER _____
(Type or Print)

1. Contract Period: Beginning August 3, 2009, or, on the date of approval by the Governor and Executive Council of the State of New Hampshire, whichever is later, through August 3, 2011.

   1.1. The Contract Price Limitation is set forth in Section 1.8-Price Limitation of the State Long Form Contract (P-37).
   1.2. The attached Fee Schedule shall remain in full force for the duration of this agreement. See Exhibit B-1, Fee Schedule.
   1.3. Fee structure shall include the taking of the on-site X-Ray and ECG, the Radiologist and Cardiologist Report (written and verbal) and the storage of films.
   1.4. The Contractor's invoices shall be limited to billing for on-site X-Ray and Electrocardiology services.
   1.5. The Contractor will submit signed monthly invoices containing the following information:
      a. description of the service (s) provided;
      b. dates of said service (s);
      c. cost of the service (s).
   1.6. Due dates for monthly invoices will be the fifteenth (15th) of the month following the month in which services are provided.

2. Within thirty (30) days of approval of said invoice by the NH Department of Corrections, the Department shall reimburse the Contractor the amount of the Contractor's approved invoice.

3. Monthly invoices and any required reports shall be submitted, in duplicate, by the Contractor to:

NH Department of Corrections Division Medical/Forensic Services Attn: Joyce Leeka PO Box 1806 Concord NH 03302-1806

4. The NH Department of Corrections may make adjustments of the payment amount and/or suspension of payments if the following occur:

   4.1. The monthly invoice is not submitted in accordance with the instructions established by the NH Department of Corrections.
   4.2. The invoice(s) is/are incorrect.
   4.3. Reports are not submitted to the Department in accordance with this agreement.

5. This contract may be renewed once for a period of up to two (2) years under the same terms and conditions, upon mutual agreement of the parties and contingent upon approval by the Governor and Executive Council of the State of New Hampshire.

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NAME OF BIDDER _____
(Type or Print)

Item #	Est. Volume Per Year	Description	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
1	1	AC Joints Bilateral		
2	107	Abdomen 1 view		
3	14	Abdomen 2 views		
4	2	Abdomen 2 – 3 views		
5	38	Ankle – Left – 3 views		
6	38	Ankle – Right – 3 views		
7	1	Blood Gases		
8	1	Cervical Spine w/ flex		
9	1	Cervical Spine 1 views		
10	60	Cervical Spine 2 – 3 views		
11	1	Cervical Spine 4 views		
12	253	Chest 1 view (AP/PA)		
13	142	Chest 2 view (PA+LAT)		
14	1	Chest – Bilat – Ducob		
15	1	Chest – Left – Ducob		
16	1	Chest – Right – Ducob		
17	1	Chest w/ oblique's		
18	3	Clavicle – Left		
19	3	Clavicle – Right		
20	23	Elbow – Left – 3 views		
21	32	Elbow – Right – 3 views		
22	246	Electrocardiogram		
23	18	Facial Bones 3 – 4 views		
24	6	Femur – Left		
25	6	Femur – Right		
26	26	Fingers – Left – 2 views		
27	26	Fingers – Right – 2 views		
28	30	Foot – Left – 3 views		
29	30	Foot – Right – 3 views		
30	5	Forearm – Left – 2 views		
31	5	Forearm – Right – 2 views		
32	50	Hand - Left – 3 views		
33	50	Hand - Right – 3 views		
34	22	Hip – Left – 2 views		
35	22	Hip - Right – 2 views		
36	10	Humerus – Left		
37	10	Humerus – Right		
38	47	Knee Left – 1– 2 views		
39	47	Knee Right – 1– 2 view		
40	24	Knee Left – 3 views		
41	24	Knee Right – 3 views		
42	1	Knee Left – 4 views		
43	1	Knee Right – 4 views		
44	2	Lumbar Sacral – 1 view		
45	152	Lumbar Sacral Spine – 2 – 3 views		
46	1	Lumbar Sacral Spine – 4 views		
47	1	Lumbar Sacral Spine Routine w/ Flex + Ext		

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NAME OF BIDDER _____
(Type or Print)

Item #	Est. Volume Per Year	Description	Unit Cost	Total Cost (Est. Vol. X Unit Cost)
48	1	Mandible – 4 views		
49	1	Mastoids		
50	6	Nasal Bones		
51	1	Neck Soft Tissue		
52	1	Orbits		
53	7	OS Calcis – Heel – Left		
54	7	OS Calcis – Heel – Right		
55	19	Pelvis 1 – 2 views		
56	1	Pelvis – AP – w/ Uni – HiP		
57	2	Pelvis + Bi – Hips		
58	1	Patella – Left		
59	1	Patella – Right		
60	1	Penis		
61	8	Ribs + PA Chest – Left		
62	8	Ribs + PA Chest – Right		
63	1	Ribs + Bilateral PA Chest		
64	3	Sacroiliac (SI) Joints		
65	2	Sacrum & Coccyx – 2 views		
66	1	SC – Joints		
67	1	Scapula – Left		
68	1	Scapula – Right		
69	60	Shoulder – Left		
70	60	Shoulder – Right		
71	10	Sinuses – 3 views		
72	1	Skull – 2 views		
73	1	Skull Less than 4 views		
74	2	Skull – 4 view Minimum		
75	2	Sternum		
76	1	Spine – Thoracic – 1 view		
77	49	Spine – Thoracic – 2 views		
78	1	Spine – Thoracic – AP + LAT – w/ Obl		
79	8	Tibia & Fibula – Left		
80	8	Tibia & Fibula – Right		
81	1	TMJ		
82	3	Toes – Left		
83	3	Toes – Right		
84	27	Wrist – Left – 3 views		
85	27	Wrist – Right – 3 views		
86	1	Wrist w/ Navicular – Left		
87	1	Wrist w/ Navicular – Right		
88	3	Wrist & Hand – Left		
89	3	Wrist & Hand – Right		
90	1	Zygomatic Arch		
91	18	Holter Monitoring		
92	18	Holter Scan		
93		**Total Cost Per Year:** [Sum of: Total Cost Column Page 1 (# 1 - 47) & Total Cost Column Page 2 (# 48 - 92)].		

Initials Required_____

1. Upon agreement of the Vendor and the Commissioner of Corrections, additional Department facilities may be added to the contract without amending this contract as long as there is no increase to the Price Limitation and no modifications are made to the Scope of Services of this contract.

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Initials Required_____

LETTER OF INTENT/RSVP TO VENDORS CONFERENCE
TO CONTRACT WITH THE NEW HAMPSHIRE DEPARTMENT OF CORRECTIONS
DIVISION OF MEDICAL AND FORENSIC SERVICES

Deadline

Required Letters of Intent must be received at NH Department of Corrections no later than 10:00 AM, EST on March 12, 2009

Letters of Intent can be faxed to the # below or e-mailed to: jleeka@nhdoc.state.nh.us

To: **NH DOC Headquarters**
Attn: Joyce Leeka
PO Box 1806
Concord, NH 03302-1806

Telephone #: **(603) 271-5130 Fax#: (603) 271-5639**

Re: **Letter of Intent for RFP NHDOC 09-02-GFMED**

APPLICANT INFORMATION

Legal Name of Agency:	
Officer Authorized to Sign a Contract:	
Street Address:	
City, State and Zip Code:	
Telephone:	
Fax:	
E-mail address:	
Contact Person and Title:	

I understand that this proposal is due by 2:00 PM, EST on 4/2/2009 and will not be accepted after that time.

_____ (to be signed by contact person listed above).

Please indicate if you would like hardcopies of RFP's mailed to you. Yes No

Please indicate below the name of the RFP for which your agency is applying and write in the Treatment Service Section.

Our agency intends to submit a proposal in the following Treatment Service Sections:

Initials Required_____

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Initials Required_____