

**SOUTH NASSAU COMMUNITIES HOSPITAL**  
**REQUEST FOR PROPOSALS (#4276 SNCH2017-DRMS)**  
**FOR**

**PROJECT, GRANT AND DISASTER RECOVERY MANAGERIAL ADMINISTRATIVE SERVICES TO  
SUPPORT SNCH IN OUR LONG-TERM RECOVERY EFFORTS**

**I. INTRODUCTION**

**A. Invitation and Introduction**

South Nassau Communities Hospital, One Healthy Way, Oceanside NY ("SNCH"), is broadcasting a Request for Proposals ("RFP") from qualified disaster management consulting firms.

Following the devastating effects of Super Storm Sandy (FEMA-DR-4085-NY) to the City of New York and the Long Island community to include Nassau County, SNCH became the recipient of a capped grant administered by the Federal Emergency Management Agency ("FEMA") through the Public Assistance ("PA") Program.

SNCH is seeking to retain the grant management services from qualified consulting firms ("The Consultant") for the purpose of assisting in effectively and efficiently administering the policies, rules and guidelines set forth in the FEMA PA Program.

**B. General Information**

The following provisions are applicable to this RFP:

- SNCH is by no means obligated to reimburse any of the responding firms for any expenses incurred in the preparation of proposals in response to this RFP.
- All inquiries pertaining to this RFP must be in writing or by email and addressed to SNCH's Grant Coordinator, Ken Marshall- [kenwyn.marshall@snch.org](mailto:kenwyn.marshall@snch.org) or 609 Merrick Road, Rockville Center, New York 11570.
- To be considered a participating firm- copies of your proposal must be received by the **SNCH's Design Development and Construction Department at 609 Merrick Road, Rockville Center, New York 11570** on or before Thursday March 30<sup>th</sup>, 2017 by 2:00 p.m. EST. SNCH reserves the right to reject any or all of the proposals submitted.
- At SNCH's discretion, consulting firms submitting proposals may be requested to make oral presentations as part of the evaluation process; oral presentations will be scheduled with each proposer being considered.
- In the course of the evaluation process, SNCH reserves the right, where it may serve the hospital's best interest, to request additional information or clarification from a proposer, or to allow corrections on non-material errors or omissions or waive non-material requirements.
- SNCH reserves the right to retain all submitted proposals and use any ideas in a proposal regardless of whether that proposal is selected.

- Submissions of a proposal indicates acceptance by the firm of the conditions contained in this RFP, unless clearly and specifically noted in the proposal submitted and confirmed in the contract between SNCH and the selected consulting firm.
- It is anticipated that the selection of the consulting firm be completed by Thursday May 4<sup>th</sup>, 2017. Upon the selection and notification to the selected consulting firm, a retainer agreement between SNCH and the awarded consulting firm will be executed.
- SNCH reserves the right, as best serves its interest, to change any of the projected dates set forth in this RFP, including but not limited to the due date for receipt of the proposals.
- SNCH reserves the right to reject all proposals as it deems fit in the best interest of the hospital.

### **C. Subcontracting**

Proposed consulting firms are allowed to sub-contract accordingly, as SNCH seeks to meet the policies, rules, guidelines and requirements set forth by CDBG HUD / CDBG DR Grant Funding sources.

## **II. DESCRIPTION OF SERVICES REQUIRED**

### **A. Overview**

SNCH is soliciting proposals from professional consulting firms to provide consultative services in support of its long-term disaster recovery efforts. The ideal consulting firm shall possess demonstrated experience working knowledge in programmatic disaster recovery management, and must have profound knowledge and expertise in administering the FEMA PA Program. Consultant must comply with all applicable Federal laws, regulations, executive orders, and FEMA requirements.

### **B. Specialized Duties and Tasks**

The selected consulting firm will be responsible for services including but not limited to the following, as it pertains to the proposed scope of work contained in the 'Project Description' below:

- Provide expert assistance in the administering of FEMA's policies, rules and guidelines.
- Provide expert support in strategic planning initiatives and the coordination of all long-term recovery efforts.
- Provide additional support in the review of contracts and related procurement / purchasing documents to ensure cost reasonableness.
- Provide support in the reconciliation of expenses in addition to other FEMA and HUD related invoices, along with preparing mandatory quarterly reports.
- Coordinate with Federal (FEMA) and State (NYSOEM, DHSES) officials to resolve disputes informally, prior to FEMA issuance of an appealable decision, thus avoiding the cost and delay of the FEMA appeals process.
- Coordinate with FEMA, State and SNCH senior officials to ensure and maintain eligibility of all approved projects while keeping updated project worksheet versions for close-out preparation

- Ensure that the services of the consultants is maximized without duplication of efforts from other third party consultants and assigned employees.
- Attend mandatory and emergency meetings as requested.
- Provide bi-weekly performance and status reports to SNCH Finance and General Accounting Department (CFO, AVP Finance and Grant Coordinator) and to the Design, Development and Construction Department (AVP DDC and Project Managers); these reports should include but not be limited to the following:
  - ✓ The number of hours worked/billed and invoiced for each consultant by project
  - ✓ Project status updates of work completed and work to be completed on each FEMA eligible project
  - ✓ Status of funds to be requested for reimbursement from FEMA/DHSES
  - ✓ Status of estimated costs compared to actual or contractual costs in addition to eligibility and approval of change orders.

### III. PROJECT DESCRIPTION

SNCH became the recipient of a capped grant administered by FEMA as a result of Super Storm Sandy following the purchase of assets from the Long Beach Medical Center in Long Beach, NY. As a result of this unique opportunity, SNCH is seeking a highly qualified consulting firm to assist in effectively and efficiently administering the complexities of the grant process, based on the project and the scope of work approved by FEMA. These projects include:

- The Southwest Addition to include Electrical Infrastructure Upgrades and expansion to a Central Utility Plant. The four-story, 58,000-square-foot Southwest Addition is part of a multi-phased expansion and renovation project that will double the size of the Emergency Department, update and add operating rooms and critical care beds.



Rendering of the Southwest Addition

Cost Estimate

Scope	Cost Estimate
Construction, Building and Site	\$86,000,000
Infrastructure	\$30,000,000
Central Utility Plant	\$14,000,000
Total Conceptual Cost Estimate	\$130,000,000

- The Long Beach Medical Arts Pavilion. The 56,000-square-foot Long Beach Medical Arts Pavilion will feature an expanded free-standing Emergency Department designed to accommodate 12,000 to 18,000 patient visits per year. The Pavilion is to be housed in remaining portions of the former Long Beach Medical Center, known as the Main Building and West Building. The structures will undergo a complete renovation and be transformed into a technologically advanced medical facility designed to serve the medical needs of Long Beach residents for years to come.



Rendering of the Long Beach Medical Art Pavilion

Cost Estimate

Scope	Cost Estimate
Construction, Building and Site	\$30,900,000
Design and Administrative Fees	\$3,900,000
Furniture, Fixtures, Equipment and Technology	\$5,200,000
Total Conceptual Cost Estimate	\$40,000,000

#### **IV. COST ESTIMATE**

The overall costs an estimated budget for the project at both locations, equates to roughly \$170,000,000. This amount also includes \$4,000,000 in CBDG-HUD funding allocated on towards the Long Beach Medical Arts Pavilion project.

#### **V. PROPOSAL PROCESS AND EVALUATION**

##### **A. Evaluation and Selection Process**

SNCH will review proposals and select the proposal that offers the best value and reserves the right to award the contract to other than the lowest priced offeror. Should SNCH decide that oral presentations of qualified proposals would assist the selection process, SNCH will notify all proposers invited to make these presentations. All proposers will be notified of SNCH's selection as soon as is practicable. Upon the selection of the successful proposing firm, a contract for consulting services will be executed. All contents of the selected proposal, in conjunction with this RFP, and any formal questions and answers provided during the proposal process, may be incorporated into the final contract at the discretion of SNCH.

##### **B. Selection Criteria**

The evaluation of proposals will be conducted in conformance with pre-established criteria. The evaluation criteria are listed in order of importance as follows:

- 1.0 Current and past experience and performance in providing the required scope of services highlighted Part II above – 'Description of Services'.
- 2.0 Probable responsiveness of the project team to South Nassau Communities Hospital, including capabilities and availability of financial and technical resources as submitted in the response.
- 3.0 Proposed ramp-up schedule to get acclimated with current SNCH needs based on the project timeline along with the mandatory needs of FEMA, GOSR and HUD.
- 4.0 Contractor integrity, history of past performance, and evaluation of personnel to be assigned to this project, based in part on references from similar clients with completed project containing the same scope of services.
- 5.0 Proposed fee and rate structure for requested services. Each proposing firm must submit a fee for all services to be performed on the project with a 'not-to-exceed amount'. The fee must consist of expected billable hourly labor rates for each person assigned to the project.
- 6.0 FEMA related experience, including the firm's knowledge and overall experience with long-term disaster recovery projects as it relates to FEMA and HUD.
- 7.0 Completeness of proposals in responding to the information requested in the format outlined.
- 8.0 MWBE Status.

## **VI. PROPOSAL REQUIREMENTS**

Each responding firm to this RFP shall submit no later than the submission deadline date and time in a sealed package containing the following items:

1. A complete proposal package to include (50 page count limit):
  - a) Cover Letter / title page
  - b) Firm's summary
  - c) Statement of qualifications
  - d) Similar project experiences
  - e) Client references
  - f) Proposed scope of services
  - g) Key Personnel (with resume's) and complete staffing plan
  - h) Proof of not belonging to any Federal or State debarment lists
  - i) Fee proposal
  - j) Appendices (as needed)
  - k) One (1) flash drive containing the complete proposal
2. Inquiries – Any additional explanation required by responding firms to this RFP, must be requested in writing and received by SNCH on or before Tuesday February 28<sup>th</sup>, 2017. SNCH's team will evaluate the need to respond to inquiries and no oral responses will be provided; in addition any responses given to a prospective proposer, will be furnished to all prospective proposers as an addendum to the RFP. All inquiries must be directed ONLY to:

Ken Marshall  
Grant Coordinator  
South Nassau Communities Hospital  
609 Merrick Road  
Rockville Center, NY 11570

E-mail: [kenwyn.marshall@snch.org](mailto:kenwyn.marshall@snch.org)

### **Important Dates / Schedule of Events**

RFP Advertising Release -	02/15/2017
Questions / Additional Inquiries Due -	03/08/2017
Response to Questions -	03/21/2017
Proposals Due -	03/30/2017
Potential Interviews / Oral Presentations -	04/24/2017 thru 04/28/2017
Award Notification -	05/04/2017

\*\*\* All responses to Questions / Additional Inquiries will be posted on [www.southnassau.org/fema/](http://www.southnassau.org/fema/) \*\*\*



**ATTACHMENT A**

**PRICE PROPOSAL**

Provide a description of the costs and fees that will be charged to the Hospital by you for the proposed services, this price proposal must include a 'not-to-exceed' amount for proposed services:

The undersigned further stipulates that the information in this attachment is, to the best of its knowledge, true and accurate.

\_\_\_\_\_  
Signature

Sworn to and subscribed on

\_\_\_\_\_  
Name of Proposer

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Title of Person Signing

\_\_\_\_\_  
(Notary Public)

**ATTACHMENT B**

**BIDDER'S QUALIFICATION STATEMENT**

**INSTRUCTIONS:**

The Bidder's Qualifications Statement consists of the following documents:

1. Statement of Understanding;
2. Disclosure Form;
3. Non-collusive Bidding Certification;
4. Certification of Insurance (*to be completed by an authorized insurance agent*); and
5. Acknowledgement of Receipt of Addenda Form.

Please complete **ALL** forms and submit with the Bid/Proposal.

**THE HOSPITAL RETAINS THE ABSOLUTE RIGHT TO REJECT ANY BID/PROPOSAL THAT FAILS TO INCLUDE COMPLETE AND ACCURATE ORIGINALS OF ALL FOUR FORMS INCLUDING ALL APPROPRIATE ACKNOWLEDGMENT(S) AND BEARING THE SIGNATURE OF A NOTARY PUBLIC.**



### STATEMENT OF UNDERSTANDING

By signing in the allotted spaces provided below, the undersigned certifies, under penalty of perjury as follows:

- a) That he/she has read and understands all terms and conditions pursuant to this proposal/bid including but not limited to the bid documents, bid specifications, general conditions and proposal/bid prices hereto.
- b) That he/she has the capacity to and will abide by all terms and conditions pursuant to this proposal/bid including but not limited to the bid documents, bid specifications, general conditions and proposal/bid prices hereto.
- c) The person submitting is duly authorized to submit this proposal/bid on behalf of the below listed company/partnership/corporation/sole proprietorship.
- d) That he/she certified that his/her company/partnership/corporation/sole proprietorship will carry all the necessary types of insurance specified in the contract.
- e) That he/she will furnish any and all items upon which prices are bid at the price set forth for each item bid with a CASH DISCOUNT OR \_\_\_\_\_% IF ANY.
- f) That he/she will, if his/her company/partnership/corporation/sole proprietorship is accepted, will enter into a contract with South Nassau Communities Hospital pursuant to the terms and conditions set forth in the proposal/bid documents, proposal/bid specifications, general conditions and the proposal/bid prices.
- g) Is the response provided, compliant with the instructions set forth in this solicitation for proposals/bids?

YES ☐

NO ☐

The undersigned further stipulates that the information in the Proposal is to the best of its knowledge, true and accurate.

\_\_\_\_\_  
Signature

Sworn to and subscribed on

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Name of Bidder

\_\_\_\_\_  
Title of Person Signing

\_\_\_\_\_  
(Notary Public)

## DISCLOSURE FORM

*The signatory of this questionnaire certifies under oath the truth and correctness of all statements and of all answers to interrogatories hereinafter made.*

**Provide answers and supporting documentation (where necessary) to each of the following:**

1. **Adverse Equal Opportunity Determination:** Identify all adverse determinations against your company/partnership/corporation/sole proprietorship, or its employees or persons acting on its behalf, with respect to actions, proceedings, claims or complaints concerning violations of Federal, State or Municipal equal opportunity laws or regulations.
2. **Convictions and Unscrupulous Practice:** Has your company/partnership/corporation/sole proprietorship, or any of its employees present or past, or anyone acting on its behalf, ever been cited for unscrupulous practice, or been convicted of any crime or offense arising directly from conduct of your company/partnership/corporation/sole proprietorship's business, or has any of your company/partnership/corporation/sole proprietorship's officers, directors or persons exercising substantial policy discretion ever been convicted of an crime or offense involving business/financial misconduct or fraud? If so, describe the convictions and surrounding circumstances in detail. If your company/partnership/corporation/sole proprietorship on any State or Federal debarment list?
3. **Pending or Threatened Actions/Suits:** Describe any past or present action, suit, proceeding or investigation pending or threatened against your company/partnership/corporation/sole proprietorship including, without limitation, any proceeding known to be contemplated by government authorities, private parties or current or former clients.
4. **Criminal Misconduct:** Has your company/partnership/corporation/sole proprietorship or any of its employees, or anyone acting on its behalf, been indicted or otherwise charged in connection with any criminal matter arising directly or indirectly from the conduct of your company/partnership/corporation/sole proprietorship's business which is still pending, or has any of the company/partnership/corporation/sole proprietorship's officers, directors or persons exercising substantial policy discretion been indicted or otherwise charged in connection with any criminal matter involving business or financial misconduct or fraud which is still pending? If so, describe the indictments or charges and surrounding circumstances in detail.
5. **Survey Forgery (If Applicable):** Has your company/partnership/corporation/sole proprietorship or any of its employees present or past or anyone acting on its behalf, ever signed and sealed surveys for which your company/partnership/corporation/sole proprietorship has not actively participated in the production thereof: or been investigated by the New York Department of State for such activity? If so, describe the circumstances in detail.

6. **Conflicts of Interest:** Disclose any of the following, and describe any procedures your company/partnership/corporation/sole proprietorship or would adopt to ensure the Hospital a conflict of interest would not exist in the future:
- a. Any material financial relationships that your company/partnership/corporation/sole proprietorship or any company/partnership/corporation/sole proprietorship employee has that may create a conflict of interest or the appearance of a conflict of interest in contracting with or representing the Hospital.
  - b. Any family relationship that any employee of your company/partnership/corporation/sole proprietorship has with a member, employee, or official of the Hospital or that may create a conflict of interest or the appearance of a conflict of interest in contracting with the Hospital.
  - c. Any other matter that your company/partnership/corporation/sole proprietorship believes may create a conflict of interest in contracting with or representing the Hospital.
7. **Financial Disclosure:** Submit with this Disclosure Statement Form, any one of the following three items:
- a. A financial statement prepared on an accrual basis in a form which clearly indicates: Bidder's (I) assets, liabilities and net worth; (II) date of financial statement; and (III) name of firm preparing statement.
  - b. A letter of credit reference from a recognized bank or financial institution; or
  - c. A certified copy of a credit report from a recognized credit bureau such as Dun and Bradstreet or TRW.

**THE HOSPITAL RETAINS THE ABSOLUTE RIGHT TO REJECT ANY BID/PROPOSAL THAT FAILS TO INCLUDE A COMPLETE DISCLOSURE STATEMENT FORM**

Dated on \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature, if individual)

By: \_\_\_\_\_

(Seal if corporation)

(Signature)

Print Name: \_\_\_\_\_

(Legal Business Name of company/partnership/corporation/sole proprietorship)

Print Title: \_\_\_\_\_

**MANDATORY AFFIDAVIT(S) AND ACKNOWLEDGMENT**

**(Affidavit for Individual)**

\_\_\_\_\_ being duly sworn, deposes and says, under penalty of perjury, that: a) he/she is an authorized representative of the Bidder/Proposer; b) he/she has read all statements and answers to this DISCLOSURE STATEMENT FORM, including the attached letter of credit/certified copy of credit report or financial statement submitted pursuant to interrogatory number 7 Financial Disclosure; c) the attached letter of credit/certified copy of credit report or financial statement, taken from his/her books, is a true and accurate statement of his/her financial condition as of the date thereof; and b) all of the foregoing qualification information is true, complete, and accurate.

**(Affidavit for Partnership)**

\_\_\_\_\_ being duly sworn, deposes and says, under penalty of perjury, that: a) he/she is a member of the partnership of \_\_\_\_\_, b) he/she has read all statements and answers this DISCLOSURE STATEMENT FORM, including the attached letter of credit/certified copy of credit report or financial statement submitted pursuant to interrogatory number 7 Financial Disclosure; c) he/she is familiar with the books of said partnership showing its financial condition; c) the attached letter of credit/certified copy of credit report or financial statement, taken from the books of said partnership, is a true and accurate statement of the financial condition of the partnership as of the date thereof; and d) all of the foregoing qualification information is true, complete and accurate.

**(Affidavit for Corporation)**

\_\_\_\_\_ being duly sworn, deposes and says, under penalty of perjury, that: a) he/she is \_\_\_\_\_ of \_\_\_\_\_ (Full Legal Name of Corporation); b) he/she has read all statements and answers this DISCLOSURE STATEMENT FORM, including the attached letter of credit/certified copy of credit report or financial statement submitted pursuant to interrogatory number 7 Financial Disclosure; c) he/she is familiar with the books of said corporation showing its financial condition; c) the attached letter of credit/certified copy of credit report or financial statement, taken from the books of said corporation, is a true and accurate statement of the financial condition of said corporation as of the date thereof; and d) that all of the foregoing qualification information is true, complete and accurate.

**(Acknowledgement)**

\_\_\_\_\_ being duly sworn, deposes and says, under penalty of perjury, that he/she is \_\_\_\_\_ of \_\_\_\_\_ (Name of Bidder) that he/she is duly authorized to make the foregoing affidavit and that he/she makes it on behalf of ( ) himself/herself: ( ) said partnership; ( ) said corporation.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in the

County of \_\_\_\_\_, State of \_\_\_\_\_.

\_\_\_\_\_ My commissioner expires: \_\_\_\_\_  
(Notary Public)

**NONCOLLUSIVE BIDDING CERTIFICATION**

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:

- (1) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
- (2) Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and
- (3) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

I, hereby certify under the penalties of perjury that the foregoing statement is true.

By:

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Bidder's Signature

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Date

---

Print Name

---

Title

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Legal Name of Individual or Business Name of  
Company/Partnership/Corporation

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Bidder's Federal Tax Identification # (Do Not Use SS#)

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Address

---

Email Address

**(Acknowledgment for Individual)**

STATE OF

ss.:

COUNTY OF

On \_\_\_\_\_, 20\_\_\_\_ before me personally came \_\_\_\_\_ to me known, and known to me to be the individual(s) described in, and who executed the foregoing NONCOLLUSIVE BIDDING CERTIFICATION, and duly acknowledged to me that s/he executed the same.

\_\_\_\_\_

My commission expires: \_\_\_\_\_

(Notary Public)

**(Acknowledgment for Partnership)**

STATE OF

ss.:

COUNTY OF

On \_\_\_\_\_, 20\_\_\_\_ before me personally came \_\_\_\_\_ to me known, who, by me duly sworn, did depose and say that deponent resides at \_\_\_\_\_; that deponent is a member of the partnership described in and which executed the foregoing NONCOLLUSIVE BIDDING CERTIFICATION; deponent is authorized to sign the foregoing NONCOLLUSIVE BIDDING CERTIFICATION.

\_\_\_\_\_

My commission expires: \_\_\_\_\_

(Notary Public)



**(Acknowledgement for Corporation)**

STATE OF

ss.:

COUNTY OF

On \_\_\_\_\_, 20\_\_\_\_ before me personally came \_\_\_\_\_  
to me known, who, by me duly sworn, did depose and say that deponent resides  
at \_\_\_\_\_ that deponent is the \_\_\_\_\_ of the corporation  
described in, and which executed the foregoing NONCOLLUSIVE BIDDING CERTIFICATION, that deponent  
knows the seal of the corporation, that the seal affixed to the NONCOLLUSIVE BIDDING CERTIFICATION,  
is the corporate seal, that it was affixed by order of the board of \_\_\_\_\_ the  
corporation; and that deponent signed deponent's name by like order.

\_\_\_\_\_ My commission expires: \_\_\_\_\_

(Notary Public)

**INSURANCE CERTIFICATION**

**TO BE COMPLETED BY AN AUTHORIZED INSURANCE AGENT**

**INSTRUCTIONS:**

Please complete this Insurance Certification and attach copies of proof of insurance as follows:

- (a) Worker's Compensation:** Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 57 (2) evidencing proof of workers' compensation insurance *or* proof of Bidder not being required to secure same.
- (b) Disability Benefits Insurance:** Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 220 evidencing proof of disability benefits insurance *or* proof of Bidder not being required to secure same.

*This form and all supporting documentation must be submitted with this Bid/Proposal even if said information is on-file with the Hospital in connection with another bid, project or contract.*

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(Name and Address of Bidder)

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Name of Bid: \_\_\_\_\_ Bid Number: \_\_\_\_\_

(1) Worker's Compensation:

Insurance Carrier: \_\_\_\_\_ Policy Number(s): \_\_\_\_\_

(2) The above insurance is effective with New York State admitted insurance companies, and is 'A' rated or equivalent to A rated.

(3) Policy cancellation or non-renewal shall be effective only upon thirty (30) days prior notice by certified mail to:

***South Nassau Communities Hospital, Attn. Mark Bogen, Chief Financial Officer, One Healthy Way,  
Oceanside, New York 11572***

Authorized Insurance Agent's Signature and Title:

\_\_\_\_\_

Name, Insurance Affiliation and Address:

\_\_\_\_\_ Dated \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA FORM**

The bidder hereby acknowledges that he/she has received and that he/she has considered in the preparation of his/her bids, all requirements in the following Addenda to this Bid/Proposal/Contract:

**Note:** This acknowledgement shall be signed by the person executing the Statement of Understanding. Insert additional pages, as necessary.

ADDENDUM NUMBER	DATE OF ADDENDUM	ACKNOWLEDGEMENT

☐ **NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS BID/PROPOSAL/CONTRACT.**

**ACKNOWLEDGEMENT:**

\_\_\_\_\_

**IMPORTANT NOTICE:**

**THIS FORM MUST BE COMPLETED AND SUBMITTED BY ALL BIDDERS. IF NO ADDENDA ARE RECEIVED, CHECK THE "NO ADDENDUM" BOX ABOVE AND SIGN THE ACKNOWLEDGMENT.**

**THE HOSPITAL RETAINS THE ABSOLUTE RIGHT TO REJECT ANY BID/PROPOSAL THAT FAILS TO INCLUDE THIS ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA FORM**