REQUEST FOR PROPOSAL (RFP)
No. 2026-01
Project Manager – Electronic Medical Record (EMR) Implementation

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1. INTRODUCTION

The North Bay Parry Sound District Health Unit (Health Unit) is a progressive public health agency governed by the North Bay Parry Sound District Health Unit Board of Health. With a head office located in North Bay, a branch office in Parry Sound, and staff serving the region of Burk's Falls, the Health Unit employs approximately 175 staff who deliver provincially legislated public health programs and services. The Health Unit's service area covers over 17,000 sq. km. and serves a population of approximately 134,400. The Health Unit represents the largest number of municipalities (31) of all health units in Ontario.

The *Ontario Public Health Standards (OPHS): Requirements for Programs, Services, and Accountability (Standards)* prescribe the work of Ontario health units. The OPHS are province-wide standards that steer the local planning and delivery of public health programs and services by boards of health. They set minimum requirements for fundamental public health programs and services targeting the prevention of disease, health promotion and protection, and community health surveillance. For the full description of the OPHS, please visit: Ontario Public Health Standards

2. PURPOSE

The Health Unit is expanding the application of an existing electronic medical record (EMR) platform, PS Suite. This platform is currently used by one program, and the intent is to have an EMR that spans multiple programs implemented by May 28, 2027.

A Project Manager is required to lead change management and coordinate the planning, end-to-end implementation, and post-implementation stabilization.

3. DEFINITIONS

n/a

4. BACKGROUND

4.1 DOCUMENTATION REQUIREMENTS AND CURRENT SYSTEMS

The Health Unit and regulated professionals, including Public Health Nurses, Nurse Practitioners, Physicians, and Registered Dietitians, must use a documentation system to record and retain client information and all interactions between clients and the organization.

The Health Unit uses several provincial Ministry Information Management systems to manage client information and fulfill provincial reporting requirements. These systems support program-specific data management and reporting, but they do not function as comprehensive EMR systems. The Health Unit requires the ability to

document clinical interactions, maintain clinical records, and extract and analyze data to support epidemiological surveillance, population health assessment, program evaluation, quality improvement, and reporting activities. Currently we use a combination of electronic documentation systems and EMR applications to support service delivery. A supplementary electronic documentation system or EMR is therefore required.

4.2 DECISION AND EXPECTED BENEFITS

The Health Unit is discontinuing the use of the current electronic documentation system and implementing an existing EMR application, PS Suite, in the affected programs. Expanding PS Suite across programs is expected to:

a) Create a single client record accessible across multiple programs
b) Improve the integration of program services and client support
c) Reduce duplication while strengthening reporting and monitoring capabilities

4.3 CHANGE MANAGEMENT AND TRANSITION URGENCY

Change management will be a critical component of the implementation. The transition will affect the programs adopting PS Suite and the program that currently uses it, requiring coordinated engagement, communication, workflow alignment, and support across all affected programs.

The transition is time-sensitive because the current electronic documentation system is becoming obsolete. Implementation planning must therefore balance the urgency of migration with the need to prepare staff, manage operational impacts, and maintain continuity of service.

5. DELIVERABLES

The Project Manager will lead and coordinate the planning, implementation, and transition to an organization-wide Electronic Medical Record (EMR) system by May 28, 2027. The role is responsible for ensuring successful project delivery within approved scope, schedule, budget, quality standards, and organizational requirements.

Working collaboratively with the established Health Unit EMR Project Team, including Information Technology and EMR users (staff), the Project Manager will oversee all phases of the implementation, from project initiation and requirements gathering through system configuration, testing, training, go-live, and post-implementation stabilization.

Deliverables include:

a) Project charter and governance framework
b) Communication plan

c) Project management plan and implementation roadmap for 2027

d) Coordination of Health Unit EMR Project Team and work with affected programs

e) Progress monitoring, issue resolution, and scheduled status reports

f) Coordination of post-go-live support, issue resolution, user feedback, and transition of ongoing monitoring and issue resolution to the Health Unit

6. INSTRUCTIONS TO PROPONENTS

Proponents must have the following qualifications:

a) Project Management Professional (PMP) certification or equivalent project management credential

b) Demonstrated experience leading complex technology implementations, preferably within healthcare, public health, primary care, or another regulated environment

c) Experience implementing EMR, clinical information systems, electronic patient record systems, or comparable enterprise applications

6.1 REVIEW OF RFP DOCUMENTS

Proponents shall examine all RFP Documents, including all attached Schedules, and immediately report to the individual specified in section 6.2 Inquiries, all errors, omissions or ambiguities in the RFP Documents.

6.2 INQUIRIES

All inquiries related to this RFP should be directed in writing, including but not limited to email, to the individual(s) named below (the "**Health Unit Representative(s)**"). Information obtained from any individual or source other than the Health Unit Representative(s) may not be relied upon.

Chris Bowes

Executive Director, Organizational Effectiveness

North Bay Parry Sound District Health Unit

345 Oak Street West, North Bay, ON P1B 2T2

Email: privacy@healthunit.ca

Such inquiries must be requested no later than 7 days before Closing Time. The Health Unit reserves the right not to respond to inquiries made within 7 days of the Closing Time. Inquiries and responses are recorded and will be distributed to all Proponents unless the questions are company specific.

Proponents finding discrepancies or omissions in the RFP document or having doubts as to the meaning or intent of any provision, should immediately notify the Health Unit Representative.

6.3 ADDENDA

If the Health Unit determines that an amendment is required to the RFP, the Health Unit Representative will issue a written addendum. The addendum or addenda are posted on the Health Unit's website (Health Unit Website) under the "About Us" section and all such addenda becomes an integral part of the RFP. No verbal conversation will affect or modify the terms of this RFP or may be relied upon by any Proponent.

6.4 PROPOSAL SUBMISSION AND CLOSING DATE

Proposals must be submitted to:

Christine Neily

Executive Assistant

North Bay Parry Sound District Health Unit

345 Oak Street West

North Bay, ON P1B 2T2

On or before the following date and time (the "Closing Time"):

Time: 12:00 p.m. (noon) Eastern Standard Time
Date: Nov. 20, 2026

Submissions by fax or email are not accepted. Proposals received after the Closing Time are not accepted or considered. Delays caused by any delivery, courier, or mail service(s) are not grounds for an extension of the Closing Time.

The Health Unit intends to open Proposals at 1:00 p.m., Friday, November 20, 2026, at the Health Unit North Bay office, 345 Oak Street West, in the Nipissing Boardroom.

Proponents must submit one electronic copy via USB flash drive, one original hard copy, plus 4 hard copies (5 in total), of their Proposal(s). Proponents must complete the Form of Proposal, attached as Schedule A, including Schedules A-1 to A-5. Proponents are to use the forms provided and respond to items in the order listed. Proponents may attach additional pages as necessary.

Proposals must be submitted in a sealed package, clearly marked on the outside with the Proponent's name and return address, Title of the Project (Manager – Electronic Medical Record (EMR) Implementation), and the RFP reference number (RFP-2026-01).

6.5 PROPOSAL WITHDRAWAL AND ACCEPTANCE PERIOD

A Proposal may be withdrawn at the office indicated in 6.2 (Inquiries) at any time prior to the RFP Closing Date by a request in writing signed by the Proponent.

A Proponent who has withdrawn a Proposal may submit a new Proposal, but only in accordance with the terms of this RFP.

A Proposal may not be withdrawn at or after the Proposal Closing Time and shall remain valid and be open for acceptance by the Health Unit, in whole or in part.

7. SCHEDULE OF EVENTS

Activities	Anticipated Completion Date
RFP submissions received by the Health Unit	November 20, 2026
RFP submissions evaluated by the Health Unit	November 25, 2026
Selection and notification of successful consultant/firm	November 30, 2026
Interview with Health Unit representative(s) to discuss scope of project, deliverables, and drafting of contract	December 9, 2026
Go Live Implementation of New EMR platform	May 28, 2027
Post-Implementation stabilization	June 25, 2027

The above schedule is subject to change at the discretion of the Health Unit.

8. SCOPE OF WORK

The Project Manager is accountable for coordinating the end-to-end implementation of PS Suite across all affected programs, including the program already using it, maintaining project governance and transparency, proactively managing delivery risks, and ensuring that implementation decisions are supported by appropriate operational, technical, privacy, security, and program input.

Clinical, operational, and technology approvals remain the responsibility of the designated accountable authorities within the Health Unit. The Project Manager ensures these approvals are obtained, documented, and incorporated into project decision-making before relevant milestones proceed.

The following are outside the scope of work:

1. All end-of-life work associated with the obsolete documentation system.
2. Direct provision of training on how to use PS Suite.

9. RFP EVALUATION

Proposals are evaluated using a best value approach considering both merit and price. Proposals are assessed on a point rating system for the following:

	MAXIMUM POINTS
Managerial and Organizational	360
Financial	200
Technical	240
Total Points Available	**800**

Neither the qualifying Proposal, which scores the highest number of rating points, nor the one that contains the lowest price will necessarily be accepted. The selection of the successful Proponent is based on the best overall value to the Health Unit in terms of merit and price ratio.

The following point system is used when evaluating Proposal components:

0.0 Unacceptable

1.0 Poor

2.0 Fair

3.0 Good

4.0 Excellent

A rating for each component is obtained by multiplying the points (0.0 to 4.0) by the assigned component weight. A technical ratio reflecting the best overall value is then calculated by dividing the total points by total cost.

Managerial and Organizational	**Weight**
A) Relevant experience, numbers, and qualifications of key personnel	35
B) Demonstrated performance of contracts of this magnitude	20
C) Professional presentation reflecting confidence and direction	20
D) References of the company/supplier	15
Financial	**Weight**
A) Overall presentation demonstrating an understanding of the cost factors, adequate and supportable price and a time breakdown(hours)	20
B) Price provides good value for work performed	30

Technical	Weight
A) Presentation relating to confidence in the stated methodology proposed	40
B) Confidence that the factors outlined in Proponent qualifications have been addressed and are available	20

10. INTERVIEWS

Proponent(s) may be invited to an interview with the selection committee, the results of which are used by the committee as a mechanism to revisit, revise, confirm, and finalize the score and select the recommended Proponent(s).

The representative of the Proponent at any interview scheduled is expected to be thoroughly versed and knowledgeable with respect to the requirements of the RFP and the contents of its Proposal and must have the authority to make decisions and commitments with respect to matters discussed at the interview, which may be included in any resulting contract.

No Proponent will be entitled to be present during or otherwise receive, any information regarding any interview with any other Proponent.

The selection committee may interview any Proponent(s) without interviewing others, and the Health Unit is under no obligation to advise those not receiving an invitation until completion of the evaluation and selection process.

11. CONTRACT AWARD

All inquiries related to the status of this RFP, including whether or not a Contract has been awarded, should be directed to the Health Unit Website.

If the Health Unit selects a Preferred Proponent(s), then it may:

a) Enter into a Contract with the Preferred Proponent(s); or

b) Enter into discussions with the Preferred Proponent(s) to clarify any outstanding issues and attempt to finalize the terms of the Contract, including financial terms. If discussions are successful, the Health Unit and the Preferred Proponent(s) will finalize the Contract; or

c) If at any time the Health Unit reasonably forms the opinion that a mutually acceptable agreement is not likely to be reached within a reasonable time, give the Preferred Proponent(s) written notice to terminate discussions, in which event the Health Unit may then either open discussions with another Proponent or terminate this RFP and retain or obtain the service(s) in some other manner.

12. TERMS, CONDITIONS, AND SUPPLEMENTARY INFORMATION

12.1 COST OF PROPOSAL

Preparation and submission of a Proposal in response to this RFP is voluntary and any costs associated with Proposal preparation, submission, meetings, negotiations or discussions with the Health Unit are solely those of the Proponent submitting the Proposal.

12.2 NO CLAIM

The Health Unit is not liable to any Proponent for any claims, whether for costs, expenses, losses or damages, or loss of anticipated profits, or for any other matter whatsoever, incurred by the Proponent in preparing and submitting a Proposal, or participating in negotiations for a Contract, or other activity related to or arising out of this RFP. Except as expressly and specifically permitted in this RFP, no Proponent shall have any claim for any compensation of any kind whatsoever, as a result of participating in this RFP process, and by submitting a Proposal, each Proponent shall be deemed to have agreed that it has no claim.

12.3 NO OBLIGATION

This RFP does not commit the Health Unit in any way to select a Preferred Proponent, or to proceed to negotiations for a Contract, or to award any Contract, and the Health Unit reserves the complete right to reject all Proposals at any time, and to terminate this RFP process.

12.4 CLARIFICATIONS

As part of the evaluation process, the Health Unit may make requests for further information with respect to the content of any Proposal in order to clarify the understanding of the Proponent's response. The Health Unit may request this further information from one or more Proponents and not from others. Only information specifically requested is considered.

12.5 WITHDRAWAL

A Proponent may alter or withdraw their Proposal at any time before the submission closing date.

12.6 FUNDING

The award of any Contract shall be conditional upon funding availability as dictated by the Health Unit budget and approval by the Board of Health for the North Bay Parry Sound District Health Unit.

12.7 ASSIGNMENT

The Health Unit reserves the right to refuse the assignment of the work/service to another company/supplier.

12.8 NO BINDING CONTRACT

The Health Unit may, after reviewing the Proposal received, enter into discussions with one or more of the Proponents, without such discussion in any way creating a Binding Contract on behalf of the Health Unit. This RFP does not create a legally binding agreement on behalf of the Health Unit.

By submitting a Proposal and participating in the process as outlined in this RFP, Proponents expressly agree that no Contract of any kind is formed under or arises from the RFP process, prior to the signing of a formal written Contract.

12.9 COMPLIANCE WITH LAWS AND LICENSING

Upon award, the successful Proponent is responsible for strict adherence to all Federal, Provincial, and Municipal codes and by-laws and must obtain all permits and licenses as applicable.

12.10 SAFETY CODES AND REGULATIONS

Upon award, the successful Proponent must adhere to all safety rules, regulations, and labour codes in effect in all jurisdictions where the work is performed.

The Health Unit encourages all contractors/consultants to obtain annual influenza immunization for the protection of themselves and the Health Unit's clients. The Health Unit reserves the right to temporarily suspend contractual work during influenza activity if the Medical Officer of Health/Executive Officer determines there is a significant risk to staff and clients.

12.11 COMPLIANCE WITH ACCESSIBILITY FOR ONTARIANS WITH DISABILITIES ACT, 2005

The successful Proponent shall ensure that its employees, agents, volunteers, or others who provide services to the public and for whom the successful Proponent is legally responsible receive training regarding the provision of the goods and services contemplated herein to persons with disabilities in accordance with Ontario Regulation 191/11 Integrated Accessibility Standards of the *Accessibility for Ontarians with Disabilities Act, 2005*.

The successful Proponent shall ensure that such training includes, without limitation, a review of the purposes of the Act and the requirements of Regulation 191/11, as well as instruction regarding all matters set out in Part IV.2 Customer Service Standards.

The successful Proponent, in consultation with the Health Unit Representative, shall submit documentation with a record of the dates on which training was completed. as required from time to time to the Health Unit,

The Health Unit reserves the right to require the successful Proponent to demonstrate that its training policies meet the requirements of the Act and the Regulation.

12.12 INSURANCE/WSIB

The successful Proponent agrees to defend, indemnify, and save harmless the Health Unit for any claim demand arising out of the performance by the Proponent of the Contract. The Proponent agrees to maintain comprehensive liability insurance covering all operations and liability assumed under the Contract, and to provide the Health Unit with a certificate to this effect.

The Proponent agrees to arrange for and maintain in force and effect at its own cost all such insurance as would be maintained by a prudent operator of a similar agency including but not limited to:

i. Comprehensive commercial general liability insurance (including products and completed operations, personal injury and contractual liability) for a limit of not less than $5 million dollars per individual claim with no applicable annual aggregate;

ii. Professional liability/medical malpractice insurance, where applicable, for a limit of not less than $5 million dollars per individual claim with no applicable annual aggregate;

iii. Cyber Liability coverage in an amount of not less than $5 million dollars per claim including third party limits of liability for network security breaches and privacy breach liability, and first party coverage for breach response services, and extended to include the failure to adequately protect confidential information including but not limited to personal (customer and employee) and corporate information**.**

iv. Director and officer coverage and environmental impairment liability coverage in an amount appropriate for a prudent operator of a similar agency;

v. WSIB insurance applicable to all employees performing services at the Health Unit;

vi. Real property and Business Interruption Coverage in an amount appropriate for a prudent operator of a similar agency; and

vii. Cross-liability provisions.

The Proponent must supply proof of good standing with the Workplace Safety and Insurance Board at the time of the submission of a proposal. Should the person, company, corporation or organization be exempt from the requirements of the Workplace Safety and Insurance Board, proof of exemption must then be submitted (If applicable to the type of service being requested).

12.13 INDEMNIFICATION

The successful Proponent shall defend, indemnify, and save harmless the Health Unit and its respective officers, directors, agents and employees, and each of them, from and against claims, demands, losses, costs, damages, actions, suits or proceedings by third parties that arise out of, or are attributable to, the successful Proponent's performance of the Contract.

12.14 INFLUENCE

No person, company, corporation or organization shall attempt in any way, directly or indirectly, either in private or in public, to influence the outcome of any Health Unit evaluation or acceptance, purchasing or disposal process.

The bid, quotation, or proposal of any person, company, corporation or organization that does attempt to influence the outcome of any Health Unit purchasing process will be disqualified.

12.15 NO COLLUSION

No Proponent may discuss or communicate about, directly or indirectly, the preparation or content of its Proposal with any other Proponent or the agent or representative of any other Proponent or prospective Proponent. If the Health Unit discovers there has been a breach at any time, the Health Unit reserves the right to disqualify the Proposal or terminate any ensuing Contract.

12.16 CONFLICT OF INTEREST

In its Proposal, the Proponent must disclose to the Health Unit any potential conflict of interest that might compromise the performance of the work, as described in section 8.0 Scope of Work. If such conflict of interest does exist, the Health Unit may, at its discretion, refuse to consider the Proposal.

The Proponent must also disclose whether it is aware of any Health Unit employee or Board of Health member thereof having a financial interest in the Proponent and the nature of that interest. If such an interest exists or arises, the Health Unit may, at its discretion, refuse to consider the Proposal or withhold the award to the successful Proponent until the matter is resolved to the Health Unit's sole satisfaction.

12.17 CONFIDENTIALITY

Upon award, the successful Proponent must adhere to all confidentiality policies, draft or otherwise, of the Health Unit and be willing to enter into a Confidentiality Agreement with the Health Unit.

12.18 OWNERSHIP AND CONFIDENTIALITY OF HEALTH UNIT PROVIDED DATA

All correspondence, documentation, and information provided by the Health Unit to any Proponent or prospective Proponent in connection with, or arising out of this RFP, the Services, or the acceptance of any Proposal:

a) Is and shall remain the property of the Health Unit

b) Must be treated by Proponents and prospective Proponents as confidential

c) Must not be used for any purpose other than for replying to this RFP, and for fulfillment of any related subsequent Contract

12.19 OWNERSHIP AND DISCLOSURE OF PROPOSAL DOCUMENTATION

The documentation comprising any Proposal submitted in response to the RFP, along with all correspondence, documentation and information provided to the Health Unit by any Proponent in connection with or arising out of this RFP, once received by the Health Unit:

a) Shall become the property of the Health Unit

b) Shall become subject to the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA) and may be released, pursuant to the Act

Because of MFIPPA, prospective Proponents are advised to identify in their Proposal any scientific, technical, commercial, proprietary or similar confidential information, the disclosure of which could cause them injury.

Each Proponent's name, at a minimum, shall be made public.

12.20 METHOD OF PAYMENT

The dollar value of this Proposal must be valid for 60 days.

a) All pricing shall be in Canadian funds

b) All applicable taxes shall be shown as extra (Schedule A-5)

Payment for work rendered shall be made according to the terms of any resulting Contract. Typical terms are net 30 days upon presentation of detailed invoices for approval.

SCHEDULE A

FORM OF PROPOSAL

Schedule	Description
Schedule A	Form of Proposal
Schedule A-1	Statement of Departures
Schedule A-2	Proponent's Experience, Reputation and Resources
Schedule A-3	Proponent's Technical Proposal (Services)
Schedule A-4	Proponent's Technical Proposal (Schedule)
Schedule A-5	Proponent's Financial Proposal

SCHEDULE A

FORM OF PROPOSAL

RFP Project Title: **Project Manager – Electronic Medical Record (EMR) Implementation**

RFP Reference No.: **RFP-2026-01**

Legal Name of Proponent:

Contact Person and Title:

Business Address:

Telephone: **Fax:**

E-Mail Address:

1.0 **I/We, the undersigned duly authorized representative(s) of the Proponent**, having received and carefully reviewed all of the RFP Proposal documents, including any issued addenda, and having full knowledge of the proposal requirements, and having fully informed ourselves as to the intent, difficulties, facilities and local conditions attendant to performing the Services, submit this Proposal.

2.0 **I/We confirm** that the following appendices are attached to and form part of this RFP Proposal:

Schedule A-1 – Statement of Departures;
Schedule A-2 – Proponent's Experience, Reputation and Resources;
Schedule A-3 – Proponent's Technical Proposal (Services);
Schedule A-4 – Proponent's Technical Proposal (Schedule); and
Schedule A-5 – Proponent's Financial Proposal

3.0 **I/We confirm** that this Proposal is accurate and true to the best of my/our knowledge.

4.0 **I/We confirm** that, if I/we am/are awarded the Contract, I/we will at all times be the "prime Contractor/Firm" as provided by the Workplace Safety and Insurance Act (Ontario) with respect to the Services. I/we further confirm that if I/we become aware that another Contractor/Firm at the place(s) of the Services has been designated as the "prime Contractor/Firm", I/we will notify the Health Unit immediately, and I/we will indemnify and hold the Health Unit harmless against any claims, demands, losses, damages, costs, liabilities or expenses suffered by the Health Unit in connection with any failure to so notify the Health Unit.

This Proposal is submitted this _____ day of _____, 20_____.

I/We have the authority to bind the Proponent.

(Name of Proponent)	(Name of Proponent)
(Signature of Authorized Signing Officer)	(Signature of Authorized Signing Officer)
(Print Name and Position of Authorized Signing Officer)	(Print Name and Position of Authorized Signing Officer)

SCHEDULE A-1

STATEMENT OF DEPARTURES

1. I/We have reviewed the RFP and, if requested by the Health Unit, I/We would be prepared to enter into that Contract, amended by the following departures (list departures, if any):

Section **Departure/Alternative**

2. The North Bay Parry Sound District Health Unit requires that the successful Proponent have the following in place **before commencing the Services**:

a) **Workplace Safety and Insurance Board (WSIB)** coverage in good standing and further, if an "Owner Operator" is involved, personal operator protection (P.O.P.) will be provided, Workplace Safety and Insurance Board Registration Number _____;

b) A Safety Program that meets the WSIB standards;

c) Insurance coverage for the amounts required in the proposed Contract as a $5,000,000 minimum, naming the Health Unit as additional insured;

d) Province of Ontario business license.

As of the date of this Proposal, we advise that we have the ability to meet all of the above requirements, **except as follows** (list, if any):

Section **Departure/Alternative**

3. I/We offer the following alternates to improve the Services described in the RFP (list, if any):

Section **Departure/Alternative**

SCHEDULE A-2

PROPONENT'S EXPERIENCE, REPUTATION AND RESOURCES

Proponents must provide information on the following (attach additional pages, if necessary):

(i) Location of branches, background, stability, structure of the Proponent;

(ii) Proponent's relevant experience and qualifications in delivering Services are similar to those required by the RFP;

(iii) Proponent's demonstrated ability to provide the Services;

Proponents must also provide information on the background and experience of key personnel proposed to undertake the Services (complete the chart below for all personnel proposed to undertake the Services):

Key Personnel

Name:_____	**Name:**_____
Years of Experience:_____	Years of Experience:_____
Project Name:_____	Project Name:_____
Responsibility:_____	Responsibility:_____
Name:_____	**Name:**_____
Years of Experience:_____	Years of Experience:_____
Project Name:_____	Project Name:_____
Responsibility:_____	Responsibility:_____
Name:_____	**Name:**_____
Years of Experience:_____	Years of Experience:_____
Project Name:_____	Project Name:_____
Responsibility:_____	Responsibility:_____

References

Proponent to provide **three (3)** references of recent successful performance where the requirements were similar to the Health Unit's requirements as set out in the RFP. The Health Unit reserves the right to request site visits and demonstrations of existing Proponent operations.

The Health Unit reserves the right to contact any person(s), agency(ies) or firm(s) not listed as part of an independent review.

Reference #1

Name of client's organization:

Reference Contact information:

Name:

Phone Number:

Email Address:

How long has the organization been a client of the Proponent?

Describe the size and scope of the referenced project:

Describe the nature of the work performed:

Provide the start and end dates of the project duration, and any relevant comments:

Information on any significant obstacles encountered and resolved for this type of service:

Reference #2

Name of client's organization:

Reference Contact information:

Name:

Phone Number:

Email Address:

How long has the organization been a client of the Proponent?

Describe the size and scope of the referenced project:

Describe the nature of the work performed:

Provide the start and end dates of the project duration, and any relevant comments:

Information on any significant obstacles encountered and resolved for this type of service:

Reference #3

Name of client's organization:

Reference Contact information:

Name:

Phone Number:

Email Address:

How long has the organization been a client of the Proponent?

Describe the size and scope of the referenced project:

Describe the nature of the work performed:

Provide the start and end dates of the project duration, and any relevant comments:

Information on any significant obstacles encountered and resolved for this type of service:

Sub-Contractors

Proponents must also provide information on the background and experience of Sub-Contractors or Consultants proposed to undertake a portion of the Services (complete the chart below for all Sub-Contractors proposed to undertake the Services, if any):

1. Description of Services:
   Sub-Contractor/Consultant's Name:
   Years of Experience:
   Telephone Number:
2. Description of Services:
   Sub-Contractor/Consultant's Name:
   Years of Experience:
   Telephone Number:
3. Description of Services:
   Sub-Contractor/Consultant's Name:
   Years of Experience:
   Telephone Number:

SCHEDULE A-3

PROPONENT'S TECHNICAL PROPOSAL (SERVICES)

Proponents must provide the following (attach additional pages if necessary):

(i) A narrative that illustrates an understanding of the Health Unit's requirements and Services;

(ii) A description of the general approach and methodology that the Proponent would take in performing the Services including specifications and requirements;

(iii) A narrative that illustrates how the Proponent will complete the Scope of Services, manage the Services, and accomplish required objectives within the Health Unit's schedule;

(iv) Describe how the Proponent would undertake the tasks defined in this RFP and satisfy its obligations, duties and responsibilities for the Project;

(v) Describe the Proponent's organizational structure for the Project and the relationships between all functions in the organization including the proposed interface with the Project team, identify the professionals who will be directly responsible for signing-off and accepting relevant liabilities for each part of the project, and provide a description of the work to be performed by the Proponent's own resources, and work which will be performed by sub-contracted organizations;

(vi) The Proponent team must identify the Consultant responsible for performing the duties and obligations as defined in the RFP, describe his/her authority to represent all members of the Proponent's team and his/her responsibilities in discharging the obligations of an agreement between the Proponent and the North Bay Parry Sound District Health Unit, and provide suitable information in support of the ability of the Project Manager to properly manage this Project; and,

(vii) Provide a staffing plan indicating names and qualifications of principal personnel within each area of required work as identified in the RFP.

SCHEDULE A-4

PROPONENT'S TECHNICAL PROPOSAL (SCHEDULE)

Proponents must provide an estimated schedule, indicating a commitment to perform the contract within the time specified. Outline the timeline/schedule for **each** activity. Highlight milestone dates.

SCHEDULE A-5

PROPONENT'S FINANCIAL PROPOSAL

Include a detailed fee proposal for the project, including disbursements. These hourly rates would be included in the contract charge out schedule in the Contract.

Create a table that:

a) Outlines **Schedule of rates** for **labour**: item number, description, estimated quantity of hours, hourly rate, and total price.

b) Outlines **Schedule of rates** for **materials**: item number, description, estimated quantity of hours, hourly rate, and total price.

c) Highlights the **Total Proposal Price** (excluding taxes).

Additional Expenses:

Please indicate any expenses payable in addition to the proposed fee and proposed disbursements set out above: