Request for Proposal

Consulting Services for Funds Flow 2.0 Optimization and Project Management

Request for Proposal (RFP) # 09042026UCDH Funds Flow 2.0

Date Issued: 09/04/2026

Due Date: 09/18/2026

Submitted by the
University of California Davis Health

This RFP is also available at: https://health.ucdavis.edu/supplychain/

All questions regarding this RFP should be directed to:

Benjamin Joseph
UCDH Procurement and Strategic Sourcing Department
Email: bmjoseph@health.ucdavis.edu
Phone: (916) 734-4364

Questions should not be directed to any other University departments or staff. Material or substantive information provided to any bidder, as a result of questions received, will be provided to all bidders via an addendum to this RFP.

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DISCLOSURES

Deviations from specifications: Any deviation from the specifications shall be identified and fully described. The right is reserved to accept or reject quotations on each item separately, or as a whole, and to waive any irregularities in the quotation; irregularities may, however, render the quotation non-responsive.

Public disclosure: Responses to Become Public Records:
All materials submitted in response to this solicitation become a matter of public record and shall be regarded as public record.

Designation of Confidential Information:
The Regents will recognize as confidential only those elements in each response, which are trade secrets as that term is defined in the law of California and which are clearly marked as 'TRADE SECRET,' 'CONFIDENTIAL,' or 'PROPRIETARY.' Vague designations and blanket statements regarding entire pages or documents are insufficient and shall not bind The Regents to protect the designated matter from disclosure.

The California Public Records Act limits The Regents' ability to withhold prequalification and bid data to trade secrets or records, the disclosure of which is exempt or prohibited pursuant to federal or state law. If a submittal contains any trade secrets that a Bidder does not want disclosed to the public or used by The Regents for any purpose other than evaluation of the Bidder's eligibility, each sheet of such information must be marked with the designation "Confidential." The Regents will notify the submitter of data so classified of any request to inspect such data so that the submitter will have an opportunity to establish that such information is exempt from inspection in any proceeding to compel inspection.

The Regents Not Liable for Required Disclosure:
The Regents shall not in any way be liable or responsible for the disclosure of any records if they are not plainly marked 'TRADE SECRET,' 'CONFIDENTIAL,' or 'PROPRIETARY,' or if disclosure is required by law or by an order of the court.

Restriction Relating to Consulting Services or Similar Contracts – Follow-on Contracts
Please note a Supplier that is awarded a consulting services or similar contract cannot later submit a bid or be considered for any work "required, suggested, or otherwise deemed appropriate" as the end product of the Services (see Public Contract Code Section 10515).

SECTION I – RFP INSTRUCTIONS AND TIMELINE

Submission of Written Questions or Request for Clarification

Inquiries regarding this RFP must be received by **3:00 PM PDT as per the Event date**. The UCDH contact person is listed below. Questions may only be sent via email.

Benjamin Joseph
UCDH Procurement and Strategic Sourcing
Email: bmjoseph@health.ucdavis.edu

Responses to Written Questions

Responses to inquiries will be posted as an addendum. The addendum will contain all questions received, responses to all questions and any changes. Questions will not be identified by Bidder so please do not include any Supplier-specific inquiries. Individual questions will not necessarily be answered directly to submitter.

The addendum with responses to written questions and inquiries received on this RFP will be posted no later than **as noted in schedule of events or addendums**. All questions submitted shall be responded to as an addendum to the **RFP** and will be posted on the procurement website at: **https://health.ucdavis.edu/supplychain/.** The identity of the submitter of any particular question will not be disclosed. Inquiries and questions regarding this **RFP** will not be entertained after the **due** date.

Proposal Submittal Instructions

Each Bidder is required to submit RFP by email to Benjamin Joseph at **bmjoseph@health.ucdavis.edu.** Please include **"RFP 09042026UCDH Funds Flow 2.0"** in the subject line.

All proposals submitted **must be received in the UCDH email inbox of Benjamin** no later than **3:00 PM PDT on as per the Event date.** UCDH Purchasing Department will not accept proposals received after the due date and time.

RFP Schedule of Events

Event	Date
Release of Request for Proposals	**09/04/2026**
Deadline for Submission of Written Questions or Request for Clarification	**09/10/2026**
Responses to Written Questions	**09/16/2026**
Deadline for Submissions of Proposals	**09/18/2026**
Presentation	**TBD**

Completion of Proposal Evaluation*	**TBD**

*These are approximate dates and subject to change.

Addendum or Supplement to Request for Proposal

UCDH may modify the RFP prior to the RFP due date, by issuance of addendums posted on the procurement website. addendums will be clearly marked as such. Each addendum will be numbered consecutively and will become part of this RFP. Any Bidder who fails to receive such addendums shall not be relieved of any obligation under this quotation as submitted.

SPECIFICATIONS OR RFP REQUIREMENTS MAY BE REVISED ONLY THROUGH WRITTEN NOTICE OF ADDENDUM ISSUED BY BENJAMIN JOSEPH, UNIVERSITY OF CALIFORNIA, DAVIS, HEALTH, PURCHASING DEPARTMENT. CHANGES BY ANY OTHER INDIVIDUAL ARE NOT AUTHORIZED.

Basis of Award

An evaluation committee consisting of representatives from UCDH will evaluate the responses. Responses that do not meet the qualification criteria and scope of services will not be considered for selection.

California Public Contract Code Section 10507 et seq. require that all purchase contracts and/or agreements involving an expenditure of more than $100,000 annually be awarded to the lowest responsible bidder meeting specifications, or else all bids be rejected. The lowest responsible bidder shall be determined based on one of two bid evaluation methodologies: (1) Cost alone, or (2) Best Value.

This bid shall be evaluated based on the Best Value method. In the Best Value method, proposals are scored based on weighted evaluation criteria of price, quality, service, performance, and other elements as defined by the University, achieved through methods in accordance with Public Contract Code Section 10507.8 and determined by objective performance criteria that may include price, features, long-term functionality, life-cycle costs, overall sustainability, required services, and the reduction of overall operating costs included in the proposal.

Award(s) will be made to the overall best responsive, responsible Bidder(s) whose proposal, in the sole opinion of UCDH is deemed best able to serve the needs of UCDH contained in this RFP and who have demonstrated the ability to perform the required service in an acceptable manner. Notwithstanding any other provision of this RFP, UCDH reserves the right to: (1) waive any immaterial defect or informality; or (2) reject any or all submissions or portions thereof; or (3) reissue RFP when UCDH determines that it is in its best interest to do so (4) make an award to more than one vendor if in the best interest of UCDH to do so.

The evaluation committee reserves the right to contact, interview, and evaluate the respondent's references, contact and interview current clients, solicit information from any available source concerning any aspect of this proposal or response, and seek and review any other information deemed pertinent to the evaluation process.

UCDH reserves the right to reject or accept any or all proposals, to make more than one selection, or not select. Any resulting agreement will incorporate the terms, conditions, and requirements set forth in this RFP.

SECTION II – GENERAL INFORMATION

University of California at Davis Health Profile

UC Davis Health (UCDH) is comprised of several large entities including a large tertiary delivery system and nationally ranked Schools of Medicine and Nursing. Through leveraging these strengths, UCDH is improving lives and transforming health care by providing outstanding patient care, conducting ground-breaking research, fostering innovative interprofessional education, and creating dynamic, productive partnerships with regional healthcare providers and the community. We are a major driver of economic prosperity in the Sacramento region and Northern California. According to a recent study, UCDH generates more than $3.4 billion in annual economic output and more than 20,000 jobs. For every employee or dollar of output directly supported by UCDH's operations, the Northern California economy gains an additional 1.1 jobs or $1.10 of output, respectively.

UC Davis Health harnesses the power of an entire university's nationally ranked resources and research to tackle the most pressing health care issues facing the world today. The School of Medicine is ranked #8 in primary care and #51 in research by US News & World Report. Since opening in 2010, the School of Nursing has consistently ranked in the top 50. Much of the power of UCDH comes from our clinicians and researchers, including partners working on campus and in other UC Davis schools such as the #1 ranked School of Veterinary Medicine, the nation's #3 School of Agriculture and Environmental Sciences, one of the nation's top Colleges of Biological Sciences, and an outstanding College of Engineering – all from one of the top ten 'Best Public Universities' in the entire United States.

As the region's only academic health center, UCDH is focused on providing the highest quality of care, discovering and sharing knowledge and educating and training a diverse workforce that is responsive to population health care needs. UC Davis Health is a hub of innovation that encompasses UC Davis Medical Center, UC Davis School of Medicine, The Betty Irene Moore School of Nursing at UC Davis and UC Davis Medical Group.

UC Davis Medical Center

Based in Sacramento, California, the UC Davis Medical Center is a nationally recognized academic medical center where clinical practice, teaching, and research converge to advance human health. A few highlights about the medical center:

- A 651-bed multispecialty academic medical center.
- Serves 33 counties covering a 65,000-square-mile area north to the Oregon border and east to Nevada.

- Recognized as one of the “Most Wired” hospitals in the U.S.
- Ranked Sacramento's top hospital by U.S. News & World Report, #6 in California, and among nation's best in 9 adult medical specialties.

Centers of Excellence include:

- UC Davis Comprehensive Cancer Center, one of only 52 National Cancer Institute-designated comprehensive centers nationwide.
- State-of-the-art emergency department that includes the region's only Level I adult and pediatric trauma centers and a leading research center.
- Burn Center (only one in Northern California).
- The internationally recognized UC Davis MIND Institute, devoted to finding treatments and cures for neurodevelopmental disorders.
- UC Davis Children's Hospital, a nationally ranked pediatric hospital with more than 120 physicians in 33 pediatric subspecialties, first West Coast Level 1 Children’s Surgical Center, in partnership with Shriners Hospital-Northern California.
- A pioneering telehealth program, which provides remote underserved communities access to academic specialty and subspecialty care.
- The UCD Alzheimer’s Disease Center is one of 33 funded NIH Research Center and has been continuously funded for 29 years, supporting over $80 million dollars in clinical and basic science research.

California Tower Expansion

Currently under construction, the California Tower is a key component of UC Davis Health’s Vision 2030 capital strategy. This 14-story hospital tower and adjacent five-story pavilion will add nearly 910,000 square feet to the Sacramento campus, including 334 private inpatient rooms - over 250 of which are acuity-adaptable to flex between medical-surgical and ICU care. The tower also includes new operating rooms, imaging, burn care, pharmacy services, and rooftop helipads. With an expected completion date in 2030, the California Tower will increase overall inpatient capacity to approximately 700 beds while meeting California’s seismic safety standards. The facility is also targeting LEED Gold certification and is designed to support operational flexibility during public health emergencies or surges in patient volume.

On July 1, 2025, UC Davis Health opened the 48X Complex, a state-of-the-art Ambulatory Surgery Center designed to expand surgical capacity and support same-day, minimally invasive procedures. The facility enhances access to high-quality surgical services in an outpatient setting and reflects UCDH’s continued commitment to shifting appropriate care out of the inpatient environment.

In September 2025, UC Davis Health opened the new Folsom Medical Office Building (FMOB), further extending access to care in a fast-growing community. The three-story facility will house a range of primary and specialty services, including exam rooms, imaging, infusion therapy, and procedural space, supporting an integrated, patient-centered model of care.
In addition to these new sites, UCDH is planning upgrades and expansions at several existing ambulatory locations over the next 18 months, bringing more services and clinical teams closer to the

communities it serves.

The UC Davis Patient Contact Center (PCC), opened in 2020, supports physician practices with appointment scheduling, referral coordination, and scheduling template management. The PCC plays a key role in optimizing access, improving operational efficiency, and enhancing the experience for both patients and providers.

UC Davis Ambulatory Services

Ambulatory Services is expected to be a key driver for growth and further evolution for UCDH. Today, the ambulatory footprint extends to 23 sites and over 40 clinical practices in the greater Sacramento area, with over 900,000 visits annually, offering top caliber primary and specialty care. In addition to growth through additional sites, significant expansion and enhancement is planned over the next 18 months for several existing locations, which will bring additional UCDH services and clinicians to the communities it serves. The UCDH Patient Contact Center (PCC) opened in 2020 further enhancing the experience for patients, physicians, and staff, and will optimize our efforts around access excellence. PCC team members provide support to UCDH physician practices for appointment scheduling, referral processing, and scheduling template management among other essential support services.

UC Davis Health was recently ranked in the top 10 nationally by Vizient for the outstanding quality of its ambulatory care in outpatient clinics and emergency services. The Vizient Ambulatory Care Quality and Accountability Awards measure the quality of outpatient care in five areas: access to care, capacity and throughput, quality and efficiency, continuum of care, and equity.

UC Davis Medical Group

UC Davis Medical Group is a 1,300-member physician group offering nationally recognized primary care and specialty expertise in more than 150 areas of academic medicine throughout the greater Sacramento area and surrounding communities. The Ambulatory division continues to innovate patient care by leveraging technology to provide services in a manner that best suits the individual patient and their loved ones, whether that is in person, through video visits, or e-communication through the Epic MyChart patient communication portal.

SECTION III – PROJECT BACKGROUND AND OBJECTIVES.

Introduction and Background

UC Davis Health is seeking proposals from qualified healthcare management and financial consulting firms to assist in the optimization and recalibration of the existing Funds Flow program including project management services, designing financial models, and transition pathways for **Funds Flow 2.0**.

In July 2021, UC Davis Health implemented a mission-aligned funds flow model designed to balance inequities in support for clinical departments, reducing the need for individually negotiated agreements with the medical center, and incentivizing research. This foundational model established a framework that supported recruitment, retention, research, education, and clinical program development across all departments, including primary care and service lines caring for substantial publicly insured populations.

Academic health systems globally are facing profound financial pressures, including reimbursement erosion, rising compensation and operating costs, reduced support and investment in research, and increasing dependence on clinical margins to support academic missions. In September 2025, UC Davis Health established an internal review process of the current Funds Flow model reviewing 11 core Funds Flow workstreams and 10 Agreements workstreams, which represents over 75% of the total funds flow program. These reviews were performed with representation across the clinical, research and educational teams, including clinicians, leaders and administrators to obtain a full understanding of each workstream. These reviews resulted in enhanced understanding of the program, and highlighted inconsistencies in operational components of the program, data deficiencies, operational funding shortfalls to departments, as well as funding reductions. Midway through the reviews, it was noted that the complexity of the reviews warranted additional project management resources to assist with the vision of clinical leadership and administration.

To adapt, UC Davis Health is launching **Funds Flow 2.0**, a next-generation model with three pillars: **financial sustainability, healthcare affordability, and advancing the academic mission**. The realigned program must continue to support UC Davis Health's clinical, administrative, research, and educational missions and maintain the institution's long-term competitiveness, while being financially sustainable for the health system.

Project Objectives

Three Pillars

The Funds Flow 2.0 model will be built upon three foundational pillars: **Financial Sustainability, Healthcare Affordability, and Advancing the Academic Mission**. Together, these pillars are

intended to create a transparent, equitable, and operationally viable framework that aligns incentives across the health system, medical group, School of Medicine, and departments. The model should promote shared accountability for quality, access, growth, and performance while simplifying complex agreements, reducing transactional "deals," and creating a clear, data-driven methodology that can be implemented using available operational and financial data. By aligning resources and incentives, Funds Flow 2.0 will support strategic growth, foster innovation, and strengthen UC Davis Health's position as a leading academic medical center and safety-net institution.

Financial Sustainability

- Enhance long-term financial sustainability for UC Davis Health while focusing on strategic, proportionate investments.
- Establish a dedicated and dynamic funding stream tied to a percentage of net patient revenue, creating stable support for clinical care, research, and education while remaining responsive to changing financial realities.
- Through a shared risk, shared reward approach, accountability should be aligned with the entities and leaders best positioned to influence outcomes, while promoting growth, access, affordability, quality, and equitable resource allocation across the organization.

Healthcare Affordability

- Establish a program that aligns operational efficiency, revenue growth, and cost containment to maximize resources available for investment in academic medicine and research innovation.
- Establish parameters for funding Funds Flow 2.0 that is predictable and affordable within the existing resources of UC Davis Health.
    - Professional fee collections grew by 27% from FY22 (first year of Funds Flow) to FY25, while funds flow grew by 38% for the same period.
    - In FY26, a top-level reduction of $27M was applied to funds flow (representing a 5% reduction), with a second planned $27M reduction for FY27 (approximately a 4.5% reduction). Targeted recalibration across workstreams is preferable to recurring across-the-board reductions.
- Encourage departments to deliver high-value, cost-effective care, improve payer performance, reduce denials, and generate margin that can be reinvested in clinical trials, physician-scientist protected time, facilities and equipment, and other mission-critical activities.

Advancing the Academic Mission

- Actively advance UC Davis Health's tripartite mission of clinical care, research, and education by rewarding research productivity, grant activity, educational contributions, and academic leadership alongside clinical performance,
- Support basic science, translational research, clinical research, and physician-scientists whose work strengthens both patient care and academic excellence, recognizing that indirect cost recovery alone cannot sustain a premier academic medical center.
- Maintain investment in the research enterprise to sustain the foundation necessary to innovate, attract and retain leading faculty, support learners, and advance UC Davis Health's long-term academic and research aspirations.
- Strategic modification of research, UME and GME administrative expenses to make this support sustainable.

SECTION IV – SCOPE OF WORK, DELIVERABLES AND EVALUTION CRITERIA

The consultant's scope of work shall include, but is not limited to, the following phases, with expected deliverables to allow management to begin implementation throughout the engagement:

SCOPE OF WORK

Phase I: Current State Assessment (First 30 days)

- Evaluate the performance, financial impact, and operational friction points of the current funds flow model, including a review of the internal funds flow workstream review reports completed from September 2025 – September 2026, which has already identified process, data and recommendations for changes.
- Assess the current data sources, systems, definitions, and reporting processes used to support Funds Flow calculations and decision-making; identify data gaps, inconsistencies, and limitations; and define the data requirements, sources, standardization, and capabilities needed to support a sustainable, transparent, and operationally feasible Funds Flow 2.0 model.
- In addition to the results of the internal review, identify operational improvements or capabilities that should precede or accompany Funds Flow 2.0, including the expiration of Funds Flow Transitional Support, which ran five years from the FY22 launch and concluded with FY26, and identify areas where the current model misaligns with the enterprise's affordability initiatives.

- Document the School of Medicine's full academic revenue base and the distinct channels that support it, distinguishing funds flow transfers from indirect cost recovery, State general funds, philanthropy, endowment payout, and tuition, so that Funds Flow 2.0 is designed against the actual academic funding structure.
- Benchmark UC Davis Health's current funds flow to other funds flow models at comparable academic medical centers documenting what is working particularly well, what works better in other institutional models and what works better at UCDH. Include comparisons of compensation, productivity, and staffing models. Comparables include, but are not limited to Vizient, MGMA, AAMC, Sullivan Cotter.
- Establish project plan and timeline, as well as project management team to ensure adherence to timeline.

Phase II: Funds Flow 2.0 Design & Financial Modeling (Start by no later than day 30 and last no longer than 60 days)

- In response to Phase I data, and the internal Funds Flow Review process, provide project management resources and leadership to assist management in developing a next-generation funds flow methodology that integrates performance incentives, academic investment, and clinical program support in a sustainable manner.
- Create dynamic financial models testing the proposed framework against multiple revenue and market scenarios (upside and downside risks).
    - Evaluate productivity-based support, cFTE/staffing-model support, departmental administrative support, and faculty benefit support independently and recommend appropriate affordability, performance, and accountability measures for each
- Establish metrics that explicitly reward clinical efficiency, cost-of-care reductions, and high-value care delivery (Affordability).
- Develop guiding principles and appropriate affordability metrics/KPI's for each major component of clinical Funds Flow, recognizing differences in purpose, underlying cost drivers, relationship to professional revenue, and degree of departmental and enterprise control.
- Establish clear governance structures for managing funds flow processes and periodic recalibrations to prevent future structural imbalances. Governance must include defined representation for the basic science departments and for the research and educational missions, as well as the clinical mission, and establish a balance within senior leadership, the UC Davis Medical Center and the UC Davis School of Medicine.

- Evaluate whether UC Davis Health should establish an academic mission stabilization reserve funded from upside years that can be drawn on in down years, based on a defined trigger.
- Establish design assumptions for academic education and research-intensive faculty who generate no wRVUs, including basic science chairs and PhD faculty in clinical departments, so that the productivity and overhead architecture developed accommodates all faculty roles and missions.

Phase III: Transition Planning & Change Management (by day 90, up to 180 days)

- Quantify the financial impact of proposed changes on individual departments, including the effect on research and educational capacity, on support for PhD faculty, and on departments that generate no clinical revenue.
- Develop transition options, including glide paths to address departmental financial shifts, and/or deficits.
- Develop a phased transition plan from the current model to Funds Flow 2.0. This plan should establish phases that can be implemented by management throughout the engagement, rather than at the end of the engagement. These would be established as Sub-phases A – E, as deemed appropriate with management.
- Recommend communication strategies and develop template materials to support consensus building among department chairs, medical school leadership and medical center executives.
- Develop recommendations for a monitoring and reporting framework to assess the performance of Funds Flow 2.0, including recommended metrics, data sources, reporting frequency, ownership, and governance.
- Assist management with implementing the approved corrective actions and initial phases of Funds Flow 2.0 during the engagement

Deliverables

- **Comprehensive Assessment Report:** Review assessed reports completed during Sept 2025-2026 and current workstreams. Detailing the strengths and weaknesses of the existing funds flow model with industry benchmarking. Delivered within the first 30 days of the engagement.
- **Funds Flow 2.0 Guide:** A detailed manual outlining the new methodology, formulas, governance structure, and dispute resolution processes. Use the funds flow guide 1.0 with

modifications as the basis for these changes. Draft revisions to the guide are delivered throughout the engagement following the completion of each phase and/or sub-phase. The Guide is not delivered at the end of the engagement but throughout the engagement.

- **Governance structure:** A rotating membership on the current clinical and academic funds flow group that brings in fresh ideas to the process, along with recommendations for an executive committee and mechanisms to support effective and timely decision-making.
- **Interactive Financial Models** allowing UC Davis Health finance teams to forecast funds flow based on varying net patient revenue and strategic plans.
- **Roadmap and Concurrent Implementation:** A recommended timeline and sequencing plan occurring concurrently throughout the engagement, including proposed change management milestones and communication plan templates.

Acceptance Criteria

1. UC Davis Health will decide on the acceptable models and its implementation.
2. UC Davis Health will review and recommend the revisions to the Funds Flow 2.0 Guide.

Evaluation Criteria

Proposals will be evaluated based on the following criteria:

Criterion	Description
Industry Expertise	Demonstrated experience designing and implementing next-generation funds flow models specifically within **highly integrated Academic Health Systems** and other details referenced in Exhibit B_Bidder Response.
Project management	Demonstrated ability to facilitate stakeholder engagement and guide diverse groups toward consensus and actionable recommendations and other details referenced in Exhibit B_Bidder Response.
Methodology & Approach	Clarity, feasibility, and innovation of the proposed approach, particularly regarding how the firm will measure and drive *sustainability* and *affordability* and other details referenced in Exhibit B_Bidder Response.
Team Qualifications	Experience and background of the specific consultants assigned to the project and other details referenced in Exhibit B_Bidder Response.
Presentation	TBD
Cost & Value	Competitiveness of the proposed fee structure and the overall value delivered to UC Davis Health.

SECTION V – REQUEST FOR PROPOSAL FORMAT

Introduction

Each Bidder's response must contain agreement to the documents listed in Exhibit A and completed as per guidelines below

Each bidder is required to agree to the documentation format as noted below and terms in Exhibit A and the subsequent appendices listed below**.** Exhibit B shall contain the responses to the bid or refer to corresponding page numbers of the PDF. Cost proposal submitted under Exhibit C.

The awarded bidder will be required to execute the UC Davis Health documentation that will govern the award.

Please provide all requested information in a brief but complete response, responding in order and identifying each response by the corresponding question number or criteria. Failure to prepare proposals in the following required format may result in elimination from the evaluation process.

1. **Format:** Proposals must be submitted as a single PDF document, not exceeding 25 pages (excluding Exhibit A, Exhibit B, Exhibit C and appendices).
2. **Required Contents:**
    - Executive Summary
    - Firm Profile and Relevant Academic Medicine Experience
    - Proposed Approach and Work Plan
    - Project Team Biographies
    - Detailed Fee Schedule
    - Three (3) Client References from similar AHS engagements
3. Signature copy of this RFP document (last page).
4. Exhibit B (Excel) – Bidder Response (Tab A & Tab B)
5. Exhibit C (Excel) – Cost Proposal
6. Exhibit A – UC Health Professional Services Purchase Agreement
    - a. Appendix A – UC Terms and Conditions
    - c. Appendix B – Data Security
    - d. Appendix C – Template Statement of Work (SOW)

SECTION VI – TERMS AND CONDITIONS

Proposal Conditions

Notwithstanding any other provision of the RFP, bidders are hereby advised that this RFP is solicitation of proposals only and is not to be construed as an offer to enter into any contract or agreement. Thus, UCDH reserves the right to reject any or all proposals for any reason including the following.

Incomplete or non-responsive
Generally unprofessional
Late (late bids are immediately rejected)
Exceptions to terms and conditions may be grounds for elimination from consideration.

UCDH shall have the unconditional and unqualified right to withdraw, cancel, or amend this RFP at any time. Bidders shall bear all costs associated with the preparation and furnishing of responses to this RFP. UCDH, in its sole discretion, reserves the right to determine whether any bidder meets the minimum qualification standards, to determine whether a proposal is responsive, and to select a proposal which best serves its programmatic objectives. UCDH reserves the right to negotiate a binding contract with the selected bidder(s).

All proposals shall be valid for a period of 180 days following the proposal submission due date.

The UCDH grants other University of California (UC) entities the right to acquire the properties and/or services from a resulting contract based on this competitively bid Request for Proposal (RFP). By submitting an RFP that results in a contract, the awarded bidder(s) agrees to make the same bid terms and price, exclusive of freight and transportation fees, available to other University of California entities. UCDH will not be responsible for any problems or issues, which may arise between other UC entities and the awarded bidder(s) as a result of any sales and/or purchases made.

Responses to this RFP should be made according to the instructions contained herein. Failure to adhere to RFP instructions may be cause for rejection of the proposal. A proposal which contains conditions or limitations set up by the bidder may be deemed irregular and subsequently rejected by UCDH.

False, incomplete, or unresponsive statements in the proposal response may be cause for its rejection. The evaluation and determination of the fulfillment of the RFP requirements will be UCDH's responsibility and its judgment shall be final.

UCDH reserves the right to interpret or change any provision of this RFP at any time prior to the proposal submission date. Such interpretation or change shall be in the form of a written addendum to this RFP. Such addendum will become part of this RFP and any resultant contract. Such addendum shall be made available to each agency that has received an RFP. Should such addendum require

additional information not previously requested, a bidder's failure to address the requirements of such addendum in the proposal response may result in the proposal not being considered.

UCDH has, at its sole discretion, the unconditional and unqualified right to determine that a time extension is required for submission of proposals, in which case, a written RFP addendum issued by UCDH shall indicate the new submission date for proposals.

Prior to the final submission date, any bidder may retrieve its proposal to make additions or alterations. Such retrieval, however, shall not extend the final submission date.

Bidders wishing to submit proposals in response to this request do so entirely at their own expense, and submission of a proposal indicates acceptance of the conditions contained in the RFP unless clearly and specifically noted otherwise.

It is understood and agreed by UCDH and vendor that in the performance of this agreement, vendor shall be, and act as an independent contractor and not as an agent or employee of UCDH. It is expressly understood and agreed that this agreement is not intended and shall not be construed to create the relationship of agent, servant, employee, partnership, joint venture or association between UCDH and vendor. Vendor is not an employee of UCDH and is not entitled to the benefits provided by UCDH to its employees, including but not limited to, group insurance, pension plans, worker's compensation or unemployment insurance.

Bidders may not distribute any announcement or news release regarding this project without written approval by the University of California, Davis Health. Any materials to be provided to regulatory agencies, other entities, or to the public shall be submitted to the UCDH for review and distribution unless otherwise directed by a UCDH representative.

PUBLIC INFORMATION AND TRADE SECRETS - The California Public Records Act limits the ability of UCDH to withhold pre-qualification and bid data to trade secrets or records, the disclosure of which is exempt or prohibited pursuant to federal or state law. If a submittal contains any trade secrets that bidder does not want disclosed to the public or used by UCDH for any purpose other than evaluation of the bidder’s eligibility, each sheet of such information must be marked with the designation "Confidential." UCDH will notify the bidder of data so classified upon receipt of any request to inspect such data so that the bidder will have an opportunity to establish that such information is exempt from inspection in any proceeding to compel inspection.

All materials submitted in response to the RFP will become the property of UCDH. All samples of work submitted as a part of this proposal will be returned at the request of the bidder. Materials may be returned, with the exception noted above for sample material, only at the UCDH’s option and at the bidder’s expense.

Successful awardee will be required to extend terms of the agreement to all UC locations.

All pricing proposed in the bidder submission shall be firm for the term of the Agreement.

Bidder Commitment to Sustainability: UC is committed to responsible stewardship of resources and to demonstrating leadership in sustainable business practices and thus will require Bidders to present their commitment to sustainable practices as it applies to its goods and services.

Several factors will influence UCDH's decision in selecting the vendor. The University may take into consideration any of the following best value criteria when awarding a best value agreement for goods, materials, and services:

1. The total cost to the university of its use or consumption of goods, materials, and services.
2. The operational cost or benefit incurred by the university as a result of a contract award.
3. The added value to the university, as defined in the request for proposal, of vendor-added services.
4. The quality and effectiveness of goods, materials, and services.
5. The use of more sustainable goods and materials in the manufacturing of the goods and materials and the packaging of these products.
6. The reliability and timeliness of delivery and installation.
7. The terms and conditions of product warranties, maintenance, and vendor guarantees.
8. The vendor's quality assurance, continuous improvement, and business resumption programs and their benefit to the university.
9. The vendor's experience with the timely provision of goods, materials, and services.
10. The consistency of quality and availability of the vendor's proposed supplies, materials, and services with the university's overall procurement program.
11. The economic benefits to the local community, including, but not limited to, job creation or retention and the support of small and local businesses.

The bid submission must be complete, submitted on the forms provided or in the format indicated, and comply with all specifications and legal requirements set in this Request for Proposal.

YOUR PROPOSAL MUST INCLUDE A RESPONSE TO EVERY QUESTION AND SECTION THAT REQUESTS INFORMATION - REFER TO THE SECTION AND CORRESPONDING ITEM NUMBER.

Failure to provide the information necessary to fully evaluate the bid response may result in disqualification of the bid.

UCDH reserves the right to accept, reject or waive any irregularities in any proposal and the right to reject all responses received in response to this request.

Contract Terms and Conditions

All terms and conditions of University of California Health Terms and Conditions of Purchase, (Appendix A) shall apply to any contract awarded from this solicitation for proposals. The selected bidder will be required to comply with all the terms and conditions as specified therein. A bidder's inability to comply with, or exceptions and modifications to, the terms and conditions incorporated in the said terms and conditions must be stated in its proposal and may disqualify the bidder from further consideration.

To facilitate timely award of this contract, each bidder must certify its ability to comply with the insurance requirements as outlined in Appendix A. The University will require the selected bidder to furnish a certificate of insurance, naming The Regents of the University of California as an additional insured. Such certificate of insurance shall be in a form as issued by an insurer approved by the University and shall contain an endorsement requiring not less than thirty (30) days' written notice to the University prior to any cancellation or modification thereof. Thereafter, a certificate evidencing the renewal of each such policy shall be furnished to the University at least ten (10) days prior to the expiration of the term of said policy. Failure to comply with this requirement may result in cancellation of any contract resulting from this request for proposal.

The University reserves the right to adjust the minimum insurance limits specified in Appendix A, based on the overall risk assessment of the project. Each bidder must provide evidence of its current coverage with its proposal.

The final contract with the selected bidder will be prepared by the University of California, Davis, Health System's Contracts and will incorporate this Request for Proposal, the submitted proposal, and Exhibit A documentation.

Bidder shall be solely responsible for the conduct and control of the work to be performed by Bidder under this agreement. Bidder's services for UCDH shall be performed in accordance with currently approved methods and ethical standards applicable to vendor's professional capacity.

Any order resulting from this Request for Proposal shall be subject to the examination and audit by the California State Auditor for a period of three years after final payment under this order. The examination and audit shall be confined to those matters connected with the performance of the contract, including, but not limited to, the cost of administering the contract.

All agreements resulting from this RFP shall be construed and enforced in accordance with the laws of the State of California.

The Bidder shall not maintain or provide racially segregated facilities for employees at any establishment under the Bidder's control. The Bidder agrees to adhere to the requirements set forth in Executive Orders 11246 and 11375, and with respect to activities occurring in the State of California, to the California Fair employment and Housing Act Government Code section 2900 et seq.). Expressly,

the Bidder shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, ancestry, medical condition, marital status, age, physical and mental handicap regarding any position for which the employee or applicant for employment is qualified, or because he or she is a disabled veteran or veteran of the Vietnam era. The Bidder shall further specifically undertake an outreach effort in regards with the hiring, promotion and treatment of minority group persons, women, the handicapped, and disabled veterans and veterans of the Vietnam era. The Bidder shall communicate this policy in both English and Spanish to all people as concerned within its company, with outside recruiting services and the minority community at large. The Bidder shall provide the University on request a breakdown of its labor force by groups, specifying the above characteristics within job categories, and shall discuss with the University its policies and practices relating to its programs.

Authorized Signature

Please complete the vendor contact information requested below:

Company Name	
Federal Employer Identification #:	
Contact Person/Title:	
Contact Email Address:	
Contact Phone Number:	

I certify that I am authorized to sign on behalf of the organization I represent for this offer and agree to all terms and conditions described herein.

_____ Authorized signature _____Date