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REQUEST FOR PROPOSAL (RFP)

Reference Number: 1000154127

ISSUE DATE: Tuesday October 15th 2013

CLOSING DATE & TIME: Monday November 25th, 2013 at 14:00 (EDT)

PROJECT TITLE Prosthetist Services

DIVISION NIHB

DIRECTORATE FNIHB

BRANCH First Nations and Inuit Health Branch

DEPARTMENT Health Canada

For any clarification or additional information, please e-mail:

FNIHB_CMU_GMC_DGSPNI@HC-SC.GC.CA

Bid Submission Envelopes are to be delivered only to the following address:

Health Canada Bid Receiving Unit
Federal Records Centre Building
161 Goldenrod Driveway
Address Locator 1801B
Ottawa, ON K1A 0K9

RFP Reference Number: 1000154127

Attention: Rui Ormonde (Contracting Officer)

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PART I STATEMENT of WORK

1.0 SCOPE

1.1 Title

Prosthetic Services in support of the Non Insured Health Benefit (NIHB) Program for the MS&E Review Centre of Benefit Management Review Services Division (BMRSD).

1.2. Introduction

The Non-Insured Health Benefits (NIHB) Program of the First Nations and Inuit Health Branch (FNIHB) of Health Canada requires the services of up to two (2) Prosthetists on an "as and when required" basis to evaluate requests for prosthetics equipment and supplies in support of the NIHB Medical Supply and Equipment Review Centre. Two (2) separate Contracts are expected to be awarded in order to ensure that resources are available and able to undertake the work within the short deadlines established for the Program.

1.3 Estimated Value

1.3.1 Up to two (2) Contracts for Prosthetists resources, may be awarded as a result of this RFP for a total not exceeding **\$84,000.00**. This total includes other expenses, all applicable taxes.

1.3.2 The above total includes the initial period of the Contract(s) which will be for three (3) years from date of award of contract(s) until **March 31st, 2017**. In addition, two (2) one (1) year optional periods from **April 1st, 2017** until **March 31st, 2019** may be exercised at Health Canada's discretion. The total potential duration of the Contract(s) may be up to five (5) years.

1.3.3 The original period for each Contract effective until **March 31st, 2017**, must not exceed the following values:

- Up to one (1) Contract may be awarded to the Bidder with the Lowest Responsive Cost per point and must not exceed **\$27,000.00**, including other expenses and all applicable taxes.
- Up to one (1) Contract may be awarded to the Bidder with the second Lowest Responsive Cost per Point and must not exceed **\$21,000.00**, including other expenses and all applicable taxes.

Two (2) one (1) year optional periods for each Contract(s) may be exercised at Health Canada's discretion on a year by year basis, effective **April 1st, 2017 until March 31st, 2018 and April 1st, 2018 until March 31st, 2019** which must not exceed the following values:

- Up to one (1) Contract may be awarded to the Bidder with the Lowest Responsive Cost per point and must not exceed **\$20,000.00**, including other expenses and all applicable taxes.

- Up to one (1) Contract may be awarded to the Bidder with the second Lowest Responsive Cost per Point and must not exceed **\$16,000.00**, including other expenses and all applicable taxes.

The total value for all contract(s) combined resulting from this RFP shall not exceed \$84,000.00, including travel and living expenses (if applicable) and all applicable taxes. One contract is expected to be valued at \$47,000.00, one at \$37,000.00; over the entire period of the Contract including the two (2) option periods.

- 1.3.4 No travel will be required for this requirement, travel or living expenses do not form part of this RFP.

1.4 Objectives of the Requirement

The NIHB Program requires the services of two (2) Prosthetists on an "as and when required" basis for a period of three (3) years from the contract date plus two (2) twelve (12) month option periods to evaluate requests for prosthetics equipment and supplies in support of the NIHB Medical Supply and Equipment Review Centre. Each of the Contractors will provide recommendations within a specific deadline for the approval or denial of cases; the Contractor will also provide professional advice with regard to specific cases to the NIHB Program and the development of guidelines and provide training to NIHB staff on an "as requested" basis.

1.5 Background, Assumptions and Specific Scope of the Requirement

1.5.1 Health Canada's Non-Insured Health Benefits (NIHB) Program provides a specified range of medically necessary health-related goods and services to approximately 926,000 eligible registered First Nations and recognized Inuit, when these goods and services are not already provided through private insurance plans, provincial or territorial health and social programs, or other publicly funded programs.

The objectives of the NIHB Program are to provide benefits to registered First Nations and recognized Inuit in a manner that:

- is suitable to their unique health needs;
- helps eligible First Nations and Inuit to reach an overall health status that is comparable to other Canadians;
- is cost effective; and
- will maintain and improve health, prevent disease and assist in detecting and managing illnesses, injuries, or disabilities.

The NIHB Program operates according to a number of guiding principles:

- All registered First Nations and recognized Inuit individuals who are normally residents of Canada, and not otherwise covered under a separate agreement with federal, provincial or territorial governments, are eligible for Non-Insured Health Benefits, regardless of location in Canada or income level.
- Benefits are based on the judgment of recognized medical professionals, consistent with the best practices of health services delivery and evidence-based standards of care.

- There is national consistency of mandatory benefits, equitable access and portability of benefits and services.
- The Program is to be managed in a sustainable and cost-effective manner.
- Management processes will involve transparency and joint review structures whenever agreed to with First Nations and Inuit organizations.
- In cases where a benefit is covered under another health care plan, the NIHB Program will act to coordinate payment in order to help ensure that the other plan meets its obligations and the client is not denied service.

1.5.2 In terms of this specific requirement, the MS&E Review Centre of Benefit Management and Review Services Division does not have staff with the expert knowledge in the field of prosthetic care, nor the knowledge of the large assortment of devices, their use, costs, possible alternatives on the market and reasonable replacement periods. As a consequence, MS&E has previously contracted with a number of different Prosthetists to evaluate requests for prosthetics equipment and supplies in support of the NIHB Medical Supply and Equipment Review Centre. For the next three (3) years, plus two (2) twelve (12) month option periods, the MS&E wants to contract with up to two (2) Prosthetists on an "as and when required" basis to evaluate requests for prosthetics equipment and supplies in support of the NIHB Medical Supply and Equipment Review Centre.

2.0 Requirements

2.1 Tasks, Activities, Deliverables and Milestones

For the review and evaluation of requests and files related to the benefits under the NIHB Program, the Prosthetist will as requested by the HC Departmental Representative or their delegated representative:

- 2.1.1 Review applications requesting funding for prosthetic and supplies; the written case review report must include
 - a) an assessment based on diagnosis;
 - b) an explanation on how the client's medical condition qualifies the client for coverage according to the NIHB coverage criteria for that benefit item;
 - c) appropriateness of providers cost estimate; and
 - d) recommendations, if deemed necessary, on possible available alternatives to meet the NIHB client needs;
- 2.1.2 Research and assistance with the development of NIHB regional guidelines and policies as required. The time constraints are dictated by the urgency of each situation which presents itself;
- 2.1.3. Provide expert advice including expert opinions on issues and responses to technical/ medical questions. The time constraints are dictated by the urgency of each situation which presents itself. In certain situations, same day responses may be required. This may require the Contractor to contact service providers or prescribers to discuss client needs as identified by the MS&E Review Centre; to participate in teleconferences or to provide training/information sessions to NIHB staff as the need arises.

2.2 Specifications and Standards

The MS&E Review Centre requires that all requests for prosthesis equipment and supplies be evaluated by the consultant within three (3) days. As a consequence the Prosthetist will be held to those pre-established time lines in their performance.

2.3 Technical, Operational and Organizational Environment

In addition, the following constraints will impact on the provision of the services to NIHB by the Contractor:

The contractor:

- must be available to respond to NIHB demands for case reviews or other related work;
- must be available during normal working hours to contact service provider(s) or prescribers to discuss client needs upon the request from the MS&E Review Centre Representative or their delegate within the time lines identified at the time the request is made; and
- must be able to respond to NIHB requests, in writing, by e-mail transmissions, and occasionally orally by telephone, within a restrictive time period of a three (3) working day turnaround time for case reviews and same day responses for urgent matters.

2.4 Method and Source of Acceptance

The Departmental Representative or her delegate will monitor the Contractor's Prosthetist recommendations for consistency of application to the NIHB Program criteria and guidelines. The provision of the professional advice and the training requirements will be monitored by the Departmental Representative and measured against work of similar nature performed by other professional resources. Any discrepancies will be identified in writing to the Contractor and corrective action will be undertaken in a manner and against a schedule by both parties.

2.5 Reporting Requirements

The Contractor's Prosthetist(s) will complete and submit in writing one copy of their recommendation to a Departmental Representative on the Consultant Recommendation form provided by the NIHB MS&E Review Centre. The forms are expected to be submitted upon completion of their review and in most situations unless otherwise agreed to by both parties is to be submitted within three days of receiving the request. The exact format and timing for the provision of the professional advice and the in-service training will be determined in advance for the Prosthetist in writing by the Departmental Representative.

The Contractor's Prosthetist(s) will provide one (1) month's advance written notice to the Departmental Representative of any planned absences longer than three (3) working days duration, in order that the Departmental Representative will be able to manage the work load of the submissions and allocate the work appropriately across the various Contracts.

2.6 Contractor Project Management Control Procedures

The Departmental Representative or her delegate will monitor the number of requests and appeals received for prosthetic equipment and supplies for specific periods of time:

- daily, weekly or monthly depending on the volume of submissions;
- and ensure that invoicing is received and processed on a monthly basis.

Hours worked will be monitored and logged with an NIHB representative for reporting and verification purposes. Any discrepancies between this log and the monthly invoice will be clarified by the Contractor to the satisfaction of the Departmental Representative.

Further, once the Contractor has completed their recommendation on a file it will be reviewed and signed off by a MS&E Review Centre Nurse Reviewer who has been assigned responsibility for ensuring that the recommendation is in compliance with Program Policy.

2.7 Change Management Procedures

No changes will be implemented to this Statement of Work without first obtaining the approval of the Contracting Authority. An amendment to the Contract will have to be completed. A written amendment describing any changes to the Scope of this Contract will be submitted to all parties that have a vested interest in this Contract prior to those changes being made to ensure that all parties agree on those changes.

2.8 Ownership of Intellectual Property

The Crown will own IP.

Section 6.5 Treasury Board “Policy on Title to Intellectual Property Arising under Crown Procurement Contract where the Foreground consists of material subject to copyright, with the exception of computer software and all documentation pertaining to that software.

3.0 Other Terms and Conditions of the SOW

3.1 Authorities

The Project Authority and Departmental Representative will be:

Director, NIHB Benefit Management and Review Services Division
Non-Insured Health Benefits
First Nations and Inuit Health Branch, Health Canada
Tunney’s Pasture
JM Building, 200 Eglantine Driveway
AL 1902D
Ottawa, Ontario
K1A 0K9

3.2 Health Canada’s Obligations

The Project Authority will ensure that the Contractor has:

- access to NIHB policies and guidelines;
- written requests for case review, expert advice or other NIHB requests in a timely manner;
- recommendation and reporting formats and sample invoice forms;

- other assistance or support or feedback in a timely manner as required;
- NIHB Health Canada email account
- Health Canada web office access.

Further, the Project Authority and Departmental Representative will provide upon the commencement of the Contract up to a half day teleconference with each of the Contractors to familiarize the Contractors' resources with the current workload and types of files that will need to be reviewed

3.3 Contractor's Obligations

The Contractor's Prosthetist must have completed an accredited program in prosthetics and be registered with the national regulatory body: the Canadian Board of Certification of Prosthetists and Orthotists (CBCPO). Should the membership status change at any time during the Contract period the Contractor will immediately inform the Project Authority.

The Contractor will be obligated to: follow all applicable NIHB policies, procedures, guidelines and templates as provided by NIHB management for the program; ensure confidentiality of information and protect physician/ patient relationships; and follow the Privacy Code used by HC for the confidentiality of information.

3.4 Location of Work, Work Site and Delivery Point

Any Contract resulting from this RFP will be interpreted and governed by the laws of the Province of Ontario.

Due to existing workload and deadlines, all personnel assigned to any contract resulting from this RFP must be ready to work in close and frequent contact with the Project Authority and other members of the MS&E Review Centre.

The work is expected to be performed at the Contractor's site.

Note: the special requirements are identified in Article 3.6 for this work.

3.5 Language of Work

It is expected that of the two (2) Contracts, a minimum of one (1) of the Contracts will be with bilingual resources. In such cases, the language of the work will be both English and French to be determined at the time the requirement is identified to the Contractor. The language of work for the other Contract will be English.

3.6 Special Requirements

3.6.1 Each of the Contractor's resources must provide:

- storage of all client files in a secure area, under lock and accessed only by the Contractor's resource working for the NIHB Program;
- disposition of the files when no longer are required must be done under supervision, by permission of the Manager, NIHB MS&E Review Centre and according to accepted

practices, such as shredding or incineration unless otherwise advised by the Departmental Representative;

- Access to a server for e-mail transmissions
- A computer for the conduct of the work.
- management of patient digital records or correspondence with the NIHB Program must be done only through the Health Canada WebOffice environment (Lotus Notes email system and Novell file management).

3.6.2 No Bribe or Conflict

The Contractor will identify and seek to objectively address potential conflicts of interest:

- the Contractor declares that no bribe, gift, benefit, or other inducement has been or will be paid, given, promised or offered directly or indirectly to any official or employee of Canada or to a member of the family of such a person, with a view to influencing the entry into the Contract or the administration of the Contract;
- the Contractor must not influence, seek to influence or otherwise take part in a decision of Canada knowing that the decision might further its private interest. In particular the contractor shall not take part in any review process nor provide any advice to NIHB regarding a request or application for medical equipment, medical supplies and repairs submitted to the NIHB Program for which the contractor is also the requester;
- The Contractor must have no financial interest in the business of a third party that causes or would appear to cause a conflict of interest in connection with the performance of its obligations under the Contract. If such a financial interest is acquired during the period of the Contract, the Contractor must immediately declare it to the Contracting Authority;
- the Contractor warrants that, to the best of its knowledge after making diligent inquiry, no conflict exists or is likely to arise in the performance of the Contract. In the event the Contractor becomes aware of any matter that causes or is likely to cause a conflict in relation to the Contractor's performance under the Contract, the Contractor must immediately disclose such matter to the Contracting Authority in writing; and
- if the Contracting Authority is of the opinion that a conflict exists as a result of the Contractor's disclosure or as a result of any other information brought to the Contracting Authority's attention, the Contracting Authority may require the Contractor to take steps to resolve or otherwise deal with the conflict or, at its entire discretion, terminate the Contract for default. Conflict means any matter, circumstance, interest, or activity affecting the Contractor, its personnel or subcontractors, which may or may appear to impair the ability of the Contractor to perform the Work diligently and independently.

3.7 Security Requirements

- The Contractor personnel requiring access to PROTECTED information, assets or sensitive work site(s) must EACH hold a valid RELIABILITY STATUS, granted or approved by Health Canada/PHAC or the Canadian Industrial Security Directorate (CISD), Public Works and Government Services Canada (PWGSC).

- The Contractor MUST NOT remove any PROTECTED information or assets from the identified work site(s), and the Contractor must ensure that its personnel are made aware of and comply with this restriction.
- Subcontracts which contain security requirements are NOT to be awarded without the prior written permission of Health Canada/PHAC.

3.8 Insurance Requirements

It is the sole responsibility of the Contractor to decide whether or not any insurance coverage is necessary for its own protection or to fulfill its obligations under the Contract, and to ensure compliance with required federal, provincial or municipal law. Any such insurance shall be provided and maintained by the Contractor at its own expense.

Any insurance secured is to the benefit and protection of the Contractor and shall not be deemed to release or diminish its liability in any manner including as may be referenced elsewhere by the provisions of this Contract.

3.9 Travel and Living Expenses

It is not expected that there will be any travel required of the Contractor(s).

However, should travel be required, it must be pre-approved by the Project Authority and is not expected to be more than \$5,000.00 in value for any of the contractors. Note that the current TBS Travel Directive <http://www.njc-cnm.gc.ca/directive/index.php?sid=98&svid=1&lang=eng> will apply.

Payment for travel and living expenses must be made in accordance to the terms of payment and the Treasury Board Travel Directive.

4.0 Project Schedule

4.1 Expected Start and Completion Dates

The services of each of the Contractor will be required for a period of approximately three (3) years plus two (2) twelve month option periods upon Contract Award. Should the Contractor currently have a contract with MS&E for the provision of the services defined in the SOW, the new Contract will commence April 1, 2014.

4.2 Schedule and Estimated Level of Effort (Work Breakdown Structure)

The work in total is not expected to exceed 170 hours per year, divided amongst the selected Contractors

5.0 Required Resources or Types of Roles to be Performed

As defined in Article 12 Mandatory Criteria and Article 13 Point-Rated Criteria.

6.0 Applicable Documents and Glossary

6.1 Applicable Documents

Health Canada will provide/make available within the first week of the Contract to the Contractor for the duration of the Contract:

- NIHB Directives and Guidelines relating to the applicable programs;
- NIHB Policy Interpretations;
- NIHB Privacy Policy;
- Administrative Procedures;
- Reporting form; and
- Invoice form

6.2 Relevant Terms, Acronyms and Glossaries

| | |
|----------------------|-----------------------------------------------------------------|
| FNIHB - | First Nations and Inuit Health Branch |
| HC - | Health Canada |
| IP - | Intellectual Property |
| MS&E Review Centre - | Medical Supplies and Equipment Review Centre |
| NIHB Program - | Non-Insured Health Benefits Program |
| PIK - | Provider Information Kit |
| RFP - | Request for Proposal |
| SOW- | Statement of Work |
| CBCPO- | Canadian Board of Certification of Prosthetists and Orthotists. |

PART II PROPOSAL REQUIREMENTS

7.0 Administrative Instructions for Completion of the RFP

7.1 General Information

7.1.1 Components, Language and Number of Copies

You are invited to submit 4 (four) written copies in either official language (English or French) of both the Technical and Cost Proposals. The RFP Reference Number and the name of the Departmental Representative must be marked on all documents, binders and respective envelopes. Your proposal must be structured in the following manner:

- one (1) covering letter, signed by an authorized representative of your firm;
- four (4) copies of the Technical Proposal; and
- one (1) copies of the Cost/Price Proposal, contained in a *separate sealed envelope*.
- one (1) electronic copy (on USB or CD) of the technical and financial proposal and the cost/price proposal.

7.1.2 Bid Validity Period

Refer to section 16

7.1.3 No Payment for Pre-Contract Costs

No payment will be made for costs incurred in the preparation and submission of a proposal in response to this RFP. No costs incurred before receipt of a signed contract or specified written authorization from the Departmental Representative can be charged to the proposed contract.

7.2 Delivery Instructions for Bid / Proposal

Bid submission envelopes are to be returned to the following address:

Health Canada Bid Receiving Unit
Federal Records Centre Building,
161 Goldenrod Driveway (Loading Dock),
Ottawa, Ontario K1A 0K9
Attention: Rui Ormonde
RFP Reference Number: 1000154127

All bids must be time stamped at the Bid Receiving Unit. Each bid submission envelope must include the RFP reference number and the name of the responsible Contract Officer

Proposals are to be submitted directly to the attention of the Contract Officer and address shown as the “Issuing Office” on the cover page of this RFP package.

The onus for submitting bids on time at the specified location rests with the bidder. It is the responsibility

of the bidder to ensure correct and timely delivery of the entire bid to the Crown, including all required information and proposal pages.

7.3 Non-Acceptance of Proposal by Facsimile or Electronic Means

Proposals sent by fax, telex, e-mail and telegraphic means will **not** be accepted.

7.4 Closing Date and Time

All proposals must be received at the specified location by Monday November 25th, 2013 at 14:00 (EDT). Proposals received after this time will be returned unopened.

7.5 Time Extension to Closing Date

Requests for a time extension to the closing date will not be considered.

7.6 Non-Compliance / Unacceptable Proposals

Failure to meet the mandatory requirements of this RFP will result in your proposal being declared non-responsive.

Proposals received after the proposal closing time will not be considered and will be returned unopened to the bidder. Further, for any proposals which are found to be non-compliant, the financial part of the bid or proposal will be returned unopened with a letter from Health Canada indicating that the bid/proposal was non compliant.

7.7 Bidders Conference / Site Visits

Not Applicable

7.8 Announcement of Successful Contractor

The name of the successful bidder will be announced on Buyandsell.gc.ca only upon contract award and sign-off.

7.9 Rights of the Crown

The Crown reserves the right to:

- reject any or all proposals received in response to this RFP;
- accept any proposal in whole or in part; and
- cancel and/or re-issue this requirement at any time.

7.10 Sample Long Form Contract

The successful bidder for this requirement will be expected to enter into agreement with Health Canada as per departmental contract terms and conditions.

7.11 Employment Equity

The Federal Contractors Program for Employment Equity requires that some organizations bidding for federal government contracts make a formal commitment to implement employment equity, as a pre-condition to the validation of their bids. All bidders must check the applicable box(es) below. **Failure to do so may render the bid non-responsive.**

Program requirements do not apply for the following reason(s):

- bid is less than \$200,000;
- this organization has fewer than 100 permanent part-time and/or full time employees across Canada;
- this organization is a federally regulated employer;

or, program requirements do apply:

- copy of signed Certificate of Commitment is enclosed; or
- Certificate number is _____

NOTE: *The Federal Contractors Program for Employment Equity applies to Canadian-based bidders only. The Certificate of Commitment criteria and other information about the Federal Contractors Program for Employment Equity are available in the PWGSC Standard Acquisition Clauses and Conditions (SACC) Manual, Section 2, and on the Government Electronic Tendering Service.*

7.12 Procurement Business Number (PBN)

Public Works and Government Services Canada (PWGSC) has adopted the Procurement Business Number (PBN) for all its purchasing databases, and now requires that its suppliers have one for each of their offices that may be awarded contracts. Register with Contracts Canada's Supplier Registration Information (SRI) service to obtain your PBN. As an existing or potential supplier to the Department, you must obtain a PBN to avoid possible delays of any contract award. It is Health Canada's intention to use this sourcing system for all its procurements of goods and services to which the trade agreements do not apply.

SRI is a database of suppliers who have registered to do business with the Government of Canada. The PBN is created using your Canada Customs and Revenue Agency Business Number to uniquely identify a branch, division or office of your company. Unlike many existing departmental vendor databases, your information in SRI is accessible to all federal government buyers. SRI can help to open up new opportunities with the federal government for requirements not posted on the electronic tendering service, Buy and Sell

Visit the Buy and Sell site at <https://buyandsell.gc.ca/for-businesses/selling-to-the-government-of-canada/register-as-a-supplier> for information and registration procedures. Alternatively, you may contact a Supplier Registration Agent at: 1-800-959-5525.

7.13 Order of Precedence

In the case of any dispute which may arise during the period which may be covered by any ensuing contract, the following documents will be considered in order of precedence in terms of importance in

resolving any disputes between the parties:

- The Health Canada Contract;
- Any changes to the terms and conditions contained herein which have been approved by General Counsel for Health Canada;
- The Statement of Work in this RFP;
- The terms identified in this RFP; and
- The Contractor's Proposal (technical and price).

8.0 Technical Proposal

8.1 General Information

The technical proposal must address all the requirements of the SOW and demonstrate that the Bidder is capable of meeting all obligations of the contractor specified in the same.

The technical proposal must meet **all of the Mandatory Requirements** listed in Section 12.0, as well as the **minimum scores identified for the Point Rated Requirements** in Section 13.0.

Furthermore, your technical proposal should include the following:

8.2 Proposed Team

8.2.1 Proposed Team- Personnel

Identify the proposed personnel, including Project Manager, who will be assigned to this contract, describe the role they will be performing, including the amount of direct time dedicated to the project by principals and/or senior personnel, and explain why they are well suited for the work, referring to their qualifications, certifications, education and experience.

If applicable, include a list of proposed sub-contractors, with reference to their capabilities, experience and degree of involvement in the work.

The bidder must certify in the technical proposal that the information provided in all the personnel résumés has been verified to be true and accurate. In addition, for every resource proposed by the bidder who is not an employee of the firm, the actual resource must certify that they are aware that they are being bid as part of the bid/proposal and state their relationship with the firm.

8.2.2 Résumés of Personnel

Attach résumés of proposed personnel.

8.2.3 Licensing/Membership in Good Standing

Provide a copy of their current registration to demonstrate that they are registered with the Canadian Board for Certification of Prosthetists (CBCPO) as a Prosthetist, or as a Prosthetist-Orthotist.

8.2.4 References/Letters confirming work experience

Provide a minimum of two (2) letters from one of either present and or previous employers attesting that the proposed resource has in the last five (5) years clinical work experience caring for clients or experience reviewing requests for clients with various forms of prosthetic services e.g. chronic care, acute care, rehabilitation, and for different type of care provided e.g. feet, lower extremities, upper extremities, neck, torso etc..

8.3 Contractor Profile

8.3.1 Organization

If applicable, provide background information about your company, including its legal name and the province in which the company is incorporated.

9.0 Financial Proposal

9.1 General Information

The Financial Proposal must contain a detailed breakdown of the **total quoted price**. The Financial Proposal should address each of the following, if applicable:

9.1.1 Hourly Rate

For each individual and/or labor category to be employed on the project, including subcontractors, indicate the proposed time rate and the estimated time requirement. Although detailed support for the rates is not requested at this time, you should be prepared to substantiate the proposed rates.

| Labour Category | Hourly Rate Period of 3 Years from the contract award to March 31, 2017 (column 1) | Hourly Rate Option Period One April 1, 2017 to March 31, 2018 (column 2) | Hourly Rate Option Period Two April 1, 2018 to March 31, 2019 (column 3) | Average Rate over Period of Contract (column 4) |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| Prosthetist services | \$ | \$ | \$ | \$ |
| | | | | X 100 hours |
| Price for Evaluation Purposes = \$ (row 5) | | | | |

Calculation of Hourly Rate:

- a) Bidder is to provide in columns 1 through 3 the proposed hourly rate.
- b) Bidder is to add all three of the rates together and divide by 3 to determine and insert the

average rate into column 4.

c) Bidder is to multiply the average rate of column 4 by 100 hours and insert amount in row 5.

9.1.2 Travel

N/A

9.1.3 Goods and Services Tax / Harmonized Sales Tax

Various items in your cost proposal may be subject to GST / HST or custom duties, and this charge must be included in the cost estimates where applicable.

9.2 Price Justification

The Bidder must provide, on Health Canada's request, one or more of the following price justification:

- price or rate certifications; or
- any other supporting documentation as requested by Health Canada.

10.0 Enquiries

All enquiries or issues concerning this procurement must be submitted **in writing only** to the Departmental Representative named on the front cover page of this RFP document **not later than seven (7) calendar days prior to the bid closing date**.

To ensure consistency and quality of information to Bidders, the Departmental Representative will provide, simultaneously to all bidders to which this solicitation has been sent,

- any information with respect to significant enquiries received, and
- the replies to such enquiries without revealing their sources,

All enquiries and other communications with government officials throughout the solicitation and evaluation period are to be directed **only** to the Departmental Representative named on the front cover page of this RFP document. **Non compliance with this condition during the bid solicitation and evaluation period may be sufficient reason for bid disqualification.**

PART III BID SELECTION PROCESS

11.0 Introduction

N/A

12.0 Mandatory Requirements

12.1 Method of Evaluation

Mandatory requirements are evaluated on a simple pass or fail basis. Failure by bidders to meet any of the mandatory requirements will render the bidder's proposal **non-responsive**. The treatment of mandatory requirements in any procurement process is absolute.

Proposers must meet **all** the mandatory requirements described below. This will be evaluated as either "Yes" or "No". Proposals not receiving "Yes" for any mandatory requirement will **not** be considered further.

12.2 Mandatory Requirements

| Attention Bidders: Write beside each of the criteria the relevant page number(s) from your proposal which addresses the requirement identified in the criteria. | Page | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----|----|
| <p>M1. Experience for Proposed Resource The bidder must provide a minimum of one (1) up to three (3) resources. The resource(s) proposed as the Prosthetist must have a minimum of five (5) years clinical experience working as a Prosthetist in the last ten (10) years and one (1) year of experience in the last five (5) years reviewing, evaluating and making recommendations on requests similar in scope and nature as this requirement by providing on the Experience Substantiation Form (Appendix B) submitted with the Technical Proposal, outlining for each relevant experience at a minimum:</p> <ul style="list-style-type: none"> a) the location in which the work was done; b) the Project Authority or contact point name*, address, phone number and if available their e-mail address; c) start and end date of the work experience; d) brief description of the type of clinical experience and the clientele served; and e) brief description of the reviewing, evaluating and providing written recommendations on requests similar in scope and nature to this requirement. <p>* if the individual worked for themselves, please provide the name of the clinic</p> | | | |
| <p>M2. Registered as a Prosthetist with CBCPO and conducted studies as Prosthetist The resource proposed as Prosthetist must have completed a Canadian Board for Certification of Prosthetists and approved and officially recognized clinical prosthetic school program and be registered with the Canadian Board for Certification of Prosthetists and (CBCPO) as a Prosthetist. The supporting proof is to be attached to the Experience Substantiation form (Appendix B) in the Technical Proposal.</p> | | | |
| <p>M3. Conflict of Interest As outlined in section 3.6.2 of the SOW, the contractor must disclose and present any potential conflict of interest that falls under one of the five (5) points outlined in section 3.6.2. The contractor must state if yes or no there is potential conflict of interest and identify where the statement can be found in the Experience Substantiation form (Appendix B) in the Technical Proposal.</p> | | | |
| <p>M4. Certifications at Appendix A must be signed and submitted with the bid. Failure to do so will render the bid non-responsive and will be eliminated</p> | | | |
| <p>M5. Information on the Experience Substantiation form: Each resource proposed, must complete all the pages the Substantiation form (Appendix B) in order to be deemed compliant with the requirement.</p> | | | |

13.0 POINT RATED REQUIREMENTS

13.1 Method of Evaluation

A proposal with an overall technical score less than **60% (24 points)** will be considered non responsive, and eliminated from the competition.

In situations where several resources are proposed for one contract, each resource must obtain a minimum overall technical score of **60%** for the contractor to be considered. The points earned by each resource will be added together and then divided by the number of resources to obtain the contractor’s average overall final score.

13.2 Points Rated Requirements

| Criteria Attention Bidders: Write beside each of the criteria the relevant page number(s) from your proposal which addresses the requirement identified in the criteria. | Page # | Max Points | Points allocated | Comments |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|-------------------------|-----------------|
| <p>R1. Clinical Experience for Proposed Resource</p> <p>The resource proposed as the Prosthetist should have more clinical experience than that identified in support of the five (5) years identified in the Mandatory Criteria M1 as outlined in the Experience Substantiation Form (Appendix B) submitted with the Technical Proposal, outlining for each relevant experience at a minimum:</p> <ul style="list-style-type: none"> a) the location in which the work was done; b) the Project Authority or contact point name*, address, phone number and if available their e-mail address; c) start and end date of the work experience; d) brief description of the type of clinical experience and the clientele served. <p>* if the individual worked for themselves, please provide the name of the clinic.</p> <p><i>One (1) point for every year of additional experience to a maximum of five (5) points.</i></p> | | <p>5</p> | | |

| Criteria Attention Bidders: Write beside each of the criteria the relevant page number(s) from your proposal which addresses the requirement identified in the criteria. | Page # | Max Points | Points allocated | Comments |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|-------------------------|-----------------|
| <p>R2. Types of clients</p> <p>The resource proposed as the Prosthetist should have clinical experience with different categories of clients as outlined in their Experience Substantiation form (Appendix B), outlining as a minimum for each category of clients (child, adult, senior etc.):</p> <p>a) the location in which the work was done; b) the Project Authority or contact point name*, address, phone number and if available their e-mail address; c) start and end date of the work experience; d) brief description of the type of clinical experience and the clientele served.</p> <p>* if the individual worked for themselves, please provide the name of the clinic.</p> <p><i>Two (2) points for each different category of client to a maximum of five (6) points.</i></p> | | 6 | | |

| Criteria Attention Bidders: Write beside each of the criteria the relevant page number(s) from your proposal which addresses the requirement identified in the criteria. | Page # | Max Points | Points allocated | Comments |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|-------------------------|-----------------|
| <p>R3. Type of Therapy/ care provided The resource proposed as the Prosthetist should have a variety of clinical experience with different types of prosthetics:</p> <ul style="list-style-type: none"> • feet; • lower extremities: trans-tibial or trans-femoral; • upper extremities: hand/wrist or trans-radial or trans-humeral or shoulder/forequarter <p>as outlined in their Experience Substantiation form, (Appendix B) outlining as a minimum for each type of service provided :</p> <p>a) the location in which the work was done; b) the Project Authority or contact point name*, address, phone number and if available their e-mail address; c) start and end date of the work experience; d) brief description of the type of therapy or care provided.</p> <p>* if the individual worked for themselves, please provide the name of the clinic.</p> <p><i>One (1) point for each type of therapy or care provided to a maximum of five (5) points</i></p> | | <p>5</p> | | |

| Criteria Attention Bidders: Write beside each of the criteria the relevant page number(s) from your proposal which addresses the requirement identified in the criteria. | Page # | Max Points | Points allocated | Comments |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|-------------------------|-----------------|
| <p>R4. Knowledge or Experience with the different prosthetics programs in Canada</p> <p>The resources proposed as the Prosthetist should have knowledge or experience with the different prosthetic programs in Canada as identified in support of the mandatory criteria M5 and outlined at a minimum in the experience substantiation form (Appendix B) as to:</p> <ul style="list-style-type: none"> a) the province or territory involved; b) the name of the programs; c) the insurer involved; and d) a brief explanation as to how the Prosthetist obtained the knowledge or experience. <p><i>One (1) point for each experience working with a different provincial or territorial program to a maximum of five (5) points.</i></p> <p>Note: To obtain a point each experience must be with a different program in a different province or territory.</p> | | 5 | | |

| Criteria Attention Bidders: Write beside each of the criteria the relevant page number(s) from your proposal which addresses the requirement identified in the criteria. | Page # | Max Points | Points allocated | Comments |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|-------------------------|-----------------|
| <p>R5. Experience developing policy guidelines</p> <p>The resource proposed as the Prosthetist should have experience assisting in the drafting or developing of policy guidelines similar in scope and nature to those used to guide this requirement as outlined in the Experience Substantiation form (Appendix B) as a minimum identifying:</p> <p>a) the location in which the work was done; b) the Project Authority or contact point name *, address, phone number and if available their e-mail address; c) start and end date of the work experience; d) brief description of the type of policy guidelines developed.</p> <p>* if the individual worked for themselves, please provide the name of the clinic.</p> <p><i>One (1) point for each experience drafting or developing guidelines to a maximum of five (5) points.</i></p> | | 5 | | |
| <p>R6. Experience dealing with Service providers</p> <p>The resource proposed as the Prosthetist should have experience dealing with or acting as a service provider for prosthetics services in the last ten (10) years as outlined in Experience Substantiation form (Appendix B) as a minimum identifying:</p> <p>a) the location in which the work was done; b) the Service Provider or contact point name *, address, phone number and if available their e-mail address; c) start and end date of the work experience; d) brief description of the services.</p> <p>* if the individual worked for themselves, please provide the name of the clinic.</p> <p><i>One (1) point will be allotted for each experience of a minimum of six (6) months in duration with a service provider for up to a maximum of five (5) points.</i></p> | | 5 | | |

| Criteria Attention Bidders: Write beside each of the criteria the relevant page number(s) from your proposal which addresses the requirement identified in the criteria. | Page # | Max Points | Points allocated | Comments |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|-------------------------|-----------------|
| <p>R7. Assessing and Writing Reports in Official Languages</p> <p>The resources proposed as Prosthetist should have experience assessing cases and providing written reports in English and in both of the official languages as outlined in the Experience Substantiation form (Appendix B) for Contracts or employment terms of a minimum of six (6) months in duration, outlining at a minimum:</p> <p>a) the location in which the work was done; b) the Project Authority or contact point *, address, phone number and if available their e-mail address; c) start and end date of the work experience; d) brief description of the work and what language was used.</p> <p>* if the individual worked for themselves, please provide the name of the clinic.</p> <p><i>One (1) point for each experience to a total of three (3) points and one (1) additional point for every experience in both official languages to a maximum total of six (6) points.</i></p> | | 6 | | |
| <p>R8. Submission of References</p> <p>The resource proposed as the Prosthetist must provide a minimum of two (2) letters from present and previous employers attesting that the proposed resource in the last five (5) years has work experience as a Prosthetist.</p> <p><i>One (1) point will be allotted for each letter provided for up to a maximum of two (2) points.</i></p> | | 2 | | |
| <p>R9. Private Sector Organization Screening</p> <p>The contractor must have a Private Sector Organization Screening (PSOS) security clearance.</p> <p>The contractor that does have PSOS may be required to obtain it prior to beginning work as a contractor if the contractor does not have it upon winning the contract.</p> <p><i>One (1) point will be allotted for to the contractor that has obtained this security clearance.</i></p> | | 1 | | |

| Criteria Attention Bidders: Write beside each of the criteria the relevant page number(s) from your proposal which addresses the requirement identified in the criteria. | Page # | Max Points | Points allocated | Comments |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------|------------------|----------|
| TOTAL MAXIMUM POINTS | | 40 | | |

14.0 BASIS OF AWARDING CONTRACT

Mandatory and Lowest Responsive Cost-Per-Point Proposal

It is understood by the parties submitting proposals that, to qualify, bidders **must** meet all mandatory requirements **and must** achieve a minimum of 60 % as an overall technical score. Proposals scoring less than 60 % will not be given further consideration. The contract will be recommended based on a determination of best value based dividing for each compliant bidder, the total proposal price by the corresponding total points achieved by the bidder for its technical response to determine each bidder's cost-per-point. The compliant proposal with the lowest cost-per-point will be recommended for the contract.

- the Bidder with the Lowest Responsive Cost per point will receive the Contract valued at \$47,000
- the Bidder with the second (2nd) Lowest Responsive Cost per Point will receive the Contract valued at \$37,000;

15.0 DEBRIEFING

A debriefing will be provided, on request, only following entry by Health Canada into a contractual arrangement with the successful Bidder. Should a Bidder desire a debriefing, the Bidder must contact the name identified on the front cover of the RFP **no later than 30 days** after being notified of their bid being deemed unsuccessful. The debriefing will include an outline of the reasons the submission was not successful, making reference to the evaluation criteria. The confidentiality of information relating to other submissions will be protected.

**16.0 CERTIFICATIONS
APPENDIX “A”**

Compliance with Terms and Conditions

The Bidder by signing below hereby certifies that it has read the RFP in its entirety, including the Statement of Work, and signifies compliance with and acceptance of all the articles, clauses, terms and conditions contained or referenced in this RFP document.

| | |
|-------------------------------------------------------------|-------------|
| | |
| Signature of Authorized Representative of the bidder | Date |

Certification of education and experience

To be considered responsive, the proposals must contain the following certification:

“The Bidder hereby certifies that all statements made with respect to education and experiences are true and that any person proposed by the Bidder to perform the work or part of the work is either an employee of the Bidder or under a written agreement to provide services to the Bidder.”

The Crown reserves the right to verify the above certification and to declare the bid non-responsive for any of the following reasons:

- a) unverifiable or untrue statement;
- b) unavailability of any person proposed on whose statement of education and experience the Crown relied to evaluate the offer and award the Contract.

| | |
|-------------------------------------------------------------|-------------|
| | |
| Signature of Authorized Representative of the bidder | Date |

Certification of Availability and Status of Personnel

Availability of Personnel and Facility

The Bidder certifies that, should it be authorized to provide services under any Contract resulting from this solicitation, the persons and facility proposed in its offer will be available to commence performance of the work within a reasonable time from Contract award, of within the time specified herein and will remain available to perform the work in relation to the fulfilment of this requirement.

| | |
|-------------------------------------------------------------|-------------|
| | |
| Signature of Authorized Representative of the bidder | Date |

Bid Validity Period:

Certify below that all pricing identified in the bid/ proposal will be valid for a period of not less than one hundred and eighty (180) days from the closing date of the RFP.

| | |
|-------------------------------------------------------------|-------------|
| | |
| Signature of Authorized Representative of the bidder | Date |

17.0 APPENDIX “B” - EXPERIENCE SUBSTANTIATION FORM

(Please complete all the following pages)

All bidders are required to enter their Technical Proposal information in the following form and attach appropriate documentation requested in sections 12 and 13 of the RFP. Additional information must be entered in the "Remarks" column, as appropriate.

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| RFP Number: 1000_____ | Attention: |
| Name of the Bidder: | |
| Address of the Bidder: | |
| Telephone Number of Bidder: | |
| E-Mail Address of Bidder: | |
| GST /HST # of Bidder: (if applicable) : | |
| Procurement Business Number (if available):: | |
| Name and Title of Person authorized to sign on behalf of the Bidder: : | |
| Provincial Laws applicable: | |
| Name of Resource Proposed: | |
| Security Forms Completed: ____ Yes ____ No | |
| Security Clearance Certificate Number: | |
| Language in which the proposed resource can provide Service: | |
| Provinces or territories in which the Prosthetist has knowledge of the prosthetic programs and/or provinces and territories where the Prosthetist has acquired Prosthetist work experience. | |
| Certificates and Licenses attached: | |
| Please include all the required documentation as stated in section: <ul style="list-style-type: none"> • 16.0 Appendix A • 17.0 Appendix B • 7.1.1 • 7.1.2 • 9.1.1 | |

| Criteria | Information on the relevant experience of the bidder (provide the level of detail required to meet the requirements of the test) • Describe the information provided and indicate where it is located in the technical proposal. | Page | Remarks |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|
| <p>M1. Experience for Proposed Resource The bidder must provide a minimum of one (1) up to three (3) resources. The resource(s) proposed as the Prosthetist must have a minimum of five (5) years clinical experience working as a Prosthetist in the last ten (10) years and one (1) year of experience in the last five (5) years reviewing, evaluating and making recommendations on requests similar in scope and nature as this requirement by providing on the Experience Substantiation Form (Appendix B) submitted with the Technical Proposal, outlining for each relevant experience at a minimum:</p> <p>a) the location in which the work was done; b) the Project Authority or contact point name*, address, phone number and if available their e-mail address; c) start and end date of the work experience; d) brief description of the type of clinical experience and the clientele served; and e) brief description of the reviewing, evaluating and providing written recommendations on requests similar in scope and nature to this requirement.</p> <p>* if the individual worked for themselves, please provide the name of the clinic</p> | <p>Experience n° 1 a) b) c) d)</p> <p>Experience n° 2 a) b) c) d)</p> <p>Experience n° 3 a) b) c) d)</p> <p>Experience n° 4 a) b) c) d)</p> <p>Experience n° 5 a) b) c) d)</p> | | |
| <p>M2. Registered as a Prosthetist with CBCPO and conducted studies as</p> | | | |

| Criteria | Information on the relevant experience of the bidder (provide the level of detail required to meet the requirements of the test) • Describe the information provided and indicate where it is located in the technical proposal. | Page | Remarks |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|
| <p>Prosthetist The resource proposed as Prosthetist must have completed a Canadian Board for Certification of Prosthetists and approved and officially recognized clinical prosthetic school program and be registered with the Canadian Board for Certification of Prosthetists and (CBCPO) as a Prosthetist. The supporting proof is to be attached to the Experience Substantiation form (Appendix B) in the Technical Proposal.</p> | | | |
| <p>M3. Conflict of Interest As outlined in section 3.6.2 of the SOW, the contractor must disclose and present any potential conflict of interest that falls under one of the five (5) points outlined in section 3.6.2. The contractor must state if yes or no there is potential conflict of interest and identify where the statement can be found in the Experience Substantiation form (Appendix B) in the Technical Proposal.</p> | <p>___yes or ___no</p> | | |
| <p>M4. Certifications at <u>Appendix A</u> must be signed and submitted with the bid. Failure to do so will render the bid non-responsive and will be eliminated</p> | | | |
| <p>M5. Information on the Experience Substantiation form: Each resource proposed, must complete all the pages the Substantiation form (Appendix B) in order to be deemed compliant with the requirement.</p> | | | |
| <p>R1. Clinical Experience for Proposed Resource The resource proposed as the Prosthetist should have more clinical experience than</p> | <p>Experience n° 1 a) b) c) d)</p> | | |

| Criteria | Information on the relevant experience of the bidder (provide the level of detail required to meet the requirements of the test) | Page | Remarks |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|
| <p>that identified in support of the five (5) years identified in the Mandatory Criteria M1 as outlined in the Experience Substantiation Form (Appendix B) submitted with the Technical Proposal, outlining for each relevant experience at a minimum:</p> <p>a) the location in which the work was done;</p> <p>b) the Project Authority or contact point name*, address, phone number and if available their e-mail address;</p> <p>c) start and end date of the work experience;</p> <p>d) brief description of the type of clinical experience and the clientele served.</p> <p>* if the individual worked for themselves, please provide the name of the clinic.</p> <p><i>One (1) point for every year of additional experience to a maximum of five (5) points.</i></p> | <p>Experience n° 2</p> <p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p> <p>Experience n° 3</p> <p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p> <p>Experience n° 4</p> <p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p> <p>Experience n° 5</p> <p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p> | | |
| <p>R2. Types of clients</p> <p>The resource proposed as the Prosthetist should have clinical experience with different categories of clients as outlined in their Experience Substantiation form (Appendix B), outlining as a minimum for each category of clients (child, adult, senior etc.):</p> | <p>Experience n° 1</p> <p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p> <p>Experience n° 2</p> <p>a)</p> | | |

| Criteria | Information on the relevant experience of the bidder (provide the level of detail required to meet the requirements of the test) <ul style="list-style-type: none"> • Describe the information provided and indicate where it is located in the technical proposal. | Page | Remarks |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|
| <p>a) the location in which the work was done;</p> <p>b) the Project Authority or contact point name*, address, phone number and if available their e-mail address;</p> <p>c) start and end date of the work experience;</p> <p>d) brief description of the type of clinical experience and the clientele served.</p> <p>* if the individual worked for themselves, please provide the name of the clinic.</p> <p><i>Two (2) points for each different category of client to a maximum of five (6) points.</i></p> | <p>b)</p> <p>c)</p> <p>d)</p> <p>Experience n° 3</p> <p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p> <p>Experience n° 4</p> <p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p> <p>Experience n° 5</p> <p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p> | | |
| <p>R3. Type of Therapy/ care provided</p> <p>The resource proposed as the Prosthetist should have a variety of clinical experience with different types of prosthetics:</p> <ul style="list-style-type: none"> • feet; • lower extremities: trans-tibial or trans-femoral; • upper extremities: hand/wrist or trans-radial or trans-humeral or shoulder/forequarter | <p>Experience n° 1</p> <p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p> <p>Experience n° 2</p> <p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p> | | |

| Criteria | Information on the relevant experience of the bidder (provide the level of detail required to meet the requirements of the test) • Describe the information provided and indicate where it is located in the technical proposal. | Page | Remarks |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|
| <p>as outlined in their Experience Substantiation form, (Appendix B) outlining as a minimum for each type of service provided :</p> <p>a) the location in which the work was done;</p> <p>b) the Project Authority or contact point name*, address, phone number and if available their e-mail address;</p> <p>c) start and end date of the work experience;</p> <p>d) brief description of the type of therapy or care provided.</p> <p>* if the individual worked for themselves, please provide the name of the clinic.</p> <p><i>One (1) point for each type of therapy or care provided to a maximum of five (5) points</i></p> | <p>Experience n° 3</p> <p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p> <p>Experience n° 4</p> <p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p> <p>Experience n° 5</p> <p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p> | | |
| <p>R4. Knowledge or Experience with the different prosthetics programs in Canada</p> <p>The resources proposed as the Prosthetist should have knowledge or experience with the different prosthetic programs in Canada as identified in support of the mandatory criteria M5 and outlined at a minimum in the experience substantiation form (Appendix B) as to:</p> <p>a) the province or territory involved;</p> <p>b) the name of the programs;</p> | <p>Experience n° 1</p> <p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p> <p>Experience n° 2</p> <p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p> <p>Experience n° 3</p> | | |

| Criteria | Information on the relevant experience of the bidder (provide the level of detail required to meet the requirements of the test) <ul style="list-style-type: none"> • Describe the information provided and indicate where it is located in the technical proposal. | Page | Remarks |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|
| <p>c) the insurer involved; and d) a brief explanation as to how the Prosthetist obtained the knowledge or experience.</p> <p><i>One (1) point for each experience working with a different provincial or territorial program to a maximum of five (5) points.</i></p> <p>Note: To obtain a point each experience must be with a different program in a different province or territory.</p> | <p>a) b) c) d)</p> <p>Experience n° 4 a) b) c) d)</p> <p>Experience n° 5 a) b) c) d)</p> | | |
| <p>R5. Experience developing policy guidelines</p> <p>The resource proposed as the Prosthetist should have experience assisting in the drafting or developing of policy guidelines similar in scope and nature to those used to guide this requirement as outlined in the Experience Substantiation form (Appendix B) as a minimum identifying:</p> <p>a) the location in which the work was done; b) the Project Authority or contact point name *, address, phone number and if available their e-mail address; c) start and end date of the work experience;</p> | <p>Experience n° 1 a) b) c) d)</p> <p>Experience n° 2 a) b) c) d)</p> <p>Experience n° 3 a) b) c)</p> | | |

| Criteria | Information on the relevant experience of the bidder (provide the level of detail required to meet the requirements of the test) • Describe the information provided and indicate where it is located in the technical proposal. | Page | Remarks |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|
| <p>d) brief description of the type of policy guidelines developed.</p> <p>* if the individual worked for themselves, please provide the name of the clinic.</p> <p><i>One (1) point for each experience drafting or developing guidelines to a maximum of five (5) points.</i></p> | <p>d)</p> <p>Experience n° 4</p> <p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p> <p>Experience n° 5</p> <p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p> | | |
| <p>R6. Experience dealing with Service providers</p> <p>The resource proposed as the Prosthetist should have experience dealing with or acting as a service provider for prosthetics services in the last ten (10) years as outlined in Experience Substantiation form (Appendix B) as a minimum identifying:</p> <p>a) the location in which the work was done;</p> <p>b) the Service Provider or contact point name *, address, phone number and if available their e-mail address;</p> <p>c) start and end date of the work experience;</p> <p>d) brief description of the services.</p> <p>* if the individual worked for themselves, please provide the name of the clinic.</p> | <p>Experience n° 1</p> <p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p> <p>Experience n° 2</p> <p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p> <p>Experience n° 3</p> <p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p> | | |

| Criteria | Information on the relevant experience of the bidder (provide the level of detail required to meet the requirements of the test) • Describe the information provided and indicate where it is located in the technical proposal. | Page | Remarks |
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| <p><i>One (1) point will be allotted for each experience of a minimum of six (6) months in duration with a service provider for up to a maximum of five (5) points.</i></p> | <p>Experience n° 4 a) b) c) d)</p> <p>Experience n° 5 a) b) c) d)</p> | | |
| <p>R7. Assessing and Writing Reports in Official Languages The resources proposed as Prosthetist should have experience assessing cases and providing written reports in English and in both of the official languages as outlined in the Experience Substantiation form (Appendix B) for Contracts or employment terms of a minimum of six (6) months in duration, outlining at a minimum:</p> <p>a) the location in which the work was done; b) the Project Authority or contact point name *, address, phone number and if available their e-mail address; c) start and end date of the work experience; d) brief description of the work and what language was used.</p> <p>* if the individual worked for themselves, please provide the name of the clinic.</p> <p><i>One (1) point for each experience to a</i></p> | <p>Experience n° 1 a) b) c) d)</p> <p>Experience n° 2 a) b) c) d)</p> <p>Experience n° 3 a) b) c) d)</p> <p>Experience n° 4 a) b)</p> | | |

| Criteria | Information on the relevant experience of the bidder (provide the level of detail required to meet the requirements of the test) • Describe the information provided and indicate where it is located in the technical proposal. | Page | Remarks |
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| <i>total of three (3) points and one (1) additional point for every experience in both official languages to a maximum total of six (6) points.</i> | c) d) Experience n° 5 a) b) c) d) | | |
| <p>R8. Submission of References</p> <p>The resource proposed as the Prosthetist must provide a minimum of two (2) letters from present and previous employers attesting that the proposed resource in the last five (5) years has work experience as a Prosthetist.</p> <p><i>One (1) point will be allotted for each letter provided for up to a maximum of two (2) points.</i></p> | | | |
| <p>R9. Private Sector Organization Screening</p> <p>The contractor must have a Private Sector Organization Screening (PSOS) security clearance.</p> <p>The contractor that does have PSOS may be required to obtain it prior to beginning work as a contractor if the contractor does not have it upon winning the contract.</p> <p><i>One (1) point will be allotted for to the contractor that has obtained this security clearance.</i></p> | | | |