MANASQUAN BOARD OF EDUCATION 169 BROAD STREET MANASQUAN, NJ 08736

REQUEST FOR PROPOSAL

The Manasquan School District is seeking proposals for Professional Services – District/Sports Medical Physician. Specifications are available through Dr. Pete Crawley, School Business Administrator/Board Secretary, 169 Broad Street, Manasquan, NJ 08736, 732.528.8803 ext. 1921. Proposals are due to the business office by 11:00 AM on May 29, 2024 as a pdf attachment to e-mail address thudson@manasquan.k12.nj.us . Any questions regarding this request must be submitted via e-mail to thudson@manasquan.k12.nj.us by 11:00 AM on May 22, 2024.

SPECIFICATIONS

All proposals shall be subject to the provisions of section 1 of P.L. 1977, c.33 (C.52:25-24.2) requiring submission of a statement of corporate ownership.

All Proposals shall be subject to the provisions of P.L. 1975, c.127 (C.10:5-31 et seq.) concerning equal employment opportunity and affirmative action.

All proposals shall be subject to the provisions of N.J.S.A. 19:44A-20.26 concerning political contribution disclosure.

All proposals shall be subject to the provisions of N.J.S.A. 52:32-44 concerning business registration certificates.

Contract Period: July 1, 2024 – June 30, 2025

Annual Fee:

Annual Fee will be paid through the receipt of monthly invoices processed after approval by the board at their monthly meetings.

Tools, Equipment, Miscellaneous:

The District/Sports Medical Physician shall provide the tools and equipment necessary for the provision of his/her services. The District/Sports Medical Physician shall possess a medical license valid in the State of New Jersey with all the certifications necessary to perform the duties described. The District/Sports Medical Physician shall maintain in full force and effect, malpractice insurance in the amount of \$1,000,000/\$3,000,000. The District/Sports Medical Physician shall perform all services with a degree of confidence acceptable in standard medical practice.

Medical Services:

The District/Sports Medical Physician will perform the following services annually on a mutually agreed upon schedule:

- Perform physicals on any students whose parents are indigent and without insurance.
- Consult with the school nurse regarding the administration of medication and sign medication orders from private physicians.
- Write prescriptions for the school district's stock epinephrine injections and glucagon injections
- Assesses medical requests for Home Instruction.
- Acts as a resource person for questions and information involving disease states, diagnoses, assessments, evaluation, treatment options and at times, legal issues.
- Reports to the district to approve all sports physicals at the direction and scheduling of the school administration or designee.
- Reviews and implements district policy regarding concussion management, including re-entry to sports and physical education; classroom and educational re-entry, academic accommodations, and make-up of missed work; and home schooling when necessary and appropriate.
- Reviews, approves and submits standing orders for school nurses and the athletic trainer every year.
- Participates in case conferences with the child study team, as requested.
- Responds to emergency medical calls related to injuries, illness or suspected substance abuse.
- Available to consult with school nurse on issues related to the school health program.
- Performs other duties within the scope of certification and contractual agreement.
- Perform 400 physicals for approval for participation in high school and middle school athletics over two days on school campus.

DISTRICT/SPORTS MEDICAL PHYSICIAN

MANASQUAN BOARD OF EDUCATION

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		al Fee Proposed: \$
The	se	rvices indicated are those that will be in effect for the duration of the Contract.
	1.	Please list any other services or proposals that would be offered. If there are conditions or charges, please state them (attach additional sheets if necessary):
	2.	Describe any variations from the required services listed in the Request for Proposal below (attach additional sheets if necessary):
	3.	List ALL* doctors or employees of your organization who will serve in the capacity of school physicians or alternate school physicians. (attach additional sheets if necessary):

^{*}All doctors or employees performing any of the services specified shall comply with criminal background check/fingerprint regulations as required by law for all new hires

SUBMISSION OF RFP PACKAGE:

All RFP Proposal Packages are to be e-mailed as a pdf to thudson@manasquan.k12.nj.us

QUESTIONS

Any questions regarding this request must be submitted via e-mail to thudson@manasquan.k12.nj.us by 11:00 AM on May 22, 2024.

SUBMISSION DEADLINE

The deadline to submit all RFP Packages is Wednesday, May 29, 2024 on or before 11:00 a.m.

AWARD OF CONTRACT:

It is the intention of the Board of Education to award the contract to the respondent based upon relative experience, qualifications, and who will provide the highest quality of service at fair and competitive prices.

AUTHORIZATION TO WORK:

No service shall be rendered unless the successful respondent receives an approved purchase order authorizing the respondent to render the service.

DOCUMENTS TO BE SUBMITTED WITH THE PROPOSAL:

- Affirmative Action Questionnaire
- Non-Collusion Affidavit
- Chapter 271 Political Contribution Disclosure Form
- Stockholders Disclosure Statement
- Vendor Questionnaire/Certification
- Disclosure of Investment Activities in Iran
- Certification of non-involvement in prohibited activities in Russia or Belarus
- New Jersey Business Registration Certificate
- W-9

AFFIRMATIVE ACTION QUESTIONNAIRE

1.	Our company has a federal Affirmative Action Plan approval. Yes No	
	If yes, a copy of said approval must be submitted to the Manasquan Board of Education within seven (7) working days of the notice of intent to award the contract or signing of the contract.	
	2. Our company has a New Jersey State Certificate of	
	Employee Information Report Yes No	
	If yes, a copy of the New Jersey State Certificate of Employee Information report must be submitted to the Manasquan Board of Education within seven (7) working days of the notice of intent to award the contract or signing of the contract.)
	3. If you answered NO to both questions above, an Affirmative Action Employee Information Report (AA-302) will be mailed to you. You must complete the form and forward it to the Affirmative Action Office, Department of Treasury, CN 209, Trenton NJ 08625. A copy must be submitted to the Manasquan Board of Education within seven (7) working days of the notice of intent to award the contract or signing of the contract.	1 , 1
I cei	tify that the above information is correct to the best of my knowledge.	
Nam	e:	
Title		
Sign	ature:	
Date		

NON-COLLUSION AFFIDAVIT

COUNTY OF MONMOUTH }	(Name of Bid/Project)	
!,	, of the	of
	in the County of	
State ofoath depose and say that:	, of full age, being duly sworn according to	o law on my
with full authority to do so; that said agreement, participated in any collust competitive bidding in connection with	of the firm of e above named project; that I executed the said bidder has not, directly or indirectly, entered intion, or otherwise taken any action in restraint of the the above named project; and that all statements	o any free,
knowledge that the State of New Jer	s affidavit are true and correct, and made with fusey relies upon the truth of the statements contained in this affidavit in awarding the contract for	ined in said
knowledge that the State of New Jer Proposal and in the statements conta project. I further warrant that no person or se secure such contract upon an agreem brokerage or contingent fee, except be selling agencies maintained by	sey relies upon the truth of the statements contain	ined in said r said olicit or ion, nmercial or
knowledge that the State of New Jer Proposal and in the statements conta project. I further warrant that no person or se secure such contract upon an agreem brokerage or contingent fee, except be selling agencies maintained by	sey relies upon the truth of the statements contained in this affidavit in awarding the contract for alling agency has been employed or retained to seen to runderstanding for a percentage, commission on fide employees or bona fide established corin accordance was accordance was a contractor.	ined in said r said colicit or ion, nmercial or vith N.J.S.A

THIS FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED WITH RFP.

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Contractor Instructions

Business entities (contractors) receiving contracts from a public agency that are NOT awarded pursuant to a "fair and open" process (defined at N.J.S.A. 19:44A-20.7) are subject to the provisions of P.L. 2005, c. 271, s.2 (N.J.S.A. 19:44A-20.26). This law provides that 10 days prior to the award of such a contract, the contractor shall disclose contributions to:

- any State, county, or municipal committee of a political party
- any legislative leadership committee•
- any continuing political committee (a.k.a., political action committee)
- any candidate committee of a candidate for, or holder of, an elective office:
 - o of the public entity awarding the contract
 - o of that county in which that public entity is located o of another public entity within that county
 - o or of a legislative district in which that public entity is located or, when the public entity is a county, of any legislative district which includes all or part of the county

The disclosure must list reportable contributions to any of the committees that exceed \$300 per election cycle that were made during the 12 months prior to award of the contract. See N.J.S.A.

19:44A-8 and 19:44A-16 for more details on reportable contributions.

N.J.S.A. 19:44A-20.26 itemizes the parties from whom contributions must be disclosed when a business entity is not a natural person. This includes the following:

- individuals with an "interest" ownership or control of more than 10% of the profits or assets of a business entity or 10% of the stock in the case of a business entity that is a corporation for profit
- all principals, partners, officers, or directors of the business entity or their spouses
- any subsidiaries directly or indirectly controlled by the business entity
- IRS Code Section 527 New Jersey based organizations, directly or indirectly controlled by the business entity and filing as continuing political committees, (PACs).

When the business entity is a natural person, "a contribution by that person's spouse or child, residing therewith, shall be deemed to be a contribution by the business entity." [N.J.S.A.

19:44A-20.26(b)] The contributor must be listed on the disclosure.

Any business entity that fails to comply with the disclosure provisions shall be subject to a fine imposed by ELEC in an amount to be determined by the Commission which may be based upon the amount that the business entity failed to report.

The enclosed list of agencies is provided to assist the contractor in identifying those public agencies whose elected official and/or candidate campaign committees are affected by the disclosure requirement. It is the contractor's responsibility to identify the specific committees to which contributions may have been made and need to be disclosed. The disclosed information may exceed the minimum requirement.

The enclosed form, a content-consistent facsimile, or an electronic data file containing the required details (along with a signed cover sheet) may be used as the contractor's submission and is disclosable to the public under the Open Public Records Act.

• N.J.S.A. 19:44A-3(s): "The term "legislative leadership committee" means a committee established, authorized to be established, or designated by the President of the Senate, the Minority Leader of the Senate, the Speaker of the General Assembly or the Minority Leader of the General Assembly pursuant to section 16 of P.L.1993, c.65 (C.19:44A-10.1) for the purpose of receiving contributions and making expenditures."

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Required Pursuant To N.J.S.A. 19:44A-20.26

	permitted facsimile must be submit than 10 days prior to the award of t		ınit
110 14401 6	nair 10 days prior to the award or t	ne contract.	
Part I – Vendor Information			
Vendor Name:			
Address:			
City:	State: 7in:		
City.	State: Zip:	on the same of the	
The undersigned being authorized to	cartify haraby cartifies that the	submission prov	ided herein
•	· · · · · · · · · · · · · · · · · · ·	-	
represents compliance with the pro-		and as represent	ed by the
Instructions accompanying this for	m.		
Signature	 Printed Name	Title	
Part II – Contribution Disclosu	ıre		
Disclosure requirement: Pursuant to	N.J.S.A. 19:44A-20.26 this disclos	ure must include	all reportable
political contributions (more than \$			-
committees of the government entit		=	submission to the
committees of the government entities	ties listed on the form provided by	the local unit.	
O Check here if disclosure is provi	idad in alastronia form		
O Check here if disclosure is provi		Dete	Dellan Americat
Contributor Name	Recipient Name	Date	Dollar Amount

O Check here if the information is continued on subsequent page(s)

Continuation Page

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Required Pursuant To N.J.S.A. 19:44A-20.26

Page	_of		
Vendor Name:			

Contributor Name	Recipient Name	Date	Dollar Amount
			\$

O Check here if the information is continued on subsequent page(s)

STOCKHOLDER OR PARTNERSHIP DISCLOSURE AFFIDAVIT

In accordance with the Instructions to Bidders and the provisions of Chapter 33, Public Laws of 1977, State of New Jersey, N.J. S. A. 52:25-24.1, the undersigned hereby certifies the following Stockholder or Partnership information as complete and accurate:

Stockholders or Partners Owning 10% or More of the Company Submitting Bid

Name of Stockholder/Partner	Address
Name of Stockholder/Partner	Address
Name of Stockholder/Partner	Address
Name of Stockholder/Partner	Address
Use other side for other stockholders/partner	ers.
No individual stockholder or partner of partnership.	owns ten percent (10%) or more of this corporation or
Name of Contractor	Address
By:	
(Print Nar	me and Official Title)
Signature:	
State of	}}
County of SS	_}}
Before me thisday of	
Notary Public	

THIS FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED WITH RFP.

Vendor Questionnaire/Certification

Name of Company			
Street Address		PO Box	
City, State, Zip		·	
		Ext	
Emergency Phone Number			
FAX No.	E	-Mail	
Years in Business	Number of	Employees	
References- Work previous Jersey	ly done for Schoo	ol Systems in New	
Name of District	Address	Contact Person/Title Phone	
1			

Vendor Certification

Direct/IndirectInterests

I declare and certify that no member of the Manasquan Board of Education, nor any officer or employee or person whose salary is payable in whole or in part by said Board of Education or their immediate family members are directly or indirectly interested in this bid or in the supplies, materials, equipment, work or services to which it relates, or in any portion of profits thereof. If a situation so exists where a Board member, employee, officer of the board has an interest in the bid, etc., then please attach a letter of explanation to this document, duly signed by the president of the firm or company.

Gifts; Gratuities; Compensation

I declare and certify that no person from my firm, business, corporation, association or partnership offered or paid any fee, commission or compensation, or offered any gift, gratuity or other thing of value to any school official, board member or employee of the Manasquan Board of Education.

Vendor Contributions

I declare and certify that I fully understand N.J.A.C. 6A:23A-6.3(al-4) Concerning vendor contributions to school board members.

I certify that I am not an official or employee of the Manasquan Board of Education.

I further certify that I understand that it is a crime in the second degree in New Jersey to knowingly make a material representation that is false in connection with the negotiation, award or performance of a government contract.

Manasquan BOARD OF EDUCATION DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN FORM

BID SOLICITATION/PROPOSAL TITLE VENDOR/BIDDER NAME	
or proposal or otherwise proposes to enterentity, nor any of its parents, subsidiaries, Treasury's Chapter 25 List as a person or efound on the Division's website at https:// Vendors/Bidders must review this list prio of Purchase and Property finds a person of appropriate and provided by law, rule or continuous property.	2012, c.25 and P.L. 2021, c.4) any person or entity that submits a bid er into or renew a contract must certify that neither the person nor or affiliates, is identified on the New Jersey Department of the entity engaged in investment activities in Iran. The Chapter 25 list is www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf . If the Director of the Division or entity to be in violation of the law, s/he shall take action as may be contract, including but not limited to, imposing sanctions, seeking g the party in default and seeking debarment or suspension of the
C	HECK THE APPROPRIATE BOX
Vendor/Bidder listed above nor any of its	et seq. (P.L. 2012, c.25 and P.L. 2021, c.4), that neither the parents, subsidiaries, or affiliates is listed on the New Jersey List of entities determined to be engaged in prohibited activities in
☐ I am unable to certify as above because affiliates is listed on the New Jersey Depart accurate and precise description of the accurate and precise description accurate accurate and precise description accurate accura	the Vendor/Bidder and/or one or more of its parents, subsidiaries, or tment of the Treasury's Chapter 25 List. I will provide a detailed, tivities of the Vendor/Bidder, or one of its parents, subsidiaries or ment activities in Iran by completing the information requested below.
Entity Engaged in Investment Activities Relationship to Vendor/ Bidder Description of Activities	
Duration of Engagement Anticipated Cessation Date	
Attach Additional Sheets If Necessary	CERTIFICATION
the foregoing information and any attachr acknowledge that the State of New Jersey Vendor/Bidder is under a continuing oblig contract(s) with the State to notify the Sta am aware that it is a criminal offense to m so, I will be subject to criminal prosecution	rized to execute this certification on behalf of the Vendor/Bidder, that ments hereto, to the best of my knowledge are true and complete. I is relying on the information contained herein, and that the ation from the date of this certification through the completion of any te in writing of any changes to the information contained herein; that take a false statement or misrepresentation in this certification. If I do n under the law, and it will constitute a material breach of my he State to declare any contract(s) resulting from this certification void
Signature	Date
Print Name and Title	

CERTIFICATION OF NON-INVOLVEMENT IN PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS

Manasquan Board of Education 169 Broad Street, Manasquan, NJ 08736 N.J.S.A. 18A:18A-49.5

Pursuant to N.J.S.A. 52:32-60.1, et seq. (<u>L. 2022, c. 3</u>) any person or entity (hereinafter "Vendorⁱ") that seeks to enter into or renew a contract with a State agency for the provision of goods or services, or the purchase of bonds or other obligations, must complete the certification below indicating whether or not the Vendor is identified on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, available here: https://sanctionssearch.ofac.treas.gov/. If the Department of the Treasury finds that a Vendor has made a certification in violation of the law, it shall take any action as may be appropriate and provided by law, rule, or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

I, the undersigned, certify that I have read the definition of "Vendor" below, and have reviewed the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, and having done so certify:

(Check the Appropriate Box)

0	A.	That the Vendor is not identified on the <u>OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus</u> .		
		OR		
\circ	В.	That I am unable to certify as to "A" above, because Designated Nationals and Blocked Persons list on accoun		
		OR		
0	C.	That I am unable to certify as to "A" above, because the Ventionals and Blocked Persons list. However, the Vendor is consistent with federal law, regulation, license or exemption related to Russia and/or Belarus is consistent with federal	s engaged in activity related to Russia and/or Belarus n. A detailed description of how the Vendor's activity	
			(Attach Additional Sheets If Necessary.)	
Signature of Vendor's A	Authorize	ed Representative	Date	
Print Name and Title of	Vendor	's Authorized Representative	Vendor's FEIN	
Time rame and Tide of	Vollage	o Authorized Ropi econicatio	Volume 1 2 11 1	
Vendor's Name			Vendor's Phone Number	
Vendor's Address (Street Address)		ess)	Vendor's Fax Number	
Vendor's Address (City/State/Zip Code)			Vendor's Email Address	

Rev. 1.22.2024

^{&#}x27; Vendor means: (1) A natural person, corporation, company, limited partnership, limited liability partnership, limited liability company, business association, sole proprietorship, joint venture, partnership, society, trust, or any other nongovernmental entity, organization, or group; (2) Any governmental entity or instrumentality of a government, including a multilateral development institution, as defined in Section 1701(c)(3) of the International Financial Institutions Act, 22 U.S.C. 262r(c)(3); or (3) Any parent, successor, subunit, direct or indirect subsidiary, or any entity under common ownership or control with, any entity described in paragraph (1) or (2). №