

EXECUTIVE SUMMARY

The Lower Florida Keys Hospital District ("District") is an independent special district, created in 1967 by act of the Florida Legislature, codified at Chapter 67-1724, Laws of Florida, as amended, and re-codified at Chapter 2003-307, Laws of Florida.¹ The Lower Florida Keys Hospital District Board ("the Board")² seeks proposals from qualified healthcare management organizations to operate and manage the hospital and health care related facilities and services in the Lower Florida Keys Hospital District. The hospital is currently known as the Lower Keys Medical Center operated by Community Health Systems, and the operating lease agreement is set to expire on April 30, 2029. The Board has a unique opportunity to implement an innovative healthcare model designed specifically for its District, with a focused investment in general acute care hospital services with programs for the diagnosis, treatment, and care of sick and injured persons that meet documented community demand. The Lower Florida Keys Hospital District owns a facility located at 5900 College Road, Key West, Florida, 33040.

HISTORY OF THE LOWER FLORIDA KEYS HOSPITAL DISTRICT HOSPITAL

The District was created by special act of the Florida legislature ("Enabling legislation") in 1967 for the purpose of creating, staffing and operating a hospital in the Lower Florida Keys for the benefit of the residents of the District. The District is comprised of nine (9) Board Members (Commissioners), appointed by the Governor, each for a four (4) year term. Under Florida law, Board members continue to serve even after their appointment has expired, until reappointed, replaced or they resign. The District is authorized to levy ad valorem millage, in an amount not to exceed 2 mills per year, on the homeowner residents of the District, to help fund the indigent health care obligations of the District.

From the inception of the District and construction of the Hospital through April 30, 1989, the District operated the Hospital, then known as Florida Keys Memorial Hospital ("FKMH"). Additionally, a for-profit hospital, known as dePoo Hospital, owned by Kennedy Drive Investors, Ltd, ("Kennedy Drive"), general/limited partnership, was constructed and operated within the same service area as FKM. As a private entity, dePoo was not obligated to treat indigents (except as required by EMTALA), and it was not subject to the myriad of laws governing public facilities, including but not limited to the obligation for public meetings and for competitive bidding.

Due in major part in the 1980's to the lack of affordable health care insurance and the increased onset of the AIDS and HIV epidemic and their attendant costs related to treatment, the District found it necessary to levy the maximum millage rate allowed by law on the District residents. Concurrently, it found itself in competition with dePoo Hospital for the finite number of healthcare professionals in the community and for the purchase of expensive, new technological equipment, in an environment that could not support two fully operational hospital facilities. In fact, the Grand Jury empaneled in Monroe County recommended the combination of FKM and dePoo Hospital.

The District and Kennedy Drive commenced discussions in the late 1980's on how to accomplish such combination, which resulted, in May 1989, of the formation of the Lower Florida Keys Health System ("Health System"), a non-profit Florida corporation, which was comprised of four (4) Board members appointed by the District from among its Commissioners, of two Board members appointed by Kennedy Drive, and of the then current physician serving as Chief of Staff. Each of the District and Kennedy Drive entered into thirty (30) year leases with Health System pursuant to which they leased their land, buildings and equipment, and the two

¹ https://laws.flrules.org/files/Ch_2003-307.pdf

² Throughout this document, "the Board" refers to the Lower Florida Keys Hospital District Board.

facilities applied to AHCA and received licensure as a singular hospital system, with one set of Bylaws, a combined medical staff, and a singular administrative and employed staff. As a result of this combination, Health System achieved rural health designation from CMS, resulting in a higher reimbursement rate from Medicare as a sole community provider. As part of its obligations, Health System assumed the obligation of providing all the indigent care that the District was required to provide by its Enabling legislation, for which the District reimbursed Health System at a reduced, Medicaid rate. This combination allowed for the elimination of the redundancy of services and equipment, and initially, the elimination of the millage levy by the District on the residents. Services were shifted such that the FKMH facility provided the acute care and the dePoo facility focused on behavioral health services.

During the late 1990's however, due to many circumstances, including but not limited to the proliferation of managed care arrangements, resulting in arbitrarily reduced payments regardless of charges; increased competition from proprietary enterprises that siphoned off the paying outpatients from Health System; the increasing number of younger residents living within the District without the ability to pay for requisite health care; and the increased capital needs for physical plant and equipment; it all contributed to a decline in Health System revenues, thereby resulting in the District's necessity of re-imposing taxes at the maximum rate upon the residents in order to generate sufficient revenues to meet its indigent care obligations. As a result, and with the willingness of Kennedy Drive, they separately undertook a process to ascertain the level of interest of potential lessees/operators of the Health System facilities.

From the then District Board's perspective, the benefit of such a transaction included but was not limited to the following:

- (a) The ability of the lessee to assume the indigent care obligations of the District, without limitation, and with the knowledge that the lessee would have the financial wherewithal over the course of a 30-year lease, to fulfill the health care needs of the District residents.
- (b) The earnest desire that the indigent care obligations of the District be met without the need to levy ad valorem taxation on the District's residents over the duration of a 30-year lease.
- (c) The establishment of a primary care clinic that would treat District residents regardless of their ability to pay therefor, both as a means of seeking to afford a healthier community as well as to reduce the cost of the delivery of health care through the use of the emergency room services.
- (d) The ability to improve the physical plant of the District Hospital facility, which had undergone no major renovation since its construction in the late 1960's, as well as the need to have an operator with the capital wherewithal to procure and provide state-of-the-art equipment/technology.
- (e) To assure meeting and exceeding the requirements of all accrediting and licensing bodies.
- (f) To place the District facility onto the tax rolls of the Lower Florida Keys community.
- (g) To provide for District operating expenses from the lease payment structure negotiated.

After the issuance of a Solicitation of Interest for proposals and review of responses, each of the District and Kennedy Drive determined that Health Management Associates ("HMA") (who subsequently was acquired by Community Health Systems ("CHS"), the current operator) was the preferred operator/lessee of choice. Negotiations commenced; the District held no less than twenty (20) open meetings, including public hearings, discussing the contemplated transaction; approval of the Florida Attorney General's Office and the United States Federal Trade Commission as regards the District's proceeding with such transaction were received pursuant to Florida law; the leases between Health System and the District and Health System and Kennedy

Drive were mutually terminated; and new thirty (30) year leases for each of the District and Kennedy Drive were entered into, effective May 1, 1999, with Key West HMA, Inc (and the District facility was re-branded as Lower Keys Medical Center).

More importantly, inasmuch as the District and Kennedy Drive facilities now operated under a singular ACHA license, and inasmuch as services were shifted between the two facilities so as to avoid duplication, the decision was made that upon termination of the leases and failure of the District and Kennedy Drive to either renew their leases with the current operator or enter into leases with a subsequent operator, Health System, which has continued to exist legally but is currently non-operative, would again become the operator of the two facilities, as upon termination of the leases with Key West HMA, the hospital license and operations reverted to Health System, with the land and facilities reverting to the District and Kennedy Drive, respectively.

At present, and through the end of the current lease term ending on April 30, 2029, the following are the structures and legal responsibilities of the parties:

- Lower Keys Medical Center has an advisory board, two of which members are appointed by the District, with one being a current District Commissioner and the other being a community member.
- Lower Florida Keys Health System has designated board members, but is inactive.
- Under the terms of the District lease, the District has no operational authority or responsibility as regards Lower Keys Medical Center. There are certain operational requirements in the lease and the District's sole obligation as regards the hospital is to continue to assure that the terms of the lease and CHS' responsibilities are being met.
- At lease end, if the District and Kennedy Drive are not in accord with the choice of a successor operator, be it CHS or otherwise, or are unable to negotiate acceptable leases with such entity, Health System would need to re-incept, staff, obtain AHCA licensure, and commence operating the facilities once again.

Proposal. The Board will review proposals for various models for operating a medical center in the District, and Respondents submitting a proposal to this RFP proposing specific healthcare models must demonstrate compelling advantages over other models and show clear clinical and financial viability.

The Board will evaluate proposals based on five primary criteria³:

Quality and Reputation. Demonstrated excellence in clinical quality and operational performance. Respondents are to demonstrate patient quality treatment, including safety and patient experience.

Breadth and Commitment to Services. A focus on emergency services with planned expansion of [XX] care.

System Integration. Ability to coordinate seamless care delivery with facilities providing higher levels of care, preferably through established regional health system relationships. Respondents to also demonstrate medical transfer opportunities.

Facility Commitment. Long-term facility planning.

Budget. Financial responsibility, reporting, budget development and management.

³ **NOTE TO BOARD: BY WAY OF EXAMPLE ONLY. TO DISCUSS CRITERIA**
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The Board anticipates working collaboratively with the selected Respondent to ensure successful implementation and long-term sustainability of healthcare services in the Service Area.

Proposals must be submitted no later than Friday, [XX], 2026, 5 PM ET. Questions about the RFP and requests for facility site visits should be directed to [AKERMAN for RFP and Who for Site Visits]. Site visits will be arranged upon request.

To provide potential Respondents with comprehensive information about this opportunity and the Board's requirements, this Request for Proposals (RFP) details the background, analysis, and evaluation criteria that will guide the selection process.

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ATTACHMENT A:

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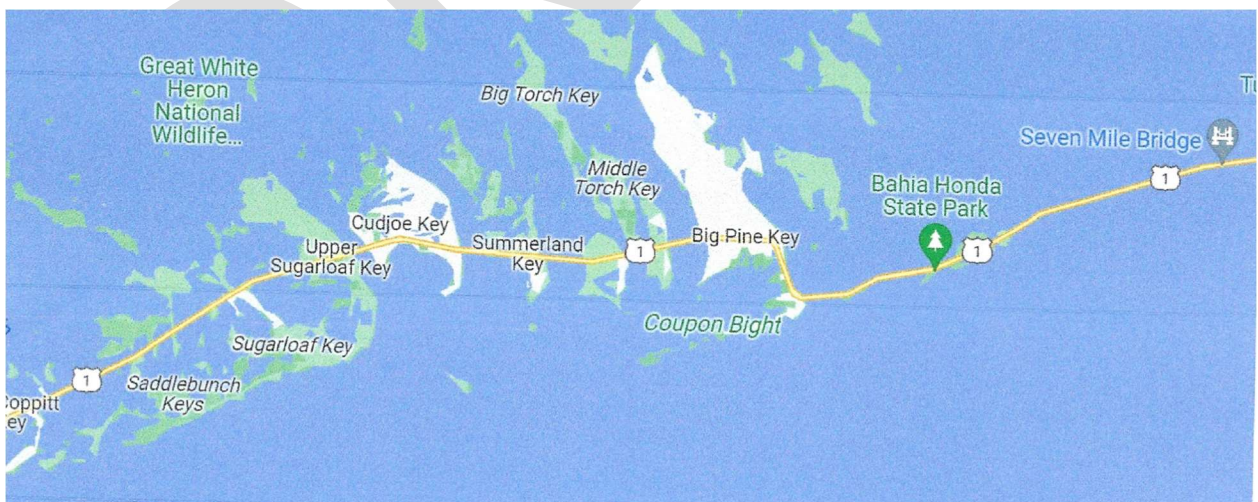
ATTACHMENT C:

1.0 INTRODUCTION

In recognition of both the critical need for local emergency, outpatient and specialized healthcare services and the opportunity to implement an innovative healthcare delivery services in the Service Area as defined below, the Board is seeking proposals from qualified healthcare organizations to operate an inpatient facility, emergency care and outpatient Hospital.

Service Area

The service area consists of the southern end of the Seven Mile Bridge south through and including the City of Key West. The services provided by the District, through a lease to Key West HMA, LLC, is the operation of an acute care hospital; and the services provided by the District, through a lease to Key West Health and Rehabilitation Center, LLC, is the operation of a nursing home/rehabilitation facility.



The Board is distributing this RFP to solicit Respondents interested in managing and operating the Hospital and leasing the facility. Given future facility needs, the Board seeks a Respondent prepared to address both immediate operations and long-term development of improved facilities. The selected Respondent must demonstrate the following minimum qualifications:

Minimum qualifications for Respondents include:

- Current operation of a full services medical center, an acute care hospital(s) and/or rural Emergency Hospital(s)
- Medicare/Medicaid certification and current accreditation by JCAHO, or URAC, or PHAB
- Appropriately licensed by the Florida Agency for Health Care Administration
- Capability to establish and maintain required transfer agreement(s) with Level I or II trauma center(s)
- Financial stability with documented funds sufficient to successfully operate the medical center facility
- No corporate integrity agreements will be accepted.

See Section 6.1 Respondent Qualifications for detailed documentation requirements for each of these qualifications.

The District is the owner of the facility. The evaluation and selection process for this opportunity will include multiple steps, beginning with this Request for Proposals and culminating in one or more public hearings prior to a final decision. Section 155.40, Fla. Stat⁴, sets forth the procedural requirements the Board must follow to lease the facility and otherwise contract for operations and management of the facility; such procedural requirements were promulgated to ensure that all interested parties, including members of the general public, have the opportunity to comment about a potential conveyance of the management and operation of a hospital facility or part thereof.

This Request for Proposal seeks to garner information to better understand Respondent's organization and responses to specific questions so that the Board may adequately evaluate proposals. ***Please be responsive to the specific requests; Respondents may provide more information than requested; at a minimum, however, please provide the information requested.*** Please submit the response in a narrative form, restate each question included in the RFP, followed by a response.

To facilitate this process, the Board has engaged the services of Akerman LLP, attorneys at law, among other advisors. Please submit proposals no later than [DAY, DATE], 5 PM ET. Electronic submission is acceptable and preferred. Please submit to:

Lower Florida Keys Hospital District

c/o [NAME]

TITLE

AKERMAN LLP

ADDRESS

ADDRESS

EMAIL

⁴ Note to draft verify and confirm.
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Please address any questions about the RFP, process, or information needs to **NAME**. Please do not contact any Board official about the RFP, the process, or your proposal.

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To help Respondents understand both the challenges and opportunities presented by this RFP, the following sections provide relevant background and analytical support.

2.0 BACKGROUND

[GENERAL HISTORY, BACKGROUND, CURRENT OPERATOR, STATISTICS]

Hospital services include emergency services, behavioral health, cancer care, critical care medicine, diagnostic imaging, digestive healthy, earn, nose & throat care, heart care, infectious disease care, kidney disorders, laboratory services, maternity care, men's health, neurology, nutrition services, orthopedic services, pharmacy, primary care, rehabilitation services, respiratory care, robotic surgery, surgical services, urology, vascular medicine, wellness services, women's health, maternity care.

[Review of historical data and statistics]

3.0 KEY CONSIDERATIONS

The successful implementation of healthcare services in the Service Area presents several opportunities that will require close collaboration between the selected Respondent and the Board. Understanding and addressing these considerations will support both immediate reopening and long-term sustainability.

Medicaid Payment Structure. [Under consideration and development]

Existing Facility Design. [Under consideration and development] A floor plan showing the hospital space is included as Attachment XX⁵.

Future Facility Development. While the existing facility can support immediate hospital operations, as it has for the past several decades, the opportunity exists to develop a new, purpose-built facility within the next tenXX years. This presents a chance to optimize design and operations for the hospital. The Board may explore grant funding or other sources to support a potential contribution toward the new facility's development. Respondents should clearly outline any expectations regarding Board participation in funding improvements to the existing facility.

These considerations inform the Board's criteria for evaluating Respondents' proposals, as detailed in the following section.

4.0 EVALUATION CRITERIA

Successful implementation and execution of a hospital requires selecting an operator with the right capabilities, commitment, and regional presence. The Board's primary objective is to bolster essential healthcare services as expeditiously as possible while ensuring long-term sustainability. After careful consideration of the community's needs and healthcare delivery trends, the Board has established the five key criteria for evaluating Respondents:

Quality and Reputation. The Board seeks a Respondent with demonstrated excellence in clinical quality, patient safety, and operational performance. The selected Respondent must have a proven track record of maintaining high standards across their facilities and the ability to recruit and retain qualified healthcare professionals. This criterion reflects the Board's commitment to ensuring The Lower Florida Keys residents have access to high-quality care locally.

Breadth and Commitment to Services. While uninterrupted healthcare services and emergency services are the priority, the Board seeks a Respondent committed to providing the broadest scope of sustainable healthcare services to the community. The selected Respondent should be prepared to establish [XXXX], as soon as reasonably feasible. The Respondent must demonstrate a long-term commitment to growing services as community needs and facility capabilities evolve, maintaining flexibility to adapt service offerings based on community needs and operational sustainability.

System Integration. The Board places high value on proposals from Respondents who can demonstrate their ability to provide seamless, coordinated care across all levels of service. Respondents should demonstrate their capability and experience in integrating medical staff across facilities, implementing common clinical protocols, maintaining unified medical records systems, and managing efficient patient

⁵ To obtain.
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transfers. Of particular importance is the Respondent's ability to ensure the Service Area patients have straightforward access to higher levels of care when needed. Respondents with established healthcare operations in the region, particularly those operating facilities that provide higher levels of care, will be best positioned to demonstrate these capabilities. Respondents should clearly outline their approach to eliminating barriers between care locations and providing comprehensive care navigation support for patients and families.

Timing and Facility Commitment. The Board seeks a Respondent prepared to [Based on discussion of board]

Budget. [Based on discussion of board]

These criteria will be used to evaluate all proposals, regardless of the specific operating model proposed. The Board will consider Respondents' models and approaches that meet these core criteria and demonstrate compelling advantages and viability.

The sections that follow outline the specific information Respondents must provide to demonstrate their qualifications and capabilities relative to these criteria.

5.0 PROPOSAL SECTIONS

The following sections specify the information and documentation Respondents must provide to demonstrate their qualifications, capabilities, and commitment to bolstering sustainable healthcare services in the Lower Florida Keys Service Area. Each section aligns with the evaluation criteria and seeks evidence of the Respondent's ability to address both immediate needs and long-term objectives.

5.1 RESPONDENT QUALIFICATIONS

To ensure proposals come from organizations capable of successfully implementing and sustaining healthcare services in the Lower Florida Keys Service Area, Respondents must demonstrate they meet the following minimum qualifications:

1. Current Operation Experience. To demonstrate capability and track record in healthcare operations, please provide:
 - a. Number, type and location of facilities in operation
 - b. Length of time operating each facility, and number of years in hospital management
 - c. Regulatory compliance history
2. Quality and Accreditation Status. To verify commitment to quality care and regulatory compliance, please provide:
 - a. Current certification/accreditation status at all facilities
 - b. Recent survey results or corrective actions
 - c. Timeline and process for obtaining certification/accreditation
3. Hospital Operational Knowledge. To confirm understanding of requirements and operations, please demonstrate:
 - a. Whether Respondent proposes a certain Hospital Model
 - b. Experience operating under (selected model/remote hospitals/rural hospitals) or similar regulatory frameworks
 - c. Knowledge of specific (selected model) requirements and how they will be met
 - d. How the model proposed will address: market opportunities, District market dynamics, services and community demand, subspecialty services, facility considerations, workforce requirements, and financial sustainability.
4. Transfer Capability. To ensure appropriate access to higher levels of care, please demonstrate:
 - a. Existing transfer relationships
 - b. Proposed transfer partners
 - c. Process for establishing and maintaining agreements
5. Financial Capability and Operating Knowledge. To verify ability to fund and sustain operations, please provide:
 - a. Recent audited financial statements
 - b. Current bond ratings, if applicable
 - c. Evidence of access to capital
 - d. Documentation of funds available for startup and operations

- e. Senior management tenure/experience

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These qualifications serve as the foundation for the more detailed information requested in subsequent sections. Please address how your organization meets each qualification, providing specific examples and documentation where applicable.

5.2 RESPONDENT BACKGROUND

This section seeks to understand the Respondent's strategic fit with the Lower Florida Keys Service Area healthcare needs and your rationale for pursuing this opportunity. Please provide comprehensive responses to the following.

1. Strategic Vision and Regional Presence. Describe Respondent's vision/strategy regarding:
 - a. Current size and scope of operations
 - b. Geographic service area and regional presence
 - c. Strategic goals for rural healthcare delivery
 - d. How the Lower Florida Keys Service Area fits within this framework
2. Interest and Organizational Alignment. Please explain:
 - a. Why Respondent has chosen to pursue this opportunity
 - b. Specific benefits the Lower Florida Keys facility would bring to Respondent's organization
 - c. How the facility would be integrated into Respondent's operational structure
 - d. Respondent's experience with similar facilities or markets
3. Operational and Quality Performance. Provide detailed metrics for all owned, leased or managed facilities, including:
 - a. Financial performance indicators
 - b. Quality metrics and outcomes
 - c. Service volumes and scope
 - d. Charges
 - e. Indigent care policies and amounts

This information will help establish Respondent's qualifications and compatibility with the Board's healthcare needs. The following sections address the proposed transaction terms and the Respondent's ability to meet the Board's evaluation criteria.

5.3 PROPOSED TERMS

The Board seeks proposals for: 1) lease of the existing facility 2) management and operation of the health care facility and services.

Regardless of the proposed care delivery model, Respondents must address the following:

1. Financial Stability
 - a. Last two (2) years of Audited financials
 - b. 1099 or tax return
 - c. Professional Liability Insurance, commercial insurance and description of insurance
 - d. description of Third party payor, commercial carriers, HMO, Medicare Advantage Plans programs
2. Care Access Commitments. Please describe Respondent's commitment to:
 - a. Ensuring availability to the indigent population
 - b. Preserving or enhancing historical levels of charity and indigent care
 - c. Maintaining admission policies that do not restrict essential medical treatment based on immediate ability to pay
 - d. Providing access to Medicare and Medicaid beneficiaries without discrimination
 - e. Addressing current needs of the District, and providing long term plan anticipating changes in need in community based on historic trends.
3. Implementation Approach. To ensure efficient execution of the proposed transaction, please detail:
 - a. Due diligence requirements and timeline
 - b. Key milestones to closing
4. Risk Assessment. To demonstrate understanding of potential challenges, please identify:
 - a. Potential obstacles to completing the transaction
 - b. Mitigation strategies for identified risks
 - c. Required Board actions or support

These terms will provide the framework for the proposed transaction. The following sections should detail how Respondent will meet the Board's key evaluation criteria, beginning with documentation of quality and performance track record.

5.4 QUALITY AND REPUTATION

These requirements expand upon the quality-related minimum qualifications outlined earlier and seek to establish Respondent's commitment to excellence in healthcare delivery. Please provide detailed responses to the following:

1. Quality Performance Metrics. To demonstrate excellence in clinical care, please provide three years of data for all facilities operated by Respondent, including:
 - a. CMS star ratings
 - b. Core quality measures and outcomes
 - c. Patient satisfaction scores
 - d. Other relevant quality indicators

2. Regulatory Compliance. To verify commitment to maintaining high standards, please detail:

- a. Results of recent CMS surveys
- b. State survey results
- c. Accreditation survey findings
- d. Resolution of any corrective action plans

3. Quality Management. To illustrate your systematic approach to quality, please describe:

- a. Quality management structure and reporting
- b. Performance improvement methodology
- c. Successful quality initiatives and outcomes
- d. Approach to quality oversight across facilities

4. Workforce Development. To demonstrate ability to maintain qualified staff, please detail:

- a. Physician and clinical staff recruitment strategies
- b. Retention rates and programs
- c. Experience with such in rural markets similar to District Board
- d. Employment of physicians, is it done directly through Respondent or through physician management group;
- e. Will or how it will honor or transition current staff and professional salaries, years of seniority.

Respondent's quality record provides context for evaluating your proposed approach to service delivery. The following section addresses how you would implement and expand healthcare services in the Service Area.

5.5 BREADTH/COMMITMENT TO SERVICES

This section seeks detailed information about Respondent's planned service implementation and growth strategy. Responses should demonstrate both immediate capability to restore essential services and vision for expanding outpatient care to meet evolving community needs.

1. Service Implementation Plan. To outline your approach to service restoration and development, please describe in detail⁶:

- a. Initial services upon engaging
- b. Service additions within the first three years
- c. Long-term service vision

2. Operations Experience. To demonstrate capability in emergency and outpatient care delivery:

- a. Describe experience operating rural hospitals or similar facilities
- b. Provide examples of service growth in similar markets

3. Community Needs Assessment. To show understanding of local healthcare needs, please:

- a. Describe your analysis of community needs

⁶ Note to Board: respondents can provide responses, but if the Board has preference on services, to discuss.
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b. Outline approach to ongoing needs assessment

c. Describe proposed ways you intend or do not intend to involve in community, and provide historic examples of ways you have supported community, demonstrative involvement in community, and supported health care services through involvement in community.

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Respondent's service delivery plan will require seamless coordination with other facilities and providers. The following section addresses how you will integrate these services to ensure comprehensive care for Board residents.

5.6 SYSTEM INTEGRATION

This section focuses on Respondent's ability to create and maintain an integrated system of care that optimizes healthcare delivery for Board residents. Strong regional relationships can enhance both quality of care and operational efficiency. Particular emphasis is placed on coordination with facilities providing higher levels of care to ensure seamless patient transitions.

1. **Care Coordination Infrastructure.** To demonstrate your ability to provide seamless care delivery, please describe:
 - a. Transfer protocols and agreements
 - b. Medical staff integration across facilities
 - c. Information technology integration
 - d. Care navigation support for patients
2. **Regional Network.** To illustrate your capability to provide seamless care delivery across facilities, please:
 - a. Detail your existing healthcare operations in the region
 - b. Describe established relationships with tertiary care centers and specialists
 - c. Explain how the Board services would integrate with your regional network
 - d. Outline your approach to coordinating patient care across facilities
 - e. Describe successful examples of care integration in similar markets
3. **Operational Integration.** To show how the Board services will connect to your broader system, please describe:
 - a. Emergency medical transport arrangements
 - b. Specialty consultation arrangements access
 - c. Communication protocols between facilities

Respondent's approach to system integration provides context for the implementation timeline. The following section addresses how you will execute both immediate reopening and long-term facility development plans.

5.7 TIMING AND FACILITY COMMITMENT

This section focuses on Respondent's ability to restore services quickly while planning for long-term facility needs. Your responses should demonstrate both immediate implementation capability and sustained commitment to facility development.

1. Implementation Timeline. To document your approach to providing services, please provide:
 - a. Detailed commencement timeline with key milestones
 - b. Certifications/Accreditations timeline, if applicable
 - c. Service implementation sequence/timeline
 2. Facility Development. To demonstrate your commitment to long-term facility needs, please provide:
 - a. Timeline for new facility planning and development
 - b. Financing strategy and capabilities
 - c. Site or facility modification considerations
 3. Project Experience. To validate your capability in facility development, please provide:
 - a. Examples of similar facility projects
 - b. Construction management approach
 - c. Evidence of successful project completion
 - d. Previous experience in maintaining talent, recruitment to other communities and how you have sustained successful provision of health services in communities like the District.
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5.8 ADDITIONAL CONSIDERATIONS

The Board recognizes that innovative healthcare models may present opportunities not fully captured in previous sections. Respondents should use this section to highlight any additional capabilities, approaches, or considerations that demonstrate their ability to provide sustainable healthcare services in the Service Area.

The information provided in the preceding sections will be evaluated through a structured process to ensure thorough and fair consideration of all proposals. The following section outlines this evaluation approach.

6.0 EVALUATION PROCESS

The Board will evaluate proposals through a multi-step process designed to identify the Respondent best qualified to maintain healthcare services in the Service Area. Each proposal will be assessed based on both minimum qualifications and the **Five** primary evaluation criteria. To ensure thorough consideration of all proposals while maintaining momentum toward service restoration, the Board has established the following process timeline and requirements.

Initial Review

- Verification of minimum qualifications
- Completeness of submission
- Financial viability assessment

Detailed Evaluation

- Quality and performance history
- Service implementation capability
- Integration and coordination approach
- Timeline feasibility
- Facility development capacity
- Budget and Financial Stability

Throughout the evaluation process, the Board through its advisors may:

- Request additional information or clarification
- Conduct site visits to Respondent facilities
- Interview key personnel
- Contact references
- Seek third-party verification of submitted information

Those Respondents who meet the minimum qualifications will be invited to make presentations to the Board.

To ensure an efficient evaluation process, Respondents should carefully note the following timeline and submission requirements.

The District is not required to accept any of the Responses, and may reissue the RFP. The District is not obligated to accept the highest (by dollar value) offer, and may reject or suspend the issuance of the RFP. The District reserves the right to negotiate with any Respondent.

7.0 NEXT STEPS

Please do not contact any Board official about the RFP, the process, or your proposal. As noted previously, please address any and all questions about the RFP, process, or information needs to [NAME< EMAIL< PHONE]

Proposal Requirements

- Electronic submission (PDF format preferred)
- Complete responses to all sections
- Supporting documentation as specified
- Clear labeling of all attachments

Facility Site Visits

Respondents interested in conducting a site visit of the facility should direct requests to [LEW??] Site visits will be arranged for interested parties upon request.

Timeline

- Submission deadline (electronic submission preferred): DATE
- Public notice of hearing:
- Public hearing: In accordance with XXX