

**H. Lee Moffitt Cancer Center  
and Research Institute, Inc.  
Request for Proposal 19-01-SSP  
Beam Radiation Treatment Planning System for  
Radiation Therapy Patients**





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## 1 Executive Summary

### 1.1 Moffitt Cancer Center Overview

The H. Lee Moffitt Cancer Center & Research Institute, Inc. (“Moffitt Cancer Center”), located in Tampa, Florida, began operations in 1986. As an academic and research medical center, Moffitt Cancer Center is the only National Cancer Institute-designated oncology research institute in Florida and one of the Southeast's leading cancer centers.

Comprised of an inpatient facility, ambulatory outpatient surgery center, ambulatory clinics, a cancer screening facility and research laboratories, Moffitt Cancer Center offers a sophisticated network of services and technologies that assure the citizens of its region convenient, cost-effective, high quality health care. Moffitt Cancer Center’s workforce is currently comprised of approximately 5300 employees, 700 medical residents, 600 volunteers, and 1000 students and interns.

### 1.2 Radiation Treatment Planning System Overview

Moffitt Cancer Center is seeking a replacement of its current Radiation Treatment Planning System (“TPS”) which is used to simulate, calculate, and optimize the radiotherapy treatment of patients. The main tasks performed in the TPS are lesion localization and radiation plan generation. The TPS system supports approximately 15 Dosimetrists, 20 Radiation Oncologists, 15 Physicists, and 4 CT-Simulators.

### 1.3 RFP Purpose and Objectives

The purpose of this Request for Proposal is to review, select, and implement an external beam radiation treatment planning system that provides optimal performance and allows for the most advanced treatment calculations and quick turnaround times with specific objectives as follows.

1. Utilize updated technology infrastructure to improve system performance resulting in:
  - a. Minimizing dose calculation time
  - b. Minimization of optimization time for IMRT/VMAT
  - c. Streamline treatment planning approval process
2. Utilize the next generation of automated radiotherapy treatment planning to improve efficiency while assuring that the best possible treatment plans, according to the established institutional standards, are consistently achieved.

## 2 Request for Proposal Process

### 2.1 RFP Contents

This RFP package includes the following documents and contents, which require response as part of the vendor’s proposal as indicated:

1. Request for Proposal (RFP) Document – ***requires response***
2. Submit copy of W-9 Form - ***requires response***
3. Vendor Acknowledgement Form (Appendix 1) - ***requires response***
4. Supplier Diversity Utilization and Subcontracting Plan (Appendix 2) – ***requires response***

## 2.2 RFP Timeline

This RFP shall be conducted under the following time line, which is subject to change only upon prior approval by the Moffitt Cancer Center Purchasing Department and granted to all vendors.

Event	Date
Issuance of Bid	11/02/2018
Return of Intent to Bid	11/09/2018
Vendor Conference Call	11/13/2018
Bid Packages Due from Vendors	11/29/2018
Award of Bid	TBD

On the date indicated above for 'Bid Packages Due from Vendors' in the timeline section of this RFP, your bid must be received, via e-mail, per the response requirements below, by no later than 2:00 p.m.

### 2.2.1 Vendor Pre-Submission Conference

Moffitt Cancer Center will conduct a vendor Pre-Submission conference call to further clarify and discuss the requirements of this RFP on November 13<sup>th</sup>, 2018 12:00pm-1:00pm EST: 800-206-6032. Conference ID: 7457113.

## 2.3 Response Requirements

All responses, proposals, communications, and correspondence required during the Request for Proposal process must be directed to:

Lori Perks  
Sourcing Analyst  
[rfp@Moffitt.org](mailto:rfp@Moffitt.org)

Your response should be provided in electronic format. All responses will be confidential.

**Failure to adhere to this requirement may result in your organization not being considered.**

## 2.4 Award Criteria

The award of this Request for Proposal is subject to terms and conditions contained herein and any that will be developed by Moffitt Cancer Center during the Request for Proposal process to augment purchase order conditions of purchase.

Quality of service, pricing, products, Supplier Diversity and other terms of purchase will be an integral part of the decision selection process.

If you are awarded this bid, a guideline will be developed that will quantify, monitor, and provide a plan for cure of deficiencies which shall include, but not be limited to, reimbursement of personnel and administrative costs, monetary assessment for continual deficiencies, and possible cancellation of agreement.



We reserve the right to award this agreement in whole or in part to the vendor that can best meet Moffitt Cancer Center’s business needs.

Moffitt Cancer Center assumes no responsibility and bears no liability for costs incurred by a Company in the preparation and submittal of a quote proposal in response to this RFP.

### 3 RFP Questions and Required Solution Requirements

#### 3.1 Company Information

Please provide the company name, address, city, state, zip code, telephone, and fax numbers.
Identify the name, title, address, phone and fax numbers, and e-mail address of the primary contact person for this RFP response/project.
Please provide details on the financial stability of your organization.
Please provide a brief overview of your company including number of years in business, number of employees, product and services offering, clientele market description, and any parent corporations if applicable.
What attributes make your company an ideal partner for Moffitt Cancer Center?

#### 3.2 Solution Overview

Please provide an overview of the solution proposal.
Please give a brief overview of the product including date of first launch, major developments, and any previous ownership if applicable.
What is your release schedule for major and minor product updates?
What is the software version of proposed solution? When is the next significant version expected to be released? Can different versions of software co-exist?
Please list any industry awards that your solution has received, the awarding party, and the date received.
Please indicate the total number of healthcare center/system implementations of the product in the last three years, the sizes of the clients and the number of users.

### 4 Business/Functional Requirements

Req#	Description
R1.	Supports the treatment planning for the following radiation modalities: <ul style="list-style-type: none"> <li>• Forward-planned 3D-CRT</li> <li>• Inverse planning (IMRT/VMAT)</li> <li>• Cranial Stereotactic Radiosurgery including single-Isocenter multi-target techniques</li> <li>• Extracranial Stereotactic Body Radiation Therapy</li> <li>• Adaptive Radiation Therapy</li> <li>• 4D Imaging and Radiation Therapy</li> <li>• Simple point dose (Irregular field) calculations</li> <li>• Electron isodose/MU calculations</li> </ul>

R2.	<p>Supports the following roles and functions:</p> <ul style="list-style-type: none"> <li>• Radiation Oncologist <ul style="list-style-type: none"> <li>○ CT, PET and MRI evaluation</li> <li>○ ROI contouring</li> <li>○ Identify clinical goals <ul style="list-style-type: none"> <li>• Target coverage</li> <li>• Target homogeneity</li> <li>• Target conformity</li> <li>• Radiotherapy prescription</li> </ul> </li> <li>○ Multiplan viewing and comparison based on isodose distributions and DVH-based target coverage and prioritized clinical goals in spreadsheet format</li> <li>○ Electronic approval of treatment plans based on roles and standard domain credentials</li> </ul> </li> <li>• Physicist <ul style="list-style-type: none"> <li>○ Image registration and fusion(rigid and deformable)</li> <li>○ Treatment plan quality review</li> <li>○ System commissioning</li> </ul> </li> <li>• Dosimetrist <ul style="list-style-type: none"> <li>○ Contour OAR's</li> <li>○ OAR sparing</li> <li>○ Treatment plan dose optimization and calculation</li> <li>○ Export to R&amp;V</li> <li>○ QA Tools</li> </ul> </li> <li>• Simulation <ul style="list-style-type: none"> <li>○ CT/MR simulation support</li> <li>○ ROI contouring, Isocenter placement and LAP laser control</li> </ul> </li> </ul>
R3.	Deformable dose accumulation.
R4.	Visualization of beam arrangement and apertures.
R5.	Photon dose calculation algorithm(s): acceptable by IROC Houston for lung protocols: Superposition/Convolution or better.
R6.	Electron dose calculation algorithm: Monte Carlo or equivalent (Pencil Beam/Redefinition Pencil Beam explicitly not acceptable).
R7.	Automatic plan generation utilizing templates, protocols and scripting.
R8.	Inverse planning automation sufficiently robust to produce complex (e.g. Head and Neck) treatment plans consistently meeting or beating in quality the current manually optimized plans at the institution.
R9.	Supports rigid multimodality and deformable image registration (DIR). DIR accuracy to be quantified in verifiable detail along the lines if TG-132 and suitability for specific sites and tasks identified (e.g. Dose summation in Thorax, Target contouring for prostate, Normal tissue contours in H&N, etc.).
R10.	Irregular field and simple mechanism for open field calculations.
R11.	Filter and compare multi-plan viewing based on target coverage and prioritized clinical goals.
R12.	Utilize Pareto-front based technology with deliverable dose (WYSIWYG), to facilitate real-time planning decision making.
R13.	Both optimization and dose calculation speeds should substantially exceed those of the current system at Moffitt.
R14.	Distributed computations.
R15.	IROC-protocol compatible photon calculation algorithm.
R16.	Monte Carlo electron calculation algorithm.
R17.	Automated contouring and planning tools. Modern approaches such as Machine Learning/AI are desirable and should be either available or documented in the development cycle.
R18.	Objectives checking with customizable constraints tables and PDF print of constraints verification table.
R19.	Supports electronic MD treatment plan approval (including remote access). Describe if MD access on

	hand-held devices is possible.
R20.	Forward x-ray planning: beam spreadsheet, interactive weight adjustment, field-in-field segmented plan support, site-specific (e.g. breast) tools.
R21.	Full DICOM RT compliance for export and import of DICOM imaging studies (CT, MRI, PET), and DICOM RT plan, structure, and dose objects.
R22.	DICOM import of images (CT, PET/CT, MR, 4D-CT, and CBCT), ROIs, photon plans, electron plans, RT ION, brachytherapy RT plans and doses.
R23.	DICOM RT export to R&V systems and any other DICOM RT archives. Selective export of structures.
R24.	<p>Template filters included <del>(in Appendix A)</del></p> <p>IMRT Template Filters</p> <ol style="list-style-type: none"> <li>1. Machine</li> <li>2. # Beams</li> <li>3. Beam arrangements</li> <li>4. # Segments</li> <li>5. Maximum total monitor units (MU)</li> <li>6. Technique (SMLC, DMLC, single arc VMAT, dual arc VMAT)</li> <li>7. Treatment setup</li> <li>8. Clinical goals and priorities</li> <li>9. Adjust dose for particular organs (CTV, GTV, PTV)</li> <li>10. Protocol</li> <li>11. Target dose conformity</li> <li>12. Target dose homogeneity</li> </ol>
R25.	Deformable multi-modal registration and fusion.
R26.	Adaptive and auto-contouring.
R27.	Complex motion modeling. Real-time organ motion modeling is incorporated into the radiation treatment plan for each treatment.

## 5 Non-Functional Requirements

Req #	Description
NF1.	Citrix application and desktop virtualization with receiver for Windows with 3D view, compliant with Moffitt Infrastructure.
NF2.	GPU utilization for faster dose computations and optimization.
NF3.	LINAC and R&V system agnostic.
NF4.	Backup and redundant systems.
NF5.	Vendor-neutral batch archive/restore.
NF6.	Solution should be compatible with a virtual environment.
NF7.	There should be separate Clinical and Test/Research databases. Describe the business solution for non-obsolence of hardware supporting the Test database.

## 6 Reporting Requirements

Req #	Description
RR1.	Please provide acceptance test criteria.
RR2.	Audit Trail. Does system provide a mechanism for auditing which users accessed/edited plans and when?
RR3.	No statistical reporting has been requested.



## 6.1 Technical and Architectural Requirements

### 6.1.1 General

1. Please describe the solution architecture:

2. Do you have architectural diagrams and technical specifications that we can review? If so, please provide along with RFP response.

- Include all system components (Application/database servers, authentication, network, database, interfaces, browsers, desktop, reporting, etc.).

3. If solution is cloud or remote hosted, what is the length of data retention?

- Is the application and/or database environment single or multi-tenant?
- If multitenant, what security controls are in place to protect against information breaches?
- If agreement is discontinued, do we have the ability to download all of our data?

### 6.1.2 Application Servers

4. What application server platforms do you support?

- Windows Server 2012 (VM) \_\_\_\_ (Physical) \_\_\_\_
- Windows Server 2012 R2 (64-bit) (VM) \_\_\_\_ (Physical) \_\_\_\_
- Windows Server 2016 (64-bit) (VM) \_\_\_\_ (Physical) \_\_\_\_
- Other \_\_\_\_\_

If other please explain why \_\_\_\_\_

Moffitt prefers to maintain a virtual machine environment. If your application does not support VM, please explain why \_\_\_\_\_

5. What anti-virus do you support?

- Sophos \_\_\_\_
- Other \_\_\_\_\_
  - If Sophos is not supported, please provide documentation for exceptions \_\_\_\_\_

### 6.1.3 Database Servers

6. What application server platforms do you support?

- Linux 5.x \_\_\_\_
- Linux 6.x \_\_\_\_
- AIX 6 \_\_\_\_
- AIX 7 \_\_\_\_
- Windows 2012R2 \_\_\_\_
- Windows 2016 \_\_\_\_
- Other: \_\_\_\_\_

If other, please explain: \_\_\_\_\_

7. What anti-virus do you support?

- Sophos
- Other \_\_\_\_\_
  - If Sophos is not supported, please provide documentation for exceptions \_\_\_\_\_

### 6.1.4 Databases

8. What database platforms do you support?

- Oracle 12.x \_\_\_\_\_
- Oracle 11.2.x – Standard, Enterprise Editions \_\_\_\_\_
- Oracle 11.1.x – Standard and Enterprise Editions \_\_\_\_\_
- SQL Server 2012 \_\_\_\_\_
- SQL Server 2014 Standard & Business Intelligence, and Enterprise Editions \_\_\_\_\_
- SQL Server 2016 \_\_\_\_\_
- Other: \_\_\_\_\_

If other please explain why \_\_\_\_\_

### 6.1.5 Network

9. Server network connection:

- How many Network Interfaces are available? \_\_\_\_\_
- How many Network Interfaces are required? \_\_\_\_\_
- Network Interfaces:
  - 10 Mbps
  - 100 Mbps
  - 1 Gbps
  - 10 Gbps
    - Copper
    - Fiber

10. What wireless standards do you support?

- 5GHz 802.11a/n/ac \_\_\_\_\_
- 2.4GHz 802.11b/g/n \_\_\_\_\_
- Other \_\_\_\_\_
  - If other please explain why \_\_\_\_\_

11. What authentication methods do you support?

- 802.11i (RSN) \_\_\_\_\_
  - WPA2-EAP(TTLS,TLS,PEAP) \_\_\_\_\_
- WPA2-PSK \_\_\_\_\_
- WPA-PSK \_\_\_\_\_
- WEP \_\_\_\_\_
- Other \_\_\_\_\_
  - If other please explain why \_\_\_\_\_

### 6.1.6 Workstations

12. What internet browsers do you support?

- IE11 \_\_\_\_\_
- Chrome \_\_\_\_\_
- Other \_\_\_\_\_
  - If other please explain why \_\_\_\_\_

13. What Operating Systems do you support?

- Windows 7
- Other: \_\_\_\_\_
  - If other, please explain why \_\_\_\_\_

<p>14. What anti-virus do you support?</p> <ul style="list-style-type: none"> <li>• Sophos</li> <li>• Other _____             <ul style="list-style-type: none"> <li>○ If Sophos is not supported, please provide documentation for exceptions _____</li> </ul> </li> </ul>
<p>15. How much memory is needed to support the application?</p>
<p><b>6.1.7 Integration</b></p>
<p>16. What methods do you provide for interfacing to other systems?</p> <ul style="list-style-type: none"> <li>• API _____</li> <li>• ETL _____</li> <li>• FTP _____</li> <li>• HL7 _____</li> <li>• Other: _____             <ul style="list-style-type: none"> <li>○ If other please explain _____</li> </ul> </li> </ul>
<p>17. Have you done any inbound, outbound, or bi-directional interfaces to the following systems: (Please provide detail)</p> <ul style="list-style-type: none"> <li>• Soarian Financials</li> <li>• RadNet (Cerner)</li> <li>• PathNet (Cerner)</li> <li>• Mosaicq</li> </ul>

## 6.2 Security

<p><b>6.2.1 Rating Information</b></p>
<p>1. Will the application collect, receive process, transmit, store or maintain any of the following confidential information: Personally Identifiable Information (PII) or Protected Health Information (PHI)? (Y/N)</p> <ul style="list-style-type: none"> <li>• Protected Health Information (PHI)? (Y/N)</li> <li>• Credit/ Debit Card Data/ Bank Account #? (Y/N)</li> <li>• Intellectual Property/ Moffitt Business Information? (Y/N)</li> <li>• Personally Identifiable Information (PII)? (Y/N) (Customer Info, SSN, License#, Employee/HR info, etc.)</li> </ul>
<p><b>6.2.2 Risk Management Policies and Procedures</b></p>
<p>2. Does the applicant employ a Chief Security Officers/IT Security Person?</p> <ul style="list-style-type: none"> <li>• Name of Privacy officer?</li> <li>• Name of Security officer?</li> </ul>
<p>3. Do you have any of the following written Policies/Procedures? Include the date of last revision?</p> <ul style="list-style-type: none"> <li>• Privacy Policy?</li> <li>• Network Security Policy?</li> <li>• Acceptable Use Policy?</li> </ul>
<p><b>6.2.3 Network Security and Data Management</b></p>
<p>4. Do you employ encryption for the following:</p> <ul style="list-style-type: none"> <li>• Data in transit? (Y/N)</li> </ul>

<p>If yes, type used?</p> <ul style="list-style-type: none"> <li>Data at rest? (Y/N)</li> </ul> <p>If yes, type used?</p> <ul style="list-style-type: none"> <li>Date of last 3<sup>rd</sup> Party Penetration Test?</li> <li>Date of Last 3<sup>rd</sup> Party Privacy Compliance Audits?</li> <li>Would Moffitt data be stored by the applicant’s sub-contractor? If yes, name?</li> <li>Will applicant be responsible for system maintenance? (Y/N) If yes, is there a system patch policy? (Y/N) If yes, frequency of vulnerability scan and patch cycle?</li> <li>Will you allow Moffitt to audit your security controls?</li> </ul>
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**6.2.4 Regulatory and Compliance Management**

- Do you have incident response plan and procedures? (Y/N)
- Are you required to obtain Sarbanes-Oxley (SOX) Type I or Type II Audits?
  - If yes, date of last audit?

**6.2.5 Past Circumstances/Claims/Breaches**

- Is your company involved in an Active breach investigation? (Y/N)
- Have you ever had a regulatory proceeding or investigation? (Y/N)
  - If yes, give details.
- During the past 5 years have you had any privacy breach incident or complaint? (Y/N)
- During the past 5 years have you had any complaints or litigation pertaining a Network Security or Privacy Breach? (Y/N)

**6.3 Maintenance and Support**

1. Describe the organization and structure of your technical support services.
2. Describe the support levels/tiers provided by the vendor.
3. What are the methods for contacting technical support?
4. What are the standard support hours and Service Level Agreements (SLAs)?
5. Please estimate the number of FTE’s that we will need to assign to the solution for product support? Please provide detail, roles recommendations, and number of resources per role.
6. What is the upgrade process and approach for major release upgrades? What is the typical upgrade implementation duration for a client of comparable size and complexity?
7. What is your change control process? What communications are provided in advance of changes?
8. What is your ability to retain historical data and perform data archival? Please provide detail.
9. How are customer requests for enhancements and customizations handled?
10. Do you track or survey your clients on the services you provide? If yes, please provide the overall average client satisfaction scores or other examples of how you measure client satisfaction.



11. Describe the ongoing system support provided by the vendor.
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### 6.4 Implementation and Training

- |  |
|--|
| 1. Please provide your general implementation strategy for a health system installation of comparable size and complexity.   |
| 2. What is your recommended implementation model/approach and methodology for Moffitt Cancer Center?<br>Please include details on the following: <ul style="list-style-type: none"> <li>• Expected implementation length</li> <li>• End User resource requirements and count for the implementation</li> <li>• IT and functional analyst resource requirements and count for the implementation</li> <li>• Project Management resource requirements for the implementation</li> <li>• Please provide a list of the vendor personnel roles and count required to implement this project</li> <li>• Approach to Analysis</li> <li>• Approach to Design</li> <li>• Approach to Build</li> <li>• Approach to Testing</li> <li>• Approach to Go-Live and Go-Live Support and resource requirements</li> <li>• Please provide an overview of the installation schedule. Include major tasks and their duration/staffing/major deliverables.</li> </ul> |
| 3. Please describe the documentation and training that will be available to Moffitt Cancer Center users and a training outline. What is the standard model for training the implementation team? What is the standard training model for the end users at time of go-live? What is the standard training duration for each?  |
| 4. Does your company provide staff for the implementation directly or subcontract to partner firms? <ul style="list-style-type: none"> <li>• Please describe and list any proposed subcontractors, if any, and the scope of work they would perform.</li> </ul>  |
| 5. Describe proposed training for: <ul style="list-style-type: none"> <li>-Radiation Oncologists</li> <li>-Physicists</li> <li>-Dosimetrists</li> <li>-Simulation Therapists</li> </ul>  |
|  |

### 6.5 Pricing

What is your licensing/cost structure, types of licenses, length of license term, and license fee structure?
How are changes (additions, reductions) to the numbers of licenses handled? Ex. Are True-ups performed? (i.e. yearly evaluation of end users/licenses to payment tiers)

### 6.6 Vendor Itemized Pricing

The vendor must provide a proposal with maximum cost for the project based on the project as described herein. To the extent desired, additional recommendations and services or options may be included as additions to the project on an optional basis. These optional items shall be priced separately from this Request for Proposal.



**This section must include all costs associated with acquisition, implementation, and ongoing operation of the proposed system as well as any necessary conversions, interfaces, and customizations. Provide complete information regardless of whether it is specifically requested.**

Note: To facilitate the cross evaluation of vendor proposals, **vendors must propose a complete hardware/system software configuration** and should not assume the use of existing computer hardware infrastructure. Consideration of utilizing the existing hardware/system software will occur during contract negotiations.

Moffitt Cancer Center will most likely request more details regarding your cost proposal during our proposal evaluation process. Moffitt Cancer Center understands that the actual costs will be detailed in the standard system contract. Provide a breakdown of the firm's rates, fees and charges for services; by phase and for total project, and a proposed payment schedule. Include estimates of any travel expenses to be charged as part of the project and typical return on investment (ROI) information, if available. Any payment/purchase alternatives, purchase versus licensing, etc.



Appendix 1 – Vendor Acknowledgement Form Intent to Respond

**Vendor Acknowledgement Form  
Intent to Respond**

<b>SUBMIT TO:</b> Lori Perks <a href="mailto:rfp@Moffitt.org">rfp@Moffitt.org</a> 813-745-8706 813-449-8277 (Fax)	RFP NUMBER: 19-01-SSP  RFP TITLE: BEAM RADIATION TREATMENT PLANNING SYSTEM FOR RADIATION THERAPY PATIENTS
VENDOR NAME and MAILING ADDRESS:	<b>INTENT TO BID:</b> Yes _____  No _____  (If unable to bid, indicate reason below)
TELEPHONE NUMBER:  FACSIMILE NUMBER:	
VENDOR'S AUTHORIZED CONTACT FOR RFP  NAME  E-MAIL	Please let us know how you heard about this RFP:  <input type="checkbox"/> Notified by Purchasing <input type="checkbox"/> Community or MWBE Organization <input type="checkbox"/> Monitoring Moffitt Cancer Center Website <input type="checkbox"/> Advertisement <input type="checkbox"/> Other:
<b>SUPPLIER DIVERSITY INFORMATION</b>  Is your firm a <b>certified</b> "Minority, Women-Owned, Veteran, Service Disabled Veteran-Owned Business Enterprise" defined as a business concern engaged in commercial transactions and is a least fifty-one (51%) percent minority, woman, veteran, service-disabled veteran-owned, and whose management and daily operations are controlled by such persons?  Yes _____ No _____  If your firm is <b>certified</b> as a "Minority, Woman, Veteran, or Service Disabled Veteran-Owned Business Enterprise," you must provide a current copy of your certificate with this form, and provide the name of the certifying entity and certification dates below:  Name of Certifying Entity _____  Certification Date Begins _____ Ends _____	
I certify that this response is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this response and certify that I am authorized to sign this response for the vendor and that the vendor is in compliance with all requirements of the Request for Qualifications.  _____ Signature Printed Name and Date	

## *Appendix 2 – Supplier Diversity Utilization and Subcontracting Plan*

### **SUPPLIER DIVERSITY UTILIZATION AND SUBCONTRACTING PLAN REQUIREMENT**

Moffitt Cancer Center recognizes the importance of supplier diversity in all aspects of our business and procurement practices and actively encourages the development, utilization and economic growth of certified Minority, Women, Veteran and Service Disabled Veteran-owned Business Enterprise (MBE/WBE/VBE/SDVBE). Central to this initiative is the inclusion and participation of a diverse group of vendors doing business with Moffitt Cancer Center and as such, Moffitt Cancer Center encourages the participation of MBE/WBE/VBE/SDVBES in its procurement process both at the prime vendor level as well as at the subcontractor level of its prime contracts. Moffitt Cancer Center is committed to a comprehensive Supplier Diversity Program that ensures maximum opportunities exist for such diverse businesses

RFP responses should include bidder's ability to provide fifteen percent (15%) spend with Minority, Women, Veteran and Service Disabled Veteran-owned Business Enterprise ("MBE/WBE/VBE/SDVBE") related to the specific commodity or services identified in the proposal. Moffitt Cancer Center is an equal opportunity corporation, and, as such, strongly encourages the lawful use of certified MBE/WBE/VBE/SDVBES in the provision of services by providing a fair and equal opportunity to compete for, or for participation in, providing services. Moffitt Cancer Center believes in equal opportunity practices which conform to both the spirit and the letter of all laws against discrimination, and is committed to non-discrimination because of race, creed, color, sex, age, national origin, or religion. To be considered for inclusion the potential bidder commits to MBE/WBE/VBE/SDVBES Participation.

The successful bidder shall endeavor to provide fifteen percent (15%) spend with MBE/WBE/VBE/SDVBE related to the specific commodity or services identified in the proposal. A certification letter from any of the following agencies will be required of any bidder and/or identified subcontractor claiming MBE/WBE/VBE/SDVBE status at the time of the RFP response.

Moffitt Cancer Center accepts all Local, State and Federal Government agencies MBE/WBE certifications, including the following:

- [City of Tampa](#)
- [Hillsborough County](#)
- [State of Florida](#)
- [Small Business Administration \(SBA\) 8A Program Certification](#)

Other MBE/WBE certifications accepted include:

- [Florida State Minority Supplier Development Council \(FSMSDC\)](#)
- [National Minority Supplier Development Council \(NMSDC\) & regional affiliates](#)
- [Women's Business Enterprise National Council \(WBENC\)](#)
- [National Women Business Owners Corporation \(NWBOC\)](#)

Veteran & Service Disabled Veteran (VBE/SDVBE) Certification/Verification accepted:

- [Department of Veterans Affairs](#)
- [State of Florida Office of Supplier Diversity](#)

Please respond to the section below:

**Supplier Diversity Utilization and Subcontracting Plan Requirement:** Moffitt Cancer Center recognizes the importance of supplier diversity in all aspects of our business and procurement practices and actively encourages the development, utilization and economic growth of certified Minority, Women, Veteran and Service Disabled Veteran-owned Business Enterprise (MBE/WBE/VBE/SDVBE s). Central to this initiative is the inclusion and participation of a diverse group of vendors doing business with Moffitt Cancer Center and as such, Moffitt Cancer





Center encourages the participation of MBE/WBE/VBE/SDVBES in its procurement process both at the prime vendor level as well as at the subcontractor level of its prime contracts. Moffitt Cancer Center is committed to a comprehensive Supplier Diversity Program that ensures maximum opportunities exist for such diverse businesses.

**Supplier Diversity Utilization and Subcontracting Plan** - Vendors responding to this solicitation are required to submit a Supplier Diversity Utilization and Subcontracting Plan for diverse supplier opportunity and participation of certified MBE/WBE/VBE/SDVBES with their proposal. The Supplier Diversity Utilization and Subcontracting Plan submitted must include the following:

- Provide a Description of your Supplier Diversity Program.  
Description of Supplier Diversity Plan submitted: \_\_\_\_\_ Yes \_\_\_\_\_ No
- What percentage of spend with MBE/WBE/VBE/SDVBES is projected for the specific commodity or service outlined in this Request for Proposal (RFP): \_\_\_\_\_ (%).
- Outline the plan for achieving 1<sup>st</sup> tier spend with MBE/WBE/VBE/SDVBES and identify the percentage of spend: \_\_\_\_\_ (%).
- Outline the plan for achieving 2<sup>nd</sup> tier spend with MBE/WBE/VBE/SDVBES and identify the percentage of spend: \_\_\_\_\_ (%).
- A list of the certified MBE/WBE/VBE/SDVBES that will be utilized as 2<sup>nd</sup> tier subcontract(s)  
Listing Provided: \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*\* Note:** Your RFP submittal must include your response that addresses the **Supplier Diversity Utilization and Subcontracting Plan outlined above.**

**Reports** - The successful bidder will be required to provide monthly Subcontract Expenditure Reports to Moffitt Cancer Center identifying certified MBE/WBE/VBE/SDVBE participation that lists total payments made to subcontractor(s) until 100% completion/delivery of the specific commodity or services outlined in this RFP finalized. The report shall include the names, addresses, type of service or commodity provided, dollar amount paid, payment date, FEID #, name of certification entity, business classification, and copy of vendor certification for each vendor identified in the report. All Subcontractor Expenditure reports are also required to be turned in with all pay applications/invoices and a copy sent to Desiree Hanson, Manager, Supplier Diversity Program via email [Desiree.Hanson@moffitt.org](mailto:Desiree.Hanson@moffitt.org).

- Vendor agrees to provide monthly Subcontract Expenditure Reports with submittal of every pay application/invoice: \_\_\_\_\_ YES \_\_\_\_\_ NO