

Letchworth Central School District
Request for Proposals
School Physician & School Medical Services

The Board of Education of the Letchworth Central School District at Gainesville, New York hereby invites the submission of proposals for a School Physician and School Medical Services Provider. The District is seeking a School Physician and School Medical Services Provider for the fiscal years 2026-27 through 2030-31. The fiscal year begins on July 1 and ends on June 30.

Sealed proposals will be received by the School Business Administrator, John P. Novak, Letchworth Central School District, 5550 School Road, Gainesville, NY 14066 on or before 10:00 am on Monday, March 30, 2026. All proposals must be clearly marked on the outside of the envelope "SCHOOL MEDICAL SERVICES". Email submissions are preferred:

jnovak@letchworth.k12.ny.us

If you need additional information, contact Mr. Novak at (585) 493-5150 or

jnovak@letchworth.k12.ny.us

The Board of Education reserves the right to waive any informality in any proposal and to accept or reject any proposal, or any part of any quotation, deemed in the best interest of the Letchworth Central School District.

Letchworth Central School District
Request for Proposals
School Physician & School Medical Services

The Board of Education of the Letchworth Central School District is accepting proposals from qualified licensed NYS medical service providers to serve as "School Physician" and provide related School Medical Services in accordance with the requirements set forth below.

Nature of Services

The School Physician serves as the Board of Education appointed supplier of medical services.

A: GUIDELINES FOR SUBMISSION OF PROPOSAL

1. There is no expressed or implied obligation for the Letchworth Central School District to reimburse respondents for any expenses incurred in preparing responses to this Request for Proposals.

2. To be considered, one (1) copy of the Proposal Response Form with enclosures must be received by the School Business Administrator, John P. Novak, Letchworth Central School District, 5550 School Road, Gainesville, NY 14066 by 10:00 am on Monday, March 30, 2026. Email submissions are preferred: jnovak@letchworth.k12.ny.us

3. During the evaluation process, Letchworth Central School District reserves the right, where it may serve the best interests of the District, to request additional information and clarification from proposers or allow corrections of errors or omissions. The District anticipates that the selection of a provider will be completed and an appointment made at the April 13, 2026 Board of Education meeting.

4. The School Medical service provider(s) will provide services as an independent contractor through an established private medical practice; the District does not intend to and will not hire a physician employee. If the selected provider also provides School Physician services to another school district in the Genesee Valley BOCES region, the contract may be issued through Genesee Valley BOCES for the School Physician portion of the engagement.

5. Term of Engagement : A one (1) year contract, renewable annually for up to four (4) subsequent years is proposed.

B. LICENSE TO PRACTICE IN THE STATE OF NEW YORK

1. The Qualified Medical service provider will be a duly licensed and registered Physician or a duly licensed and registered Nurse Practitioner. A copy of the current New York State license and registration must be attached as part of this proposal.

C. QUALIFICATIONS AND INSURANCE

The respondent should state the size of the medical practice, the location of the office from which the work on this contract will take place, and the number and titles of the professional staff to be assigned to this contract.

1. Describe the practice's experience in providing school districts with medical services and a listing of such school districts.
2. Identify the Medical Director who will be the direct liaison with the Letchworth Central School District and be responsible for the fulfillment of the duties listed below.

REQUIRED INSURANCE:

- Commercial General Liability Insurance - \$1,000,000 per occurrence/\$3,000,000 aggregate.
- Automobile Liability - \$1,000,000 combined single limit for owned, hired and borrowed and non owned motor vehicles
- Workers' Compensation and NYS Disability - Statutory Workers' compensation, employers' liability and NYS disability benefits insurance.
- Professional Errors and Omissions Insurance - Occurrence basis professional liability insurance in the minimum amounts of \$1,000,000 per occurrence and \$3,000,000 in aggregate. If it is economically impractical to obtain professional liability insurance on an occurrence basis, professional liability insurance on a claims-made basis with a permanent prior-acts ('tail') coverage, is acceptable.
- Excess Insurance - on a follow-form basis with limits of \$3,000,000 each occurrence and aggregate.

Evidence of such insurance must be provided in the form of an insurance certificate naming Letchworth Central School District, its Board, employees and volunteers as an unrestricted 'additional insured' (by using endorsement CG 2026 or broader) on a primary and noncontributory basis on the selected party's insurance policies with the exception of workers' compensation and professional liability; waiver of subrogation applies.

The policy shall contain a 30-day notice of cancellation.

Such an insurance certificate must be attached and included with submission of a proposal.

The failure of the District to object to the contents of the certificate or the absence of same shall not be deemed a waiver of any rights held by the District.

COST OF SERVICE ALONE WILL NOT BE A PRIMARY FACTOR IN THE SELECTION OF A PROVIDER TO BEST SERVE THE MEDICAL SERVICE NEEDS OF THE STUDENTS AND EMPLOYEES OF LETCHWORTH CENTRAL SCHOOL DISTRICT.

DESCRIPTION OF REQUESTED MEDICAL SERVICES :

D. SCHOOL DISTRICT GENERAL MEDICAL SERVICES SCOPE OF WORK:

1. To make careful physical health examinations mandated by the New York State Education Department to include, but not limited to, students of grades PK or K, 1, 3, 5, 7, 9 and 11 for students who do not present a physician's certificate by the end of the first school semester or as soon thereafter as possible; and to re-examine such pupils as needed. Said physical examinations to be performed on site at the school district.
2. Perform physical examinations for athletes before each sport program commences and to comply with the state requirement for all sports programs with assistance from school district nursing staff for students who do not present a physician's certificate. Said physical examinations to be performed on site at the school district.
3. To make, as provided in the Education Law, such examinations as required for the issuance of employment certificates and work permits.
4. Perform medical evaluation of any employee at the request of the Board of Education as occasion may require.
5. Participate as the physician representative on the Committee of Special Education, Committee on Preschool Special Education and Section 504 of the Rehabilitation Act of 1973 team meetings in accordance with New York State Education Law and the Federal Individuals with Disabilities Education Act, on advance notice as needed.
6. To review reports of accidents and to review excuses from any of the physical activities connected with the school program, when requested.

7. To recommend adjustments of the education program in accordance with individual pupil's health needs and individual education plan (IEP) and to consult with parents, teachers, administrators and pupils from time to time concerning the same and supported by written scripts and referral documentation as required.
8. Consult with the School Psychologists, attendance officer, School Nurse, LPN, Athletic Director, administrators and other school personnel in case conferences when such are indicated.
9. Consult with school personnel and agencies on behalf of the District regarding child abuse, neglect and maltreatment.
10. To provide health examination of students and employees with respect to the exclusion of or readmission of students and staff suffering from or exposed to infectious or contagious disease.
11. To provide health examinations for students who are new entrants in accordance with Chapter 53 of the laws of 1980.
12. To have the school physician provide an annual review of first aid protocol and standard procedures to be used by school health personnel in the event of injury or emergency illness of a child or employee.
13. To serve as a member of the Committee on Special Education. Meeting attendance will be by request and is estimated not to exceed five (5) per year. The school physician will be provided advance notice of the date and time of the meetings.
14. The school physician will provide physical examinations of students as requested by CSE or CPSE chairperson, when the individual student has no access to a primary medical provider.
15. The school physician will provide written prescriptions for related services including but not limited to occupational therapy and/or physical therapy for students referred by the CSE or CPSE chairperson; such referrals will be made routinely as necessary for CSE and CPSE students.
16. The school physician will conduct all physical examinations on school premises except in unusual circumstances. The District will provide the medical site, equipped

with appropriate equipment and supplies and staffed with an adequate number of nursing staff.

17. The school physician will provide annual standing orders for emergency epinephrine, as allowed by New York State Education Law. The school physician will provide annual signed orders for District First Aid kits and components as necessary.

18. The school physician will consult with school personnel regarding Concussion Management Awareness, protocols and post incident evaluations.

19. Performance of such other duties of a school physician as may, from time to time, be described in bulletins of the State Education Department, and such other duties consonant with the physician's professional status and qualifications as the Board of Education may from time to time require.

20. Perform annual bus driver DOT physicals and or physical examinations in accordance with NYS article 19(a) regulations. It is estimated there are approximately 30-40 bus driver employees requiring annual physical exams on a recurring basis. Exam to include D.O.T. exam booklet with mandatory certification card. Vision exam including horizontal vision and color blindness using Ishihara's color plates - mandatory. Urinalysis - mandatory. Audiogram - mandatory especially if the forced whisper test is less than 5 feet. Physical exam certificates to be valid for one (1) year from the date of exam. Said physical examinations to be performed on site at the school district (preferred).

21. Be available by phone and/or email to answer questions from District medical staff and administration.

The periodic and recurring schedule(s) will be coordinated and arranged by the school physician or his/her designee and the District personnel as necessary. Estimated time on site in the District Health Office is one morning per week.

REQUEST FOR FEE PROPOSAL

E. OPTIONAL ADDITIONAL SERVICE(S)

1. To provide Physician, Physician Assistant, Nurse Practitioner, Nurse or Athletic Trainer coverage at Home School Junior Varsity and Varsity athletic contests (each game is estimated between 2 - 3 hours in duration). Please include rate per event as a separate amount under additional services on the Proposal response form.

NON - COLLUSION CERTIFICATION - REQUEST FOR PROPOSAL

By submission of this request for proposal, each offeror and each person signing on behalf of any offeror certifies as to its own organization, under perjury, that to the best of her/his knowledge and belief:

(1) The fee proposal (prices) in this quote have been arrived at independently without collusion, consultation, communication or agreement, for the purpose of restricting competition, as to any matter relating to such fee proposal with any such offeror or with any competitor, or potential competitor.

(2) Unless otherwise required by law, the prices which have been quoted in this proposal have not been knowingly disclosed by the offeror prior to the opening, directly or indirectly, to any other offeror or to any competitor or potential competitor, and

(3) No attempt has been made or will be made by the offeror to induce any other person, partnership or corporation to submit or not to submit a proposal for the purpose of restricting competition.

I/We, the undersigned, propose to furnish all services called for, in full accordance with the specifications and instructions contained in the Request for Proposals and agree to all conditions therein.

Name (printed): _____

Signature: _____

Date: _____

Company: _____

Telephone number: _____

PROPOSAL RESPONSE FORM
School Physician & School Medical Services
Letchworth Central School District

I/We hereby submit a proposal for school medical services for the Letchworth Central School District in accordance with the Request for Proposal. I/We hereby affirm that all assigned key medical staff to provide services are properly licensed to practice in the State of New York pursuant to Article 131 of the Education Law.

**Complete school medical services in accordance with the Request for Proposals:
School Physician/School Medical Services**

Scope of Work as described in sections D, items #1 - #21 for fiscal year:

2026-27: \$ _____ 2027-28: \$ _____ 2028-29: \$ _____

2029-30: \$ _____ 2030-31: \$ _____

(While a single practitioner/firm providing all requested services for a flat annual rate is preferred, practitioners/firms may alternatively provide a fee schedule for any or all of the requested services. Please provide as much detail as possible including whether services are provided on-site, which is preferred, or at another location. If a fee schedule is provided, please indicate proposed percentage increases for 4 additional years)

Additional Services Fee Proposal as described in section E, Item #1

Optional Additional Medical Services Personnel coverage for athletic contests.

Amount quoted is per athletic contest estimated at 2 - 3 hours duration for each event.

Level of service (Trainer, RN, NP, etc.): _____

2026-27: \$ _____ 2027-28: \$ _____ 2028-29: \$ _____

2029-30: \$ _____ 2030-31: \$ _____

Hourly rate for additional services not included in above specified requirements:

2026-27: \$ _____ 2027-28: \$ _____ 2028-29: \$ _____

2029-30: \$ _____ 2030-31: \$ _____

Signature: _____ Dated _____

Printed Name: _____ Phone: _____

Firm: _____

Address: _____

Required Attachments to the Proposal Response Form:

- 1) NYS Licenses and Registration Certificate(s) for proposed Medical Service Provider
- 2) Insurance Certificate
- 3) Non-Collusion Certification