RFP Community-Based Mobile Medical Service Delivery and Operations

Desert Healthcare District and Foundation

MMS RFP Overview

DESERT HEALTHCARE
DISTRICT & FOUNDATION

Welcome to the Desert Healthcare District and Foundation's Community-Based Mobile Medical Service Delivery and Operations Request for Proposals application.

The Desert Healthcare District and Foundation works to improve health access and outcomes for all District residents through strategic funding and partnership-building that advances resilient communities. Guided by the District and Foundation's 2027–2031 Strategic Plan, this Request for Proposals supports its role as a health system amplifier by expanding community-based access to healthcare services throughout the Coachella Valley.

Through this RFP, the District and Foundation is seeking one qualified nonprofit organization, Federally Qualified Health Center (FQHC), nonprofit community clinic, nonprofit hospital system, or other nonprofit licensed healthcare provider to manage and operate both District-owned mobile medical clinics. The selected organization will be responsible for the operational, clinical, and administrative management of the mobile clinic program while working collaboratively with the District and community partners to expand equitable access to healthcare services across the Coachella Valley.

The mobile medical clinics are intended to serve as community health resources that bring care directly to residents where they live, work, learn, worship, and gather. Services will include primary and preventive healthcare, early intervention, health education, behavioral health screening and referrals, connections to ongoing medical homes, and linkages to community resources. The program will also include population-based primary care clinics, student vaccination clinics, women's wellness clinics, and student athletic physicals.

Requests for Proposals Resources:

- **Review the Community-Based Mobile Medical Service Delivery and Operations Request for Proposals (RFP)**
- **Review the RFP Frequently Asked Questions (FAQ) Resource**
- **Map of District Boundaries**

Bidder's Meeting:
Attendance at the mandatory Bidder's Meeting on October 1, 2026 at 10:00 AM is required to be eligible to apply.

- **Bidder's Meeting Zoom Registration**

To avoid unnecessary writing constraints, character limits are set high to provide applicants flexibility to write as much or as little as needed to fully respond to each question. Applicants will not be penalized based on the length of their responses.

Applications are due October 14, 2026, by 11:59 PM PT., via electronic submission. Please complete all required questions and supporting documentation.

For questions regarding this Request for Proposals, please contact Alejandro Espinoza, MPH, Chief of Community Engagement, at **aespinoza@dhcd.org**.

For technical assistance with the District and Foundation's grant portal, please email **info@dhcd.org**.

Organizational and Project Information

Organizational and Project Information

Please provide the requested organizational and project information below. Ensure all required fields are complete and reflect the specified project title, dates, and 19-month grant term.

Organization Name*
Character Limit: 250

Organization's Mission Statement and History*
State your organization's mission and briefly describe its history.

Character Limit: 5000

Organization Annual Budget*
Character Limit: 20

Project Title*
Please use this required title: Coachella Valley Mobile Medical Health Services

Character Limit: 250

Start Date*
Required Start Date: 12/01/2026

Character Limit: 10

End Date*
Required End Date: 06/30/2028

Character Limit: 10

Total Project Budget*
Budget should reflect the 19-month grant term.

Character Limit: 20

Requested Amount*
Budget should reflect the 19-month grant term.

Character Limit: 20

Organizational Qualifications, Capacity & Service Delivery

Organizational Qualifications, Capacity & Service Delivery

Please provide clear and complete responses to each question below. Responses should address each of the listed elements and be specific to this project.

Organizational Qualifications and Experience*
Describe what makes your organization a strong candidate to successfully implement this project.

In your response, address:

- Relevant experience providing medical and healthcare services;
- Experience serving underserved, medically vulnerable, rural, uninsured, underinsured, and other populations that experience barriers to care;

- Clinical, administrative, and operational capabilities relevant to mobile healthcare service delivery;
- Existing systems, infrastructure, and organizational resources that support effective service delivery;
- Relevant experience working within the priority populations and geographic areas identified in the RFP;
- Your organization's capacity and track record in providing equitable, culturally competent care to diverse and underserved communities; and
- Other organizational strengths or experience that demonstrate your ability to successfully operate the mobile medical clinics and meet the goals of the RFP.

Please focus on qualifications and capacity that are directly relevant to this project rather than providing a general history of the organization.

Character Limit: 5000

Licensing & Compliance*

Describe your organization’s ability to meet and maintain all licensing, credentialing, insurance, certification, and regulatory requirements necessary to operate both District-owned mobile medical clinics.

In your response, address:

- Current organizational and clinical licenses, certifications, credentials, insurance coverage, and regulatory requirements applicable to the proposed services;
- Any additional licenses, certifications, credentials, approvals, or insurance coverage that must be obtained before services begin;
- Your process for ensuring clinicians and other applicable personnel remain appropriately licensed and credentialed; and
- How your organization will monitor and maintain compliance with all applicable requirements throughout the contract period.

Character Limit: 5000

Service Delivery Approach*

Describe your proposed approach to deploying and operating both District-owned mobile medical clinics.

In your response, address:

- How you will meet the required clinic frequencies, patient volume targets, and populations identified in the RFP;
- How you will coordinate population-based clinics, student vaccination clinics, women’s wellness clinics, and student athletic physicals;

- How you will manage scheduling, patient flow, clinical operations, and use of both mobile clinics;
- How you will respond to changes in community need, seasonal demand, clinic utilization, or other operational conditions;
- How you will support continuity of care, including referrals and connections to ongoing healthcare and specialty services when appropriate; and
- Does your organization have the internal capacity to dispense prescription medications at the point of service, and if so, please describe the process for prescribing, dispensing, documenting, and managing medications through the mobile medical clinics.

Character Limit: 5000

Staffing & Capacity*

Describe your organization's current capacity to operate both District-owned mobile medical clinics.

In your response, address:

- Current clinical, administrative, operational, financial, billing, and credentialing capacity to support the project;
- Existing staff, systems, equipment, policies, and other organizational resources that will be used to support mobile clinic operations;
- Any additional staffing, equipment, systems, training, or other resources that must be secured before services begin; and
- How staffing and operational capacity will be maintained to support both mobile clinics throughout the contract period.

Character Limit: 5000

Community Partnerships & Outreach*

Describe any partnerships or collaborations that will support the proposed project and the role of each partner.

In your response, address:

- Existing or anticipated partners and the role each will play in supporting the project;
- Partnerships that will support specialty care, referrals, follow-up services, and other healthcare needs that cannot be addressed through the mobile clinics;
- Relationships with local brick-and-mortar healthcare providers that will support continuity of care for patients served through the mobile clinics;
- If your organization does not have a permanent healthcare location within the Coachella Valley, how you will partner with local providers to ensure patients can access appropriate follow-up and ongoing care; and

- If your organization does not have the internal capacity to dispense prescription medications at the point of service, please identify the local pharmacy(ies) with which you will partner and describe how patients will access prescribed medications through those partnerships.

Character Limit: 5000

Data Collection and Reporting Capacity*

Describe your organization's process for collecting, tracking, and reporting the data required for this project.

In your response, address:

- Your anticipated patient intake and data collection process;
- The systems, platforms, or tools that will be used to capture, track, and analyze required performance measure data;
- The staff or departments responsible for data entry, data quality, analysis, and reporting;
- Existing data collection and reporting infrastructure that will be used for the project and any applicable HIPPA protocols; and
- Any additional systems, processes, staffing, training, or other resources that will need to be implemented to meet the project's data collection and reporting requirements.

Character Limit: 5000

Timeline & Readiness*

Describe your organization's readiness and anticipated process for beginning operations of both District-owned mobile medical clinics in December 2026.

In your response, address:

- Key implementation activities that must occur before services begin;
- The anticipated timeline for completing staffing, onboarding, credentialing, mobile unit licensing, contracting, training, equipment preparation, workflow development, and other startup activities;
- Any outstanding needs, dependencies, or anticipated challenges that could affect implementation; and
- How your organization will ensure both mobile clinics are prepared to begin services by the required start date.

Character Limit: 5000

Reporting Metrics and Service Deliverables

Reporting Metrics and Service Deliverables

The selected Operator is required to meet the estimated service delivery expectations outlined below and report on the associated reporting metrics and deliverables throughout the contract period.

The tables below identify the required clinic types, estimated deployment schedule, service targets, and anticipated patient volumes. Patient volumes are intended as targets and may vary based on community need, clinic location, and other operational factors.

General Mobile Unit Reporting Metrics

General Reporting Metrics:
• **Mobile Clinic Deployments**– Number of clinic deployments • **Geographic Reach by ZIP Code** – ZIP codes in which mobile clinic services were provided • **Patients Served** – Number of unique individuals receiving services, categorized by demographic, socioeconomic, and geographic characteristics and clinic type • **Patient Encounters** – Number of patient visits and service encounters, categorized by clinic type • **New Patients Served** – Number of first-time patients receiving services • **Returning Patient Utilization** – Number of patients receiving repeat services • **Patient Insurance Coverage Status** – Number of patients served, categorized by insurance type (uninsured, Medi-Cal, Medicare, commercial, other) and clinic type • **Mobile Clinic Operating Hours** – Number of hours the mobile clinic was operational and available to provide services • **Prescriptions Issued** – Number of prescriptions issued, categorized by medication type • **Preventive vs. Acute Care Encounters** – Number of patient encounters for preventive care (screenings, immunizations, wellness visits, health education) and number of encounters for acute or urgent care • **Average Cost per Visit** – Average cost per patient encounter, categorized by clinic and service type, and location • **Average Visit Duration** – Average length of patient encounters, categorized by clinic and service type, and location • **Average Patient Wait Time** – Average wait time between patient check-in and start of service delivery, categorized by clinic and service type, and location

Evaluation of the General Reporting Metrics*

Write your project evaluation as it corresponds to the provided list of performance metrics referenced above.

Character Limit: 2500

PROJECT DELIVERABLE 1

Deliverable 1:				
Service Category	**Deployment Frequency**	**Number of Clinics**	**Patients per Clinic**	**Number of Patient Encounters**
Population-Based Clinics	10 monthly clinics	180 clinics	15–25	2,700–4,500
Reporting Metrics:				
• **Primary Care Clinic Sessions Conducted** – Number of primary care clinic sessions delivered • **Priority Population Reach** – Number of patients served from priority populations (farmworkers, students, seniors, and unhoused individuals) • **Primary Care Linkage** – Number of patients established with a primary care provider • **Chronic Disease Screening Completion** – Number of screenings completed, categorized by screening type (diabetes, hypertension, and obesity) • **Care Coordination Referrals** – Number of referrals made to specialty care, behavioral health, dental care, and social services				

Evaluation of Deliverable 1*

Write your project evaluation as it corresponds to the project deliverable and the provided list of reporting metrics referenced above.

Character Limit: 2500

PROJECT DELIVERABLE 2

Deliverable 2:				
Service Category	**Deployment Frequency**	**Number of Clinics**	**Patients per Clinic**	**Number of Patient Encounters**
Student Vaccination Clinics	As scheduled with school districts	20 clinics	30–50	600–1,000
Reporting Metrics:				

• **Student Vaccination Clinics Conducted** – Number of vaccination clinics delivered • **Students Vaccinated** – Number of students receiving one or more vaccinations • **Vaccine Doses Administered** – Number of vaccine doses administered, categorized by vaccine type • **School Site Reach** – Number of schools served • **Vaccines for Children (VFC) Participation** – Number of students vaccinated through the VFC program • **Non-VFC Students Vaccinated** – Number of vaccinated students who do not qualify for the VFC program • **CAIR Record Submission Compliance** – Number of vaccination records entered into the California Immunization Registry (CAIR) • **Adolescent Vaccine Administered** – Number of adolescents receiving Tdap and Meningococcal vaccines, categorized by vaccine type

Evaluation of Deliverable 2*

Write your project evaluation as it corresponds to the project deliverable and the provided list of reporting metrics referenced above.

Character Limit: 2500

PROJECT DELIVERABLE 3

Deliverable 3:				
Service Category	**Deployment Frequency**	**Number of Clinics**	**Patients per Clinic**	**Number of Patient Encounters**
Women's Wellness Clinics	Approximately 1 per month	15 clinics	35–45	525–675
Reporting Metrics:				
• **Women's Health Clinics Conducted** – Number of women's wellness clinic sessions delivered • **Cervical Cancer Screenings Completed** – Number of cervical cancer screenings performed • **Follow-Up Care Referrals Issued** – Number of women referred for diagnostic or follow-up care • **Abnormal Screening Detection Rate** – Number of abnormal screening results identified that require follow-up care				

Evaluation of Deliverable 3*

Write your project evaluation as it corresponds to the project deliverable and the provided list of reporting metrics referenced above.

Character Limit: 2500

PROJECT DELIVERABLE 4

Deliverable 4:				
Service Category	**Deployment Frequency**	**Number of Clinics**	**Patients per Clinic**	**Number of Patient Encounters**
Student Athletic Physicals	Scheduled prior to athletic seasons	20 clinics	100–200	2,000–4,000
Reporting Metrics:				
• **Sports Physical Clinics Conducted** – Number of student athletic physical clinics delivered • **Student Athletes Screened** – Number of student athletes receiving sports physical examinations • **School Site Reach** – Number of schools served • **Health Concerns Identified** – Number of students identified with health conditions requiring follow-up care • **Care Coordination Referrals Issued** – Number of referrals issued, categorized by referral type (primary care, specialty care, vision, behavioral health, cardiac evaluation)				

Evaluation of Deliverable 4*

Write your project evaluation as it corresponds to the project deliverable and the provided list of reporting metrics referenced above.

Character Limit: 2500

Acknowledgments

Please review each acknowledgment below and select the appropriate response to confirm your organization's understanding of the project requirements.

Data Collection, Tracking, and Reporting Acknowledgment*

Yes: I understand the required project impact measures and deliverables and confirm that my organization will be able to collect, track, and report the required data throughout the grant term.

No: My organization is not currently able to collect, track, and report all required project impact measures and deliverables throughout the grant term. If you select no, this will not

automatically disqualify you from being considered, but could affect the District's overall evaluation of your proposal.

Choices
Yes
No

Service Area Acknowledgment*
My organization understands that the services funded through this project and the utilization of the DHCD mobile medical units must be limited to residents within the Desert Healthcare District and Foundation's service area, as shown on the service area map. *Click on the map to enlarge.*

Choices
Yes, I acknowledge and understand the terms

Attachments

Attachments
Please upload all required documents below. Ensure files are current, complete, and clearly labeled.

Project Budget and Use of Funds*
Download, complete, and upload the DHCD mobile medical clinics project budget template.

Additionally, please provide a brief budget narrative on the utilization of Desert Healthcare District funds to support the deployment of the mobile medical units.
Character Limit: 1000 | File Size Limit: 4 MB

501(c)3 determination letter*
File Size Limit: 4 MB

Most Recent Financial Statement*
Provide your organization's most recent year-to-date financial statements that include a Profit and Loss Statement (P&L) and Balance Sheet covering a time period within the last three months.

File Size Limit: 4 MB

Current Organizational FY Budget*
File Size Limit: 4 MB

Most Recent FY Audited Financials*
Provide your organization's most recent Fiscal Year End Financial Statements that have been audited by an independent certified public accountant (CPA). Submitted audited financials must cover a time period within the last 18 months.

File Size Limit: 7 MB

Minutes from Board Meeting when Audited Financials were approved*
File Size Limit: 4 MB

Current Strategic Plan*
File Size Limit: 7 MB

List of Board of Directors and Terms*
File Size Limit: 4 MB

Memorandum of Understanding (MOUs) if applicable
File Size Limit: 7 MB

Contact Information

Contact Information
Please list the primary contact person for this project. This should be the individual responsible for submitting required forms, responding to requests, and making any necessary revisions to the application or project documentation.

Contact Person*
Character Limit: 250

Contact Person's Job Title*
Character Limit: 250

Contact Person's Phone Number*
Character Limit: 30

Contact Person's Email Address*

Character Limit: 254