DESERT HEALTHCARE
DISTRICT & FOUNDATION

REQUEST FOR PROPOSALS (RFP)
RFP # P2-001
RELEASE DATE: 09/16/26

COMMUNITY-BASED MOBILE MEDICAL SERVICE DELIVERY AND OPERATIONS

RFP SUBMISSION DEADLINE: 10/14/26

PROPOSAL CONTACT: aespinoza@dhcd.org

DESERT HEALTHCARE DISTRICT AND FOUNDATION
REQUEST FOR PROPOSALS

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I. TIMELINE

The RFP process will operate along the following timeline: [Note: The Desert Healthcare District & Foundation (DHCD&F) reserves the right to modify the stated schedule of events at any time.]

Date	Activity
September 16, 2026	Release Request for Proposals.
October 1, 2026	Bidder's Meeting at 10 am via Zoom. Click here to RSVP.
October 14, 2026	Applications due to the Desert Healthcare District and Foundation via electronic submission at 11:59 pm. Please reference the Start Application section for links to apply.
October 15, 2026 to October 29, 2026	Internal review of submitted applications and application consultation.
November 12, 2026	Program Committee reviews staff recommendations.
November 24, 2026	Board of Directors approves operator(s).
December 1, 2026	Contract period begins.
December 1, 2026 to June 30, 2028	Contract Period.

The Desert Healthcare District and Foundation reserve the sole right to determine the timing and content of the responses to all questions and requests for additional information.

Questions and information requests can be submitted to:

Desert Healthcare District and Foundation Staff:

Alejandro Espinoza, MPH
Chief of Community Engagement
E-mail: aespinoza@dhcd.org

II. BACKGROUND

The Desert Healthcare District & Foundation (DHCD&F) includes more than 400,000 residents and encompasses the entire Coachella Valley. The mission and vision of the District and Foundation focus on the advancement of community wellness in the Coachella Valley:

MISSION: To improve health access and outcomes for all District residents through strategic funding and partnership-building to advance resilient communities.

VISION: To achieve optimal health at all stages of life for all District residents.

The Desert Healthcare District and Foundation (DHCD&F) are expanding their role beyond traditional grantmaking to serve as a regional health system amplifier—acting as a convener, catalyst, and leader to improve health access and outcomes across the Coachella Valley.

III. PURPOSE FOR THE REQUEST FOR PROPOSALS

The District owns two fully equipped mobile medical clinics (Appendix A) and is seeking one qualified nonprofit organization, Federally Qualified Health Center (FQHC), community clinic, hospital system, or other licensed healthcare provider to manage and operate both units. The selected Operator will be responsible for providing comprehensive operational, clinical, and administrative management of the mobile clinic program while working collaboratively with the District to expand equitable access to healthcare services across the Coachella Valley.

This Request for Proposals directly aligns with Pillar 2 (Awareness & Access) of the District's 2027–2031 Strategic Plan:

- Goal 2.1 (Awareness): Increase community awareness of the health services and resources available across the District.
    - Key Initiative 2.1.1 (Connected Care Navigation): Support a coordinated, culturally responsive approach to health awareness and navigation so residents can more easily understand what services and resources exist and be connected to them across the District.
- Goal 2.2 (Access): Reduces structural barriers that prevent residents from obtaining necessary medical and behavioral healthcare.
    - Key Initiative 2.2.2 (High-Need Access Expansion): Prioritizes funding for innovative, community-based care delivery models that expand access for underserved populations, ensuring services are timely, accessible, and culturally responsive regardless of financial or geographic constraints.

As part of its effort to establish itself as a Health Systems Amplifier, DHCD&F staff will lead the following workstreams to facilitate successful implementation of the mobile medical services, including but not limited to the following:

- *Host Site Coordination:* Develop and coordinate Memoranda of Understanding (MOUs) with clinic host sites and community partners.
- *Registration & Scheduling:* Assist with patient registration, appointment scheduling, and coordination with host sites.
- *Case Management:* Support institution-neutral patient navigation, referrals, follow-up, and connection to appropriate healthcare and community resources.
- *Community Outreach:* Coordinate outreach efforts with community-based organizations, schools, and other partners to promote clinic participation.
- *Marketing & Communications:* Support the promotion of clinics through DHCD&F communication, marketing, and outreach channels.
- *Partner Coordination:* Facilitate communication and coordination among the Operator, host sites, school districts, and other community partners.
- *Data Collection & Reporting:* Responsible for collecting, maintaining, analyzing, and reporting accurate and timely program data, including performance metrics and outcomes, to support program evaluation, accountability, and continuous improvement.

The District envisions the mobile clinic program as more than a mobile doctor's office. It is intended to serve as a community health resource that delivers primary and preventive healthcare, promotes early intervention, increases health education, provides behavioral health screening and referrals, connects residents to ongoing medical homes, and links individuals with community resources that address social determinants of health.

IV. STATEMENT OF NEED

Access to timely, affordable, and culturally responsive care remains a critical hurdle across the Coachella Valley. According to the *Community Clinical & Social Needs Assessment* conducted by Huron Consulting Group, the region faces a severe shortage of 236 physicians—predominantly concentrated in primary care (internal medicine, pediatrics, and OB/GYN)—and social risk factors are 41% higher in designated high-risk zip codes such as Mecca, Thermal, Desert Hot Springs, and Coachella [1]. Primary barriers captured in the Desert Healthcare District & Foundation (DHCD) *Strategic Planning Community Engagement Report* include provider shortages (66.96%), long appointment wait times (61.61%), and cost or lack of insurance (57.14%) [2]. Triennial survey data from Health Assessment and Research for Communities (HARC) indicates that nearly 60% of local families survive on less than $50,000 annually, with childhood uninsured rates in rural pockets reaching 10.2%—double Riverside County's average (5.0%) and six times California's rate (1.6%) [3].

1. Huron Consulting Group. (2023). *Coachella Valley Community Clinical & Social Needs Assessment*. Desert Healthcare District & Foundation.
2. Sowen. (2023). *Strategic Planning Community Engagement Report*. Desert Healthcare District & Foundation.
3. Health Assessment and Research for Communities. (2022). *Coachella Valley Executive Report: Triennial Regional Community Health Assessment*. HARC.

When preventive care is delayed, manageable health conditions often become more serious, resulting in poorer health outcomes, higher healthcare costs, and increased utilization of emergency departments for non-emergency conditions. Expanding access to community-based healthcare is essential to improving population health, reducing disparities, and ensuring every resident has the opportunity to achieve optimal health.

Mobile healthcare directly answers the Huron Report's explicit recommendation to expand mobile clinics and non-traditional care models to reach high-risk populations. By bringing bilingual, low- or no-cost primary and preventive services directly into agricultural hubs, community centers, and rural neighborhoods, mobile units eliminate transit barriers, build trust, and establish an accessible entry point to connect isolated residents with long-term primary care homes.

V. ORGANIZATIONAL ELIGIBILITY

The District seeks proposals from qualified organizations with demonstrated experience operating community-based healthcare programs and the capacity to successfully manage mobile healthcare operations.

Applicants must demonstrate the organizational infrastructure, staffing capacity, financial stability, and operational experience necessary to successfully operate two District-owned mobile medical clinics.

Applicants must be eligible to receive grants pursuant to Policy OP-05

To be eligible for this funding opportunity, applicants must:

- Be a 501(c)(3) Nonprofit and tax-exempt organization, a governmental, tribal, or public entity, including healthcare service providers such as federally qualified health centers, and local clinics.
- Directly serve Coachella Valley residents living within the Desert Healthcare District and Foundation's boundaries.
- Have current audited financial statements.

VI. SCOPE OF SERVICES

The selected Operator shall be responsible for the complete operation and management of both District-owned mobile medical clinics.

A. Licensing and Regulatory Compliance

The Operator shall:

- Have and maintain all required federal, state, and local licenses, permits, certifications, and approvals.
- Operate the mobile clinics in compliance with all applicable California Department of Public Health, Centers for Medicare & Medicaid Services (CMS), OSHA, HIPAA, and other applicable federal and state regulations.
- Must be an active and approved Vaccines for Children (VFC) provider
- Maintain all applicable insurance coverages including, but not limited to:
    - Medical Professional Liability (Malpractice) Insurance

- General Liability (GL) Insurance
- Commercial Auto Insurance (Specialty Unit / Commercial Vehicle)

B. Medical Services

The mobile medical services will focus on four priority areas: population-based clinics, student vaccination clinics, women's wellness clinics (Pap smears), and student athletic physicals. The selected Operator will work with community partners to deliver accessible, culturally responsive medical services and help reduce barriers to healthcare.

- *Population-Based Primary Care Clinics:* Provide preventive and primary medical services to priority populations, including, but not limited to: students, individuals experiencing homelessness, seniors, and agricultural workers. Services may include health screenings, chronic disease management, behavioral health screenings, and vaccinations. Clinics may be conducted at schools, shelters, senior centers, agricultural worksites, and other community locations.
- *Student Vaccination Clinics:* Provide recommended childhood and adolescent vaccinations at schools and other youth-serving locations, including vaccine education, eligibility screening, documentation, and required reporting.
- *Women's Wellness Clinics:* Provide preventive women's health services, with a focus on cervical cancer screening (Pap smears) for uninsured and underserved women. Services shall include patient education, examinations, specimen collection, laboratory coordination, results notification, follow-up, and referrals as needed.
- *Student Athletic Physicals:* Provide pre-participation sports physical examinations for middle and high school students, including completion of required athletic clearance forms, health education, and referrals for follow-up care when appropriate.

C. Mobile Medical Clinic Deployment Schedule

The deployment schedule reflects an estimated 70 weeks of active clinic operations distributed across the 19-month contract period. This timeline incorporates an initial program ramp-up phase and provides operational flexibility to accommodate holidays, extreme weather events, staff time-off, host-site schedule adjustments, and unforeseen cancellations.

Projected deployment frequencies and service volumes are informed by historical data and performance from previous deployment periods and are intended to provide reasonable estimates for planning and implementation purposes.

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

Student Vaccination Clinics	As scheduled with school districts	20 clinics	30–50	600–1,000
Women's Wellness Clinics	Approximately 1 per month	15 clinics	35-45	525–675
Student Athletic Physicals	Scheduled prior to athletic seasons	20 clinics	100–200	2,000–4,000

The Operator shall work collaboratively with the Desert Healthcare District & Foundation, school districts, healthcare providers, and community-based organizations to establish clinic dates, locations, and target populations. Deployment schedules may be adjusted based on community needs, seasonal demands, and operational considerations, provided the annual service targets are achieved.

D. Staffing

The Operator shall provide all personnel necessary for successful operations, including clinical, administrative, and support staff.

Staffing should be sufficient to ensure safe, efficient, culturally responsive, and high-quality patient care.

Demonstrated training/proficiency in culturally responsive primary care service delivery, including, but not limited to:

- Staff Qualifications & Training
- Linguistic Access & Communication
- Affirming & Inclusive Service Delivery

E. Equipment and Logistical Support

The Operator shall provide all operational support necessary for clinic operations, including:

- Medical equipment and supplies
- Pharmaceuticals, vaccines, and clinical materials
- Electronic Health Record (EHR) system
- Tables, chairs, tents, signage, and outreach materials
- Biomedical waste handling and disposal
- Inventory management
- Daily operational setup and breakdown
- Operator coverage of all insurance expenses

The Operator shall also provide secure overnight storage for both mobile clinic vehicles and maintain vehicle cleanliness between deployments.

VII. REPORTING & PERFORMANCE MEASUREMENTS

The selected Operator will be required to track, analyze, and regularly report operational and clinical performance metrics to ensure program efficiency, quality of care, and accountability.

The Operator must maintain a secure, standardized data collection workflow for all mobile clinic unit and trailer visits, providing the District with monthly summary reports.

The Operator shall execute and maintain a HIPAA-compliant Data Sharing Agreement with the District prior to service delivery, establishing protocols for the secure exchange and reporting of aggregated screening results and outcome metrics while strictly excluding personally identifiable health information.

Detailed guidelines on mandatory reporting metrics are provided in Appendix B.

VIII. APPLICATION SUBMISSION GUIDELINES

The link to submit a grant application can be found on the Desert Healthcare District and Foundation's website under the *Request for Proposals* tab on the side Menu: https://dhcd.org/Request-for-Proposals.

All applicants submit applications in an online grant portal. To access the application, organizations must have an active account with the Desert Healthcare District and Foundation's grant portal, Foundant.

- If your organization already has an account, please click the link in Section XI to submit an application for this request for proposals.
- If your organization already has an account, but needs a password reset, please select the "Forgot your Password" button following the link in Section XI.
- If your organization does not have an account, you can create one by clicking on the link in Section XI and selecting the "Create New Account" button.

In order to submit a complete application in Foundant, all organizations are required to include the following supportive documentation:

- 501(c)3 determination letter
- Project budget using the DHCD budget template
- 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.
- Most Recent Year-To-Date Financial Statement that includes a Profit and Loss Statement (P&L) and Balance Sheet covering a time period within the last three months.
- Current Organizational FY budget
- Minutes from Board Meeting when Audited Financials were approved
- Current Strategic Plan
- Memorandum of Understanding (MOUs) if applicable
- List of Board of Directors and Terms

The grant contract period will be for 19-months, beginning December 1, 2026, and ending June 30, 2028.

Upon completion of the initial term, this grant agreement may be extended for additional two-year terms at the sole discretion of the District, contingent upon satisfactory program and fiscal evaluation, the continued availability of funds, and the execution of a formal written amendment signed by both parties.

IX. REPORTING GUIDELINES

The selected organization will be required to submit monthly progress reports, and a final report at the conclusion of the project. Reports shall include a narrative summary of progress toward meeting project deliverables, challenges and barriers encountered, successes and accomplishments, and relevant success stories. Reports must also include quantitative data and performance metrics demonstrating progress toward the identified goals and objectives.

Additionally, for the financial aspect of the project, the District and Foundation require submission of a budget report, payroll documentation, invoices and proof of payment, receipts, and other supporting expense documentation during each progress report period. Final reports include narrative questions about the entirety of the project. Additional details, timelines, and instructions will be provided in the grant contract and during post-award meetings.

Additional details regarding fiscal and programmatic requirements, timelines, and reporting protocols will be provided during the post-award meeting with District staff.

X. RFP SELECTION CRITERIA

Proposals will be evaluated based on the organization's qualifications, experience, capacity, and proposed approach to delivering accessible, high-quality medical services to underserved populations in the Coachella Valley.

The selection process will consider the following criteria:

- *Organizational Qualifications & Experience:* Relevant experience providing medical services to underserved and vulnerable populations.
- *Licensing & Compliance:* All required professional, clinical, business, and facility/mobile clinic licenses and certifications must be current and maintained throughout the contract period.
- *Service Delivery Approach:* Ability to meet the required clinic deployment schedule, patient targets, and service requirements.
- *Staffing & Capacity:* Qualified clinical and administrative staff sufficient to successfully implement the scope of work.
- *Community Partnerships & Outreach:* Demonstrated ability to engage schools, community organizations, and other local partners.

- *Data & Reporting:* Ability to collect required performance data and submit monthly and final reports.
- *Timeline & Readiness:* Ability to begin services within the proposed contract timeline and demonstrate readiness to deploy services upon contract execution.
- *Budget & Cost Effectiveness:* Reasonableness and cost-effectiveness of the proposed budget relative to the services and outcomes proposed.

XI. START APPLICATION

If you are new to applying to the Desert Healthcare District and Foundation, click here to create an account: https://www.grantinterface.com/Home/Logon?urlkey=dhcd.

If your organization already has an account with the Desert Healthcare District and Foundation, but needs a password reset, please select the “Forgot your Password” button from the following link: https://www.grantinterface.com/Home/Logon?urlkey=dhcd.

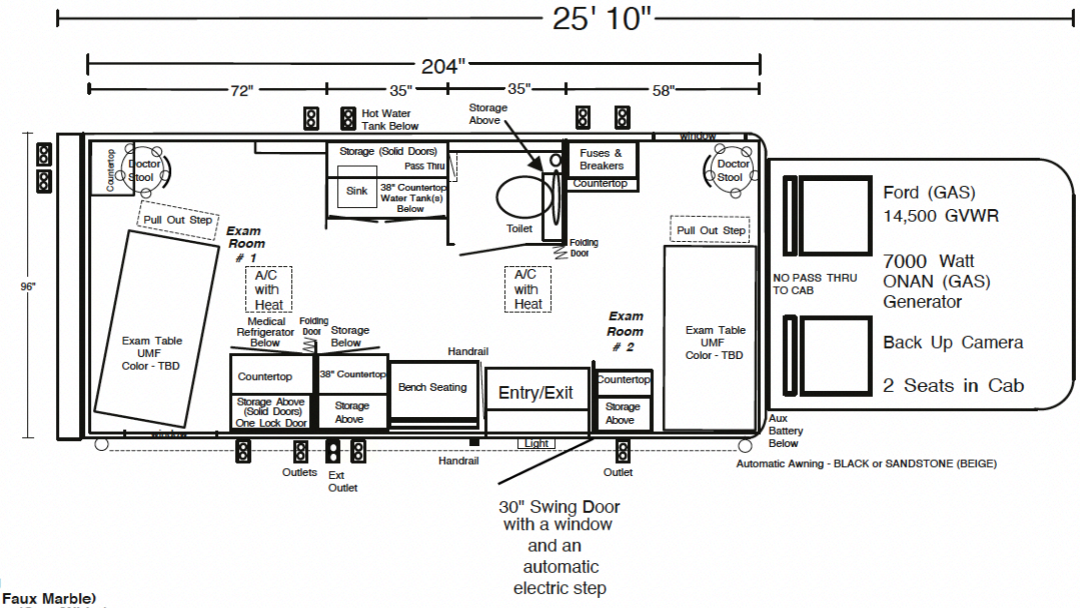
If you already have a grant portal account with the Desert Healthcare District and Foundation, click here to apply: https://www.grantinterface.com/Home/Logon?urlkey=dhcd.

Do not submit your application until you have attended the mandatory Bidder’s Meeting on **October 1, 2026, from 10 am to 11 am via Zoom.** Click here to register for the bidder’s meeting. Should you have any questions regarding this Request for Proposals or need technical assistance with the District and Foundation’s grant portal, please email info@dhcd.org.

Index of Appendices

Appendix A
Medical Mobile Clinic & Medical Trailer Floorplans & Specifications

26 Ft Medical Mobile Clinic
with Two Private Exam Rooms, Center waiting area with sink & Bathroom

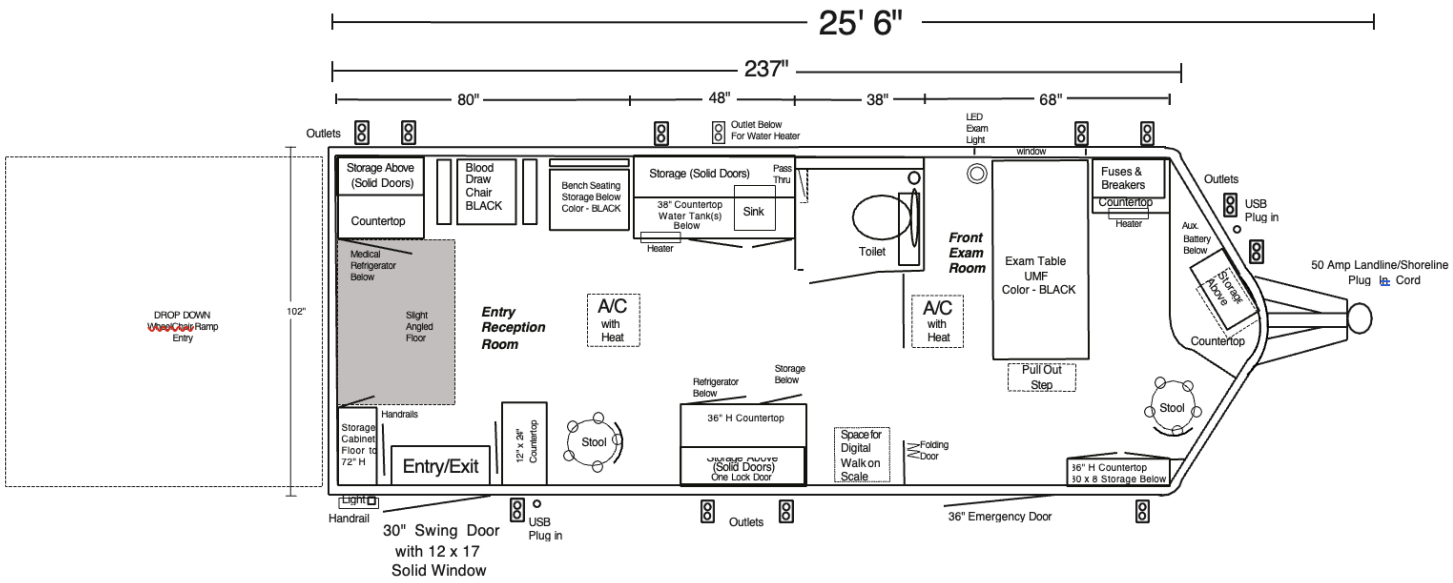


Includes:

Commercial Black Flooring
Counter Top Color (White Faux Marble)
Cabinet & Interior Wall Color (Grey/White)
Center Entry/Exit with 30" Swing Door
Video Camera for Backing Up
ONAN EFI Gasoline Generator 7K
AGM Battery and Charger
Bench Seat (Color - TBD)
Two A/C Units with Heat - T-Stat Controlled
One Locking Upper Cabinet
Exam Table in Rear Room (Color - TBD)
Dr. Stools (Color - BLACK)
Includes all Standard Features

25 Ft Medical Trailer

with Private Exam Room



Includes:

Exam Table - UMF - Color - BLACK
Cabinets & Storage to Floorplan
Aux Battery and Charger
15 Gallon Fresh Water Tank & Grey Tank
Two (2) A/C Units with Heat Pump and T-Stat
1 Window (30x18) with Screen & Blind
Black Commercial Flooring - (Manor Oak)
Grey Interior laminate on cabinets & interior walls
Faux Marble Countertop (White)
Bench Seat - Color - BLACK
All Standard Features Included

Appendix B
Reporting Metrics & Requirements

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

Population-Based Primary Care Clinics- 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

Student Vaccination Clinics: 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

Women's Wellness Clinics: 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

Sports Physical Clinics: 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)