



**18618**

**Managed Service Provider for Traveling Medical Staff**

Issue Date: 6/17/2026

Questions Deadline: 6/26/2026 03:00 PM (CT)

Response Deadline: 7/13/2026 03:00 PM (CT)

**Contact Information**

Contact: Renee Funk

Address: Purchasing

PCO

202

202 PCO

Iowa City, IA 52242-2500

Phone: (319) 335-0382

Email: renee-funk@uiowa.edu

## Event Information

Number: 18618  
Title: Managed Service Provider for Traveling Medical Staff  
Type: Request for Qualifications - Sealed  
Issue Date: 6/17/2026  
Question Deadline: 6/26/2026 03:00 PM (CT)  
Response Deadline: 7/13/2026 03:00 PM (CT)  
Notes: The objective of requesting proposals is to acquire services of a reputable and proven supplier with a demonstrated ability to be a managed service provider for placement and management of University medical agency traveling staff, hereafter Managed Service Provider (MSP).

**Please be aware that this is an extensive bid. All Suppliers are cautioned to allow ample time for the submittal of responses well before the due date required.**

## Billing Information

Contact: AP  
Address: AP  
PCO  
202  
202 PCO  
Iowa City, IA 52242-2500  
Phone: (319) 335-0379

## Bid Attachments

### Standard Terms and Conditions 2026.04.24 FINAL.pdf

[Download](#)

University of Iowa Standard Terms and Conditions accessibility update 2026.04.24

### Professional-Services-Agreement-with-Travel-Addendum-2026.02.25-FINAL Accessible.docx

[Download](#)

Professional Services Agreement with Travel Addendum with Accessibility Update

### RFQL 18618 Supplier Demonstrated Book of Business.xlsx

[Download](#)

Suppliers are **required** to complete the attached spreadsheet and include as part of submission within the eBid system by the bid close date and time. This requirement is tied to section 5.c.vii of the bid document.

### RFQL 18618 Managed Service Provider for Traveling Medical Staff\_Final.pdf

[Download](#)

The scope of work for this RFQL is detailed within this document.

## Requested Attachments

### Proposal

*(Attachment required)*

Supplier must provide a detailed proposal as described in the attachment 'RFQL 18618 Managed Service Provider for Traveling Medical Staff\_Final.'

RFQL 18618 Supplier Demonstrated Book of Business

(Attachment required)

Suppliers are required to download, complete, and attach completed Excel document 'RFQL 18618 Supplier Demonstrated Book of Business' as part of their proposal submission within the eBid system.

Audited Financial Statements

(Attachment required)

Supplier must provide audited financial statements as requested in Attribute #18.

Bid Attributes

1	<p><b>Managed Service Provider for Traveling Medical Staff Proposal</b></p> <p>The objective of requesting proposals is to acquire services of a reputable and proven supplier with a demonstrated ability to provide Managed Service Provider Services for Traveling Medical Staff as detailed within this Request for Qualifications.</p> <p>Complete scope of work is detailed within the attachments section of this RFQL in the documents titled 'RFQL 18618 Managed Service Provider for Traveling Medical Staff_Final' and 'RFQL 18618 Supplier Demonstrated Book of Business.'</p> <p>Suppliers shall submit proposals within the eBid tool by utilizing the 'Response Attachment's' section.</p> <p><b>Please confirm acceptance and understanding.</b></p> <p><input type="checkbox"/> Read and Accepted <i>(Required: Check if applicable)</i></p>
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Bid Lines

1	<p>Pricing proposals should be submitted as part of Supplier's response that is uploaded and submitted as a 'Response Attachment' within the eBid system.</p> <p>Please enter zero (0) on this line item.</p> <div><div>Price: \$</div><div>Total: \$</div></div> <p>Supplier Notes: _____</p> <div><div><input type="checkbox"/> No bid</div><div><input type="checkbox"/> Alternate specification <i>(Attach separate sheet)</i></div><div><input type="checkbox"/> Additional notes <i>(Attach separate sheet)</i></div></div>
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**Item Attributes**

**1. Fee Details**

Submit in detail, Supplier's service fee structure for these services including, but not limited to, reimbursable and non-reimbursable items. The Supplier should clearly delineate fee structure and how fees related to services performed. All fee structures are appropriate, e.g. fee for service (not to exceed), fixed fee, and combination of fee for service and fixed fee.

*(Required: Maximum 4000 characters allowed)*

Supplier Information

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Supplier Notes

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By submitting your response, you certify that you are authorized to represent and bind your company.

Print Name

Signature