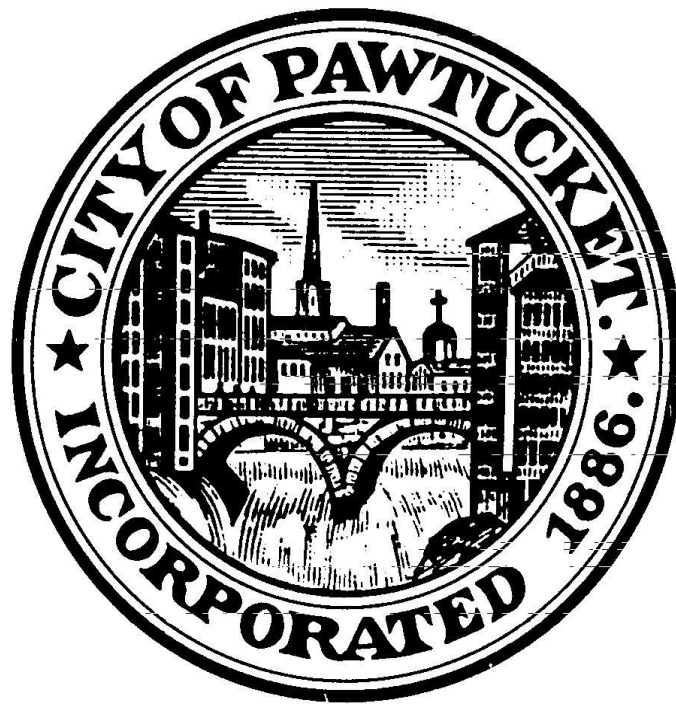


CITY OF PAWTUCKET

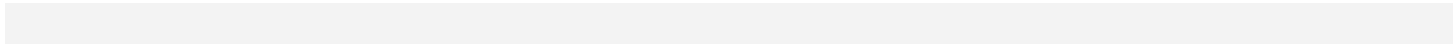
REQUEST FOR INFORMATION



21-010

**For Alternative Uses of Memorial Hospital Charitable
Trust Funds**

Contents:

- 1.0 Project Notice
 - 2.0 Instructions and Notifications to Bidders
 - 3.0 Scope of Work
 - 4.0 Review of Proposals and Recommendations to Trustee
- 

1.0 – Project Notice

Bank of America (“Trustee”) serves as Trustee of several trusts (the “Trusts”) that were established, among other things, to donate a percentage of annual earnings to provide free services for the vulnerable communities of Pawtucket and Blackstone Valley (the “Vulnerable Community”) at Memorial Hospital. Now that Memorial Hospital has closed, and the Vulnerable Community can no longer be serviced at Memorial Hospital, under the law of *cy pres*, an alternative beneficiary must be recommended by the Trustee to the Superior Court. When the Trustee proposes an alternative beneficiary to the Superior Court, the Attorney General, in its statutory role as the voice of the public, will advise the Court as to whether or not it supports the Trustee’s recommendation.

An Advisory Committee (the “Committee”) has been appointed by the Mayor of the City of Pawtucket in order to assist the Trustee in searching out alternative beneficiary proposals for prudent use of annual Trust income. The amount of Trust income that will be distributed to the alternative beneficiary will range on an annual basis depending on the performance of the Trust’s investments. Over the past several years, Trust income has generally ranged between approximately \$283,000 and \$387,000.

NOTE: The alternative beneficiary will not be receiving a particular sum certain on an annual basis. Rather, the alternative beneficiary will be receiving all or a percentage of the annual Trust income which previously had been allocated for charitable care for the Vulnerable Community at Memorial Hospital.

The Committee seeks applications from entities proposing to use annual Trust income as alternative beneficiaries in a manner that will most closely honor the original intent of the donors to these Trusts: providing health related services needed by the Vulnerable Community as a result of the closure of Memorial Hospital.

All interested applicants are invited to a Q & A workshop via ZOOM on:

February 16 at 11:00 am

or

February 16 at 6:30 pm

To register for the workshop and to receive the ZOOM link, please send email to:

CLopezEstrada@PawtucketRI.com

**OPEN CALL FOR REQUEST FOR INFORMATION (RFI) – SUBMITTALS WILL BE
CONSIDERED AS RECEIVED – RFI Submission Deadline:**

Monday, March 8, 2021 by 5:00 PM

Late submittals will not be considered.

Proposals may be emailed, faxed, hand-delivered or sent via US Post Office to:

Memorial Hospital Trust Advisory Committee
137 Roosevelt Avenue
Pawtucket, RI 02860
Attn: Carlos Lopez Estrada, Deputy Director of Administration

Fax to: 401-723-8620

Email to: CLopezEstrada@PawtucketRI.com

*** Submissions will receive a written verification of receipt.**

If you DO NOT receive a written verification of receipt within 7 days of submission of your application, please contact Carlos Lopez Estrada via telephone at 401-728-0500 x281 or via email at:

CLopezEstrada@PawtucketRI.com .

2.0 - Instructions and Notifications to Applicants

- The Committee reserves the right to amend or modify the RFI at any time during the solicitation process, prior to the *RFI Submission Deadline*. All amendments and modifications will be posted on the City's website in the form of an Addendum. It is the responsibility of the applicant to check the website: www.pawtucketri.com.
- An application may be withdrawn by written request to the Committee by the applicant prior to the *RFI Submission Deadline*.
- Prior to the *RFI Submission Deadline*, changes may be made in writing to a submitted application. No changes to an application shall be made after *RFI Submission Deadline*.
- Applications are considered irrevocable for a period of not less than ninety (90) days following the *RFI Submission Deadline*, and may not be withdrawn, except with the express written permission of the Committee.
- The applicant has full responsibility to ensure that the application arrives at Pawtucket City Hall prior to the *RFI Submission Deadline*. The Committee assumes no responsibility for delays caused by the U.S. Postal Service or any other delivery service. Postmarking by the due date will not substitute for actual receipt of an application by the *RFI Submission Deadline*. Applications arriving after the *RFI Submission Deadline* may be returned, unopened, to the applicant, or may simply be declared non-responsive and not subject to evaluation, at the sole discretion of the Committee.
- Applicants are advised that all materials submitted to the Committee for consideration in response to this Request for Information shall be considered public records as defined in Title 38 Chapter 2 of the Rhode Island General Laws, without exception, and may be released for inspection immediately upon request once an announcement to proceed has been made.
- Applicants are responsible for errors and omissions in their proposals. No such error or omission shall diminish the Applicant's obligations to the Committee.
- The Committee has the right to waive any defects deemed by the Committee, in its sole discretion, to be minor irregularities in any submitted application.

- All material submitted in response to this RFI shall become the property of the Committee upon delivery to the Committee.
- There is no official, public opening of applications. The Committee asks that applicants refrain from requesting proposal information concerning other applicants until the Committee makes its recommendations to the Trustee, as a measure to best protect the solicitation process, including in the event of a cancellation or re-solicitation.
- The Committee may issue a new RFI with modifications based on information learned from the initial round or other changing circumstances, or may terminate or suspend the solicitation process at any time.
- All applicants will be listed on the City of Pawtucket’s website: www.pawtucketri.com.
- The Committee may recommend to the Trustee that the annual Trust income be divided between more than applicant.
- The Attorney General’s statutory and common law role is to protect charitable assets and ensure donative intent is honored.
- All applicants must be Rhode Island Section 501(c)3 non-profit organizations.
- The Trusts’ purposes, among other things, were originally to benefit the general purposes of Memorial Hospital, a charitable organization that serve the communities of the surrounding areas.
- Any recommendation of an applicant by the Committee to the Trustee in no way guarantees that the applicant will be named as an alternate charitable beneficiary as that ultimate decision will be made by the Superior Court.
- The alternative beneficiary approved by the Superior Court will be requested to make an annual presentation at City Hall in Pawtucket regarding how the Trust funds paid during that past year were used by the alternative beneficiary and how the use of those funds benefited the Vulnerable Community.

3.0 – SCOPE OF WORK

Applications should include proposals to provide critical health care services not currently met due to the closure of Memorial Hospital. These may include, but not be limited to: pediatric mental and behavioral health; eldercare safety and quality of life services; prenatal and infant care for disadvantaged populations; family health and wellness programs, including diabetes education and treatment; oral health; and emergency services.

Each applicant must submit the following information/documentation:

1. Title of the program or service.
2. Description of program or service.
3. A statement indicating how the program or service need is not currently being met, including specific geographic or population data.
4. Number of individuals that the program or service will serve.

5. Geographical location within the Blackstone Valley that the program or service will serve.
6. Budget for the program or service.
7. Indicate present or potential collaborative partners to maximize service and clientele served.
8. List other avenues of funding being pursued for the program or service.
9. Provide three (3) letters of support about the organization in general and the program or service in particular.
10. Attach a copy of the last audited financial statement of the organization.
11. Provide a copy of your 501(c)3 certificate.

All applications and supporting documentation are due in a single packet by:

Monday March 8, 2021 at 5:00 PM.

Proposals may be emailed, faxed, hand-delivered or sent via US Post Office to:

**Memorial Hospital Trust Advisory Committee
137 Roosevelt Avenue
Pawtucket, RI 02860
Attn: Carlos Lopez Estrada, Deputy Director of Administration**

Fax to: 401-723-8620

Email to: CLopezEstrada@PawtucketRI.com

** Submissions will receive a verification of receipt.*

If you DO NOT receive a written verification of receipt within 7 days, please contact Carlos Lopez Estrada via telephone at 401-728-0500 x281 or via email at: CLopezEstrada@PawtucketRI.com

On an **ANNUAL BASIS**, awardees will be required to complete and deliver to the Trustee the attached Annual Outcome Report outlining the progress of the program or service.

(see last page for form)

4.0 – Review of Proposal and Recommendation to Trustee

All qualified applications will be forwarded to the Committee for review.

The Committee will review and analyze each qualified application and attempt to reach consensus as to which application(s) the Committee should recommend to the Trustee as an alternative beneficiary.

The Committee will make its recommendations to the Trustee in the form of a narrative explaining the reasons for its recommendations.

The Committee will send copies of all qualified applications to the Trustee and to the Rhode Island Attorney General.

If you have any questions, please call Carlos Lopez Estrada at 401-728-0500 (ex. 281).

Bank of America/City of Pawtucket
Memorial Hospital Trust

Grant Outcomes Report

Organization Name: _____ Award Date: _____

Project Name : _____

Project Contact Person & Title: _____ Phone _____

Email address: _____ Date report submitted: _____

EIN # _____ Please indicate below exactly how the grant dollars were spent:

Program Expenses: (list by category) (use separate sheet for additional expenses)

_____	\$
_____	\$
_____	\$

Funding support received from other organizations for this project:

_____	\$
_____	\$
_____	\$

Totals project cost _____ \$

Balance of grant funds not yet expended for this project (if any): _____ \$

Briefly describe the goal of this program (refer to the goals listed on the grant application):

Briefly describe the impact of the program (results) as compared to the above goals:

OPTIONAL: Please share a story that illustrates the impact of this project on the community.
(attach a separate sheet).

Submitted by: _____ Date _____
(please print)

Title _____