



Request for Proposal  
Dental Laboratory Services

Release date: September 28, 2026

Submittal date: October 16, 2026

## **Table of Contents**

|                                                                         |   |
|-------------------------------------------------------------------------|---|
| Introduction, UCFS, Confidentiality and Bid Delivery Instructions ..... | 3 |
| RFP Terms and Schedule, Scope of RFP, Proposal Format and Content.....  | 4 |
| Specific content related to proposal.....                               | 5 |
| Proof of Insurance, Legal Concerns, Other Matters.....                  | 6 |
| Selection Process .....                                                 | 7 |
| Bid Form .....                                                          | 8 |

## **Introduction**

UCFS is seeking qualified dental laboratories to provide crowns, bridges, complete and partial dentures, and related dental laboratory services, including pricing, turnaround times, delivery, and remakes.

## **UCFS**

United Community and Family Services, Inc. (UCFS) is a nonprofit 501(c)(3) that has served Eastern CT since 1877. Designated as a Federally Qualified Health Center in 2014, UCFS' current scope of project includes Primary Medical Care, including Pediatrics, Adult and Geriatrics; Women's Health/Gynecology; Dentistry and Dental Hygiene; and Behavioral Health including Counseling, Psychiatry, Substance Abuse treatment and Addiction Services including the state's largest Gambling Addiction program.

## **Confidentiality**

This RFP is the property of UCFS and must be held in strict confidence. The RFP contains information regarding UCFS operations and is provided solely for the purpose of submitting a proposal. The Bidder shall not disclose to anyone, other than those who need to know in order to respond to this RFP, any information concerning this RFP. In some cases the selected vendor will need to demonstrate HIPAA compliance and where applicable will be required to enter into a Business Associates Agreement (BAA). If this is required it will be outlined below.

## **UCFS Contact Information**

All questions pertaining to this RFP shall be in written form and sent via email to:  
[lnegron@ucfs.org](mailto:lnegron@ucfs.org).

## **Bid Delivery Instructions**

Submit (2) copies of the complete proposal either by hand or mailed overnight to the name and address listed below. All envelopes must be sealed and all responses to the RFP must be received by 2 PM on October 16, 2026.

United Community and Family Services, Inc.  
Attn: Luis Negrón  
Address: 47 Town Street  
Norwich, CT 06360

## **RFP Terms and Schedule**

| <b>Schedule Milestones</b>     | <b>Date</b>        | <b>Time (where applicable)</b> |
|--------------------------------|--------------------|--------------------------------|
| Issue RFP                      | September 28, 2026 |                                |
| Walk Through                   | Not Applicable     |                                |
| Last Day to Submit Questions   | October 2, 2026    | 5 PM                           |
| Response to Final Questions    | October 7, 2026    | 5 PM                           |
| Bids Due                       | October 16, 2026   | 2 PM                           |
| Bid Opening (where applicable) | Not Applicable     |                                |
| Estimated Bid Award            | October 23, 2026   |                                |
| Anticipated Service Start      | November 1, 2026   |                                |

## **Scope of RFP**

We are seeking vendors to provide pricing and service information for dental laboratory services, including crowns, bridges, complete and partial dentures, and related services such as repairs and relines.

## **Proposal Format and Content**

The proposal shall respond to the following items within the format described.

- **General Letter of Interest**  
Maximum one page including the name of the firm, address, telephone number, email address, website address, facsimile number and contact person.
- **History and Credentials**  
Provide no more than a one page summary that describes your firm's history, years in practice, stability and strength of being able to perform the RFP requirements, health care experience, general qualifications, and scope of services provided.
- **Firm Resources**
  1. Indicate location of corporate headquarters and other divisional offices (if any). Specify which office or offices will be involved in this project.
  2. List specific personnel proposed for the project team. Indicate the role or area of responsibility of each individual.
  3. Include federal tax identification number and if incorporated, state in which incorporated.
- **Pricing Spreadsheet**  
Submit an itemized pricing sheet for crowns, bridges, complete and partial dentures, repairs, relines, and other offered dental laboratory services. Include materials, shipping, rush fees, remakes, and any additional charges.

➤ **Technology**

Please outline electronic resources available for case submission, prescription and file transfer, case tracking, billing statements, order history, and communication with UCFS. Identify any equipment or software UCFS would need.

➤ **Samples**

We reserve the right to request sample restorations, prostheses, or comparable work to assess quality and suitability for UCFS patients.

➤ **Guarantee and Warranty Information**

Outline workmanship guarantees, remake and adjustment policies, applicable warranty periods, and any associated laboratory or shipping charges.

➤ **Promotional Programs or Incentives**

Please describe any volume pricing, promotional programs, or other incentives, identifying the services to which they apply and any conditions.

➤ **Defective Items Handling**

Describe how defective or unacceptable laboratory work will be handled, including remake procedures, turnaround times, return shipping, and responsibility for associated charges.

➤ **Returns Handling**

Describe procedures for returning cases or items, correcting or replacing work, applicable shipping charges, credits, and expected turnaround times.

➤ **Contract Requirements**

Please outline any contractual terms and conditions that must be met in order to secure the stated pricing along with copies of the contract language.

➤ **References**

Submit 2 references.

➤ **Proof of Insurance**

Vendor shall purchase and maintain in full force defect insurance policies with the limits of insurance provided below:

- Commercial General Liability with limits not less than \$1,000,000 per occurrence, \$2,000,000 general aggregate, \$1,000,000 and \$2,000,000 products-completed operations aggregate. Such insurance shall cover liability arising from premises,

operations, independent contractors, product-completed operations, personal and advertising injury and liability assumed under an insured contract.

- Business Automobile Liability with a limit of not less than \$1,000,000 each accident, including owned, non-owned, leased and hired vehicles.
- Statutory Workers Compensation & employers liability coverage for all employees, including corporate officers and sole proprietors.
- Umbrella/Excess Liability with a limit of not less than \$1,000,000 per occurrence/aggregate.

UCFS is to be included as an additional insured on a primary, non-contributory basis for the first bullet in this section.

Vendor agrees to require any and all subcontractors hired to perform work on the contract to obtain insurance coverage as provided above. All such insurance coverage shall name UCFS as an Additional Insured on a primary, Non-contributory basis on form CG2010 11/85 or its equivalent. The foregoing coverages and limits are to be considered as minimum requirements and in no way limit the liability of the Subcontractor.

All policies required by this paragraph shall include a waiver of subrogation in favor of UCFS.

All policies and certificates of insurance shall expressly provide that UCFS must receive 30 days written notice in the event of material alteration, cancellation or nonrenewal of coverage.

➤ **Legal Concerns**

- A. Explain the circumstances and outcome of any litigation, arbitration, or claims filed against your company.
- B. Explain your General Liability Insurance Coverage.
- C. Explain your Professional Liability Insurance Coverage.

➤ **Other Matters**

Various checks will be performed to determine if each vendor and listed subcontractor has any restrictions, suspensions or debarment imposed by the federal government or regulatory body. Should any of these searches indicate a restriction it may result in the Bidder being eliminated from further consideration in the RFP process. Furthermore, should a debarment occur during our relationship this may also require us to sever our relationship with a vendor, supplier, contractor etc.

**Selection Process**

Proposals will be evaluated to determine the proposals that offer the best value to UCFS. The evaluation will be based upon the following criteria:

1. Cost Analysis: Competitive pricing, laboratory fees, shipping, remakes, and overall cost
2. Quality guarantees, remake policies, and incentive programs
3. Experience providing comparable dental laboratory services to UCFS and other customers
4. Credentials of staff to be assigned to the contract
5. Ability to meet required case turnaround and delivery timelines
6. Are there any regulatory or legal restrictions that might disqualify the submitted vendor or subcontractors from the bidding process?
7. Technology available for case submission, tracking, billing, and remakes
8. Does the vendor and subcontractors have the necessary insurances to be considered a valid responder?
9. Were there any concerns raised during the reference checking process?

**UCFS has discretion to:**

- Choose not to accept any and all proposals submitted in response to this RFP.
- UCFS also reserves the right to award parts of the RFP to different vendors based on value, service, etc.
- Use additional selection criteria not identified in this document.

END of RFP





Bid Form  
Due Date: October 16, 2026

The undersigned, who is legally authorized to sign bid documents on behalf of the firm is familiar with the conditions surrounding this Request for Proposal is aware that UCFS reserves the right to reject any and all proposals and is making submission without collusion with any other person, individual or corporate.

Witness Signature\_\_\_\_\_

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

Printed Name\_\_\_\_\_

Signature & Title\_\_\_\_\_

Address \_\_\_\_\_

Federal ID # \_\_\_\_\_

Telephone\_\_\_\_\_

Email\_\_\_\_\_