REQUEST FOR PROPOSAL

Nevada Health Centers Website Redesign

RFP Release Date:
November 1, 2026

Proposal Submission Deadline:
November 30, 2026, 5:00 p.m. Pacific Time

Maximum Implementation Budget:
$81,000

Target Public Launch:
May 3, 2027

Issued by Nevada Health Centers

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NEVADA HEALTH CENTERS

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1. Introduction

Nevada Health Centers (NVHC) invites qualified website design and development firms to submit proposals for the redesign of the organization's public website, www.nvhealthcenters.org.

NVHC seeks a partner that can modernize the website's appearance, improve the patient and visitor experience, simplify navigation, strengthen accessibility, improve website performance and organic search visibility, and provide NVHC employees with an intuitive and sustainable content management system.

The redesigned website should make it easier for patients and community members to:

- Find an NVHC health center or mobile program
- Find a healthcare provider
- Understand available healthcare services
- Request or schedule an appointment
- Access the patient portal
- Obtain insurance, payment and sliding-fee information
- Contact NVHC
- Access organizational and health information

The project should establish a flexible and portable digital platform capable of accommodating future technology, integrations, services and communications needs without creating unnecessary reliance on the selected vendor.

2. About Nevada Health Centers

Established in 1977, Nevada Health Centers is a nonprofit Federally Qualified Health Center program dedicated to providing access to quality healthcare throughout Nevada.

NVHC operates 20 health centers; five mobile programs, including the Ronald McDonald Care Mobile, NVHC Mammovan, Nevada Children's Health Project, NVHC Mobile Medical Unit and NVHC Mobile Dental Unit; and seven Women, Infants, and Children (WIC) offices in southern Nevada.

NVHC's core services include family medicine, dentistry, behavioral health and pharmacy. NVHC accepts Medicaid, Medicare, Nevada Check Up and most private insurance plans and offers a sliding-fee discount program based on family size and income.

3. Project Background

NVHC's current website provides information about its providers, locations, services, health programs, employment opportunities, organizational activities and patient resources. NVHC wishes to improve usability, accessibility, performance, navigation and content management while better reflecting the organization's statewide role and mission.

The selected vendor will be expected to:

- Evaluate the existing website and conduct an appropriate discovery process
- Collaborate with NVHC stakeholders and recommend an improved information architecture
- Design and develop the new website
- Migrate approved content and configure required functionality
- Implement approved third-party integrations
- Test and remediate the completed website
- Train designated NVHC employees
- Launch the website
- Provide post-launch warranty coverage and options for ongoing support

4. Project Budget

NVHC has established a maximum project budget of $81,000 for the website redesign, development, content migration, testing, training, launch and other one-time implementation services described in this RFP.

The $81,000 project budget does not include ongoing hosting, post-launch maintenance/support agreements or other recurring services. Those costs will be contracted and paid separately.

Vendors should propose the strongest solution possible within the established project budget and clearly identify functionality that cannot reasonably be provided within that amount. Optional or future enhancements must be priced separately and excluded from the base-project total.

Vendors must separately identify all anticipated recurring costs, including hosting, maintenance/support, software and plugin licenses, APIs, translation, search, security monitoring and other subscriptions. NVHC will consider the long-term total cost of ownership.

5. Project Goals

1. Improve the experience of patients, caregivers and community members.
2. Make providers, health centers, mobile programs and services easier to find.
3. Present NVHC as a trusted, accessible, statewide health care organization.
4. Provide a consistent, modern and mobile-responsive experience.
5. Meet applicable web accessibility standards.
6. Improve website performance and technical reliability.
7. Preserve and improve organic search visibility.
8. Provide employees with an intuitive CMS and reduce unnecessary vendor reliance.
9. Protect visitor privacy and security.
10. Support current and future technologies while minimizing vendor lock-in.
11. Provide effective analytics for priority user actions.

6. Website Audiences

6.1 Primary Audiences

- Current patients
- Prospective patients
- Parents, guardians and caregivers
- Community members seeking healthcare services

6.2 Secondary Audiences

- Community partners
- Donors and supporters
- Prospective and current employees
- Healthcare providers
- News media
- Government and funding partners
- Vendors
- Members of the public seeking information about NVHC

When audience needs compete for prominence in navigation or page design, the patient and caregiver experience should generally receive priority.

7. Scope of Work

7.1 Discovery and Project Planning

The selected vendor should conduct a discovery process appropriate to the size and complexity of the project. Activities may include existing-site and analytics review, stakeholder interviews or workshops, audience and user-journey definition, content and technology assessment, comparable-site review, and identification of usability, accessibility, performance and technical issues.

Expected deliverables include a project schedule, discovery findings, proposed sitemap, priority user journeys, content-migration plan, technical recommendations, and identified risks, assumptions and dependencies. Vendors must identify the discovery activities and deliverables included in the base proposal.

7.2 Information Architecture and Navigation

The selected vendor will develop an intuitive information architecture centered on common patient and visitor needs. High-value actions should include Find a Location, Find a Provider, Find a Service, Request or Schedule an Appointment, Access the Patient Portal, Pharmacy Information, Insurance and Payment Information, Sliding-Fee Discount Program Information, Contact NVHC, and Employment Opportunities.

The architecture should address primary and secondary navigation, mobile and footer navigation, breadcrumbs where appropriate, contextual calls to action, site search, and provider/location/service discovery. An approved sitemap should precede full development.

7.3 User Experience and Visual Design

The new website should provide a modern, welcoming and patient-centered experience that reflects NVHC’s identity and the communities it serves. The process should include wireframes, responsive layouts, homepage and major interior designs, provider and location templates, service and landing pages, news templates, forms, reusable components and consistent calls to action.

The design must adhere to NVHC brand standards, use inclusive and culturally appropriate imagery, avoid unnecessary complexity, support clear health communication and allow NVHC to create new pages while maintaining consistency.

Vendors must identify the number of design concepts and revision rounds included, the approval process, included visual assets, and ownership/licensing terms.

8. Content Management System

WordPress is NVHC's preferred content management system. Vendors proposing another CMS must explain the material advantages of their recommendation, including ease of use, security, accessibility, licensing, maintenance, portability, long-term cost and NVHC's ability to manage content without vendor assistance.

The CMS should support standard and landing pages, services, providers, locations, news/blog posts, forms, media and documents, reusable components, navigation, role-based permissions, revision history, scheduled publishing, metadata, redirects, and bulk import/export where appropriate.

NVHC must receive full administrator access. Vendors must identify required page builders, themes, plugins, subscriptions, custom development, annual licenses and vendor-controlled components.

9. Content Inventory and Migration

For proposal development and pricing, vendors should assume the current website contains approximately:

- 72 standalone content pages
- 100 provider profiles
- 32 location profiles: 20 health centers, five mobile units and seven WIC offices
- 184 news or blog posts
- 33 PDFs/forms
- Associated images, documents, media and website assets

NVHC can provide an archive of the existing website and database. The selected vendor will validate the inventory during discovery and work with NVHC to determine which content should migrate.

9.1 NVHC Responsibilities

- Write needed new content
- Review and edit existing content
- Identify material that should not be republished
- Supply available source content and media
- Review migrated content
- Provide final editorial approval

9.2 Vendor Responsibilities

- Inventory and map content
- Migrate approved pages, providers, locations, news/posts, documents, images and media
- Reformat content as needed
- Preserve applicable metadata
- Validate links
- Implement agreed redirects
- Participate in content quality assurance

Material not republished need not be recreated if preserved in NVHC's archive. Vendors must identify migration assumptions, limits and exclusions. Substantial copywriting, professional translation, document accessibility remediation, photography or material scope increases must be separately priced.

10. Photography and Visual Assets

NVHC may provide existing photography and visual assets. The vendor may recommend stock photography, new photography, illustration or other assets. Final responsibility will be mutually agreed upon. Vendors must separately identify acquisition costs and licensing restrictions.

11. Provider Finder and Provider Profiles

The website must include an intuitive provider finder. Vendors should recommend appropriate criteria, which may include provider name, specialty/service, location, language, patient population or age group, accepting-new-patients status and telehealth availability.

Provider profiles may include name and credentials, photograph, biography, specialties, languages, locations, patient populations served, appointment call to action, related services and other approved information.

Provider information may be maintained within the CMS or through an external structured source such as a database or spreadsheet. Vendors should recommend an architecture based on maintenance efficiency, consistency, scalability, portability, bulk import/export and future integration. Provider, service and location relationships should be maintained without unnecessary duplicate entry.

12. Location Finder and Location Profiles

The website must include a location finder supporting appropriate geographic, service, location-type, hours and appointment criteria. Location profiles may include name, address,

map/directions, telephone, hours, services, providers, appointment and pharmacy information, accessibility and transportation information, and temporary closure notices.

Location data may be maintained in the CMS or an external structured source. Vendors should recommend the architecture and describe maintenance, bulk import/export, mapping service, geolocation, linked provider/service relationships and recurring API or mapping costs.

13. Website Search

The website must include effective site-search functionality. Proposals should describe search of standard content, providers and locations; filtering; handling of misspellings and health terminology; document search if recommended; analytics; no-results guidance; and prioritization of high-value results. Licensing or subscription expenses must be disclosed.

14. Integrations and External Systems

14.1 Patient Portal, Scheduling and Recruiting

Patient portal, appointment scheduling and recruiting functions are expected to link to external systems rather than use custom integrations. These destinations should be prominent and readily configurable by authorized NVHC employees.

14.2 Donations

NVHC partners with Raiser's Edge for donor management. The website must support prominent donation calls to action and the potential embedding or integration of donation forms. Vendors must describe the recommended implementation, dependencies, accessibility, security/privacy considerations and recurring costs.

14.3 Email Marketing and Future Integrations

No email-marketing integration is currently required, but the architecture must not prevent future integration with commonly used communications platforms. The website should support Google Analytics 4, Google Tag Manager, Google Search Console, maps/directions, social media, online forms and future NVHC-approved services.

For every proposed integration, identify whether it uses a hyperlink, embed, plugin, API, data feed or custom development, and disclose all development, subscription, transaction, API, licensing and maintenance costs.

15. Forms

The website must permit NVHC employees to create and manage online forms. Vendors should describe conditional logic, notifications, confirmation messages, spam protection, accessibility, user permissions, retention, export and future integration capabilities, including where submitted data is stored and transmitted.

Forms intended to collect or transmit protected health information or other sensitive patient information must not use ordinary website form tools unless specifically reviewed and approved by NVHC.

16. Language Access and Translation

English will be the primary website language, with Spanish as NVHC's highest-priority additional language. The website must provide readily accessible translation throughout the user experience.

Automated translation technology, including Google Translate or a comparable service, is acceptable for general website translation. Vendors may recommend alternatives offering meaningful advantages in accessibility, accuracy, usability, maintenance or cost.

Translation should include, to the extent technically feasible, navigation, standard content, providers, locations, services, news and other public-facing content. Vendors must disclose content or functionality that cannot be translated and all initial or recurring costs.

17. Accessibility

The completed website must conform to WCAG 2.1 Level AA. Vendors should also apply WCAG 2.2 Level AA practices where feasible and appropriate.

Requirements include semantic structure, keyboard navigation, screen-reader compatibility, visible focus, color contrast, text resizing and reflow, accessible forms and error messages, alternative text, captions/transcripts, accessible menus and interactive controls, mobile accessibility, and accessibility of provider, location, donation and other key workflows.

Testing must combine automated and manual methods, including keyboard-only, screen-reader, color-contrast, browser and device testing. Before final acceptance, the vendor must provide a written report describing methodology, tested pages/components, issues found and resolved, unresolved exceptions and ongoing-monitoring recommendations. An accessibility overlay or widget alone will not satisfy these requirements.

18. Search Engine Optimization

The vendor must protect existing organic search value and establish a sound technical SEO foundation. Scope includes URL review and preservation where reasonable, 301 redirects, titles and meta descriptions, heading structure, XML sitemap, robots.txt, canonical tags, appropriate structured data, social-sharing metadata, image optimization, broken-link testing, Google Search Console transition and post-launch crawl/error review.

19. Analytics and Measurement

The website must support Google Analytics 4, Google Tag Manager, Google Search Console, campaign tracking, conversion/event tracking, NVHC administrative access and post-launch verification.

Potential events include appointment and portal interactions, phone clicks, directions requests, provider and location searches, form submissions, donation activity and employment-link interactions. Vendors must identify included events. All created accounts, properties and containers must be controlled by or transferable to NVHC.

20. Performance and Technical Standards

The website should perform strongly across common devices, networks, browsers and screen sizes. Vendors must describe their approach to Core Web Vitals, page-load and mobile performance, responsive images, compression, caching, content delivery, code/database optimization, fonts, multimedia, third-party scripts and monitoring.

Proposals should identify measurable targets and test methods. The finished website should support current major versions of Microsoft Edge, Google Chrome, Mozilla Firefox, Apple Safari, iOS Safari and Android Chrome.

21. Security and Privacy

The selected vendor must follow recognized secure development and management practices, addressing encryption, account security, multifactor authentication, role-based access, CMS hardening, dependency management, patching, vulnerability and malware monitoring, logging, spam prevention, backup/restoration, incident response, disaster recovery, secure deployment and input validation.

The vendor must explain how form data is collected, transmitted, stored, retained and deleted. Any proposed service creating privacy, security, contractual or HIPAA-related obligations must be disclosed, including whether a Business Associate Agreement may be required.

22. Hosting and Technical Environments

NVHC prefers to remain with InMotion Hosting if the environment appropriately supports the selected architecture. Vendors should assess compatibility, limitations, plan changes, development/staging requirements, backups, security, performance and support responsibilities.

Alternative recommendations may be submitted and must identify provider/plan, cost, uptime commitment, support availability, emergency procedures, backups and restoration, security, disaster recovery, migration and transition terms. The project should use separate development, staging and production environments unless a superior documented approach is proposed. Hosting must be priced separately from the $81,000 implementation budget.

23. Ownership, Licensing and Portability

NVHC seeks to avoid vendor lock-in. Upon final payment, NVHC must receive ownership of, or appropriate transferable rights to, project-specific source code, themes, templates, custom plugins, database, content/media, design files, configuration and deployment documentation, analytics assets, backups, credentials and integration documentation.

Vendors must disclose proprietary, subscription-based, third-party licensed, non-transferable, vendor-controlled or environment-dependent components and all annual renewal expenses. The website must be transferable to another qualified vendor or host without reconstruction.

24. Training and Documentation

The vendor must train designated NVHC employees in CMS administration; page/post, provider, location, form, navigation and media management; SEO fields; redirects; permissions; analytics access; and accessible content authoring.

Proposals must specify session count and duration, audience, format, participant limits, recordings, written documentation and follow-up assistance. Current administrative and content-management documentation must be delivered before final acceptance.

25. Testing, Launch and Acceptance

The vendor will manage a structured quality-assurance and launch process including:

1. Vendor quality assurance and content review
2. Functional and integration testing
3. Browser, device, accessibility, security and performance testing
4. Redirect and SEO validation

5. NVHC user acceptance testing
6. Defect remediation and launch-readiness review
7. Production launch and post-launch validation
8. Final acceptance

Proposals should describe responsibilities, tools, defect classifications, resolution procedures, launch and rollback plans, monitoring and acceptance. Final acceptance will follow successful launch, validation of required functionality, resolution of critical defects, completed accessibility testing, and delivery of required training and documentation.

26. Warranty

The selected vendor must provide a minimum one-year warranty following public launch covering defects in the website and functionality delivered under the agreed project scope. The warranty must be provided at no additional charge and remain separate from any paid support agreement.

The proposal must define covered defects, exclusions, reporting procedures and response/resolution expectations. The warranty need not include new functionality, new content, post-acceptance enhancements or problems caused solely by unauthorized third-party changes.

27. Ongoing Maintenance and Support

Vendors must separately propose an ongoing maintenance and support agreement outside the $81,000 implementation budget. Proposals should identify monthly/annual cost, included hours, software and security updates, backups and availability monitoring, routine and emergency support, additional rates, unused-hour treatment, exclusions, price adjustments, term, cancellation and transition assistance.

Vendors should state response targets for site-wide outages, significant security or functional issues, standard defects and routine requests.

28. Optional and Future Capabilities

The following should be priced separately where offered: AI-assisted search, chatbot/virtual assistant, AI-assisted translation, content recommendations, personalization, smartphone application integration, advanced marketing automation, future email-marketing integration, CRM integration and other proposed enhancements.

For AI functionality, vendors must explain intended use, data handling and retention, model training terms, human review, accuracy limitations, privacy/security, accessibility, recurring

cost, dependencies and ability to remove or replace the service. NVHC may decline any optional capability.

29. Project Governance

Role	NVHC Lead
Executive Sponsor	Walter Davis, Chief Executive Officer
Project Lead	Josh Charlebois, Director of Organizational Communication
Core Review Team	NVHC Marketing Team
Final Approval Authority	Josh Charlebois, for routine deliverables, design and content following internal review

NVHC will coordinate internal stakeholders, provide available brand standards and system access, review and approve deliverables, supply or approve content, coordinate internal privacy/compliance/technology reviews, provide third-party contacts or credentials where appropriate, and conduct user acceptance testing. NVHC will generally strive to provide consolidated feedback within five business days unless otherwise agreed.

Vendors must identify assumed NVHC staffing, approval deadlines and other client dependencies.

30. Project Schedule

Milestone	Date
RFP release	November 1, 2026
Vendor questions due	November 13, 2026

Milestone	Date
Responses to vendor questions	November 18, 2026
Proposal deadline	November 30, 2026, 5:00 p.m. PT
Evaluation	December 1-11, 2026
Finalist interviews, if required	December 14-16, 2026
Vendor selection	By December 18, 2026
Contracting	December 2026
Project kickoff	January 2027
Target public launch	May 3, 2027
Post-launch stabilization	May 3-21, 2027
Target final acceptance	May 21, 2027
Final invoice/payment	No later than June 1, 2027

Vendors must confirm they can meet the schedule and clearly identify risks, dependencies and required NVHC turnaround times. Proposals must include milestones for discovery, architecture, wireframes, design, development, migration, integrations, testing, training, user acceptance, launch and stabilization.

31. Vendor Qualifications

NVHC seeks demonstrated experience in WordPress or the proposed CMS, responsive design, user experience and information architecture, accessibility, security, technical SEO, analytics, migration, third-party integrations, training/support and project management.

Experience with healthcare organizations, FQHCs, nonprofits, multi-site systems, provider directories, location finders, patient-facing services and multilingual websites is preferred.

Vendors must disclose proposed subcontractors, material third-party development resources, potential conflicts and circumstances that could materially affect performance.

32. Insurance and Contractual Requirements

The selected vendor will be required to enter into an agreement acceptable to NVHC and maintain insurance customary and appropriate for the services. Coverage may include commercial general liability, professional/errors and omissions liability, workers' compensation where applicable, and cyber/privacy liability.

Evidence of coverage may be required. Final limits may be established during contracting. The vendor must comply with applicable confidentiality, privacy, information-security, data-access, subcontractor and intellectual-property requirements. A Business Associate Agreement may be required if the final scope creates a business-associate relationship.

33. Required Proposal Format

1. **Executive Summary:** Recommended solution, approach, benefits, total base-project cost and schedule.
2. **Company Background:** History, ownership, locations, approximate staff size, core capabilities and years in web design/development.
3. **Relevant Experience:** Health care/FQHC/nonprofit, provider and location directories, accessibility, multilingual sites and proposed CMS.
4. **Understanding of NVHC's Needs:** Audiences, goals, risks and priorities.
5. **Proposed Project Team:** Name, role, experience, location, employee/subcontractor status and involvement; identify primary contact.
6. **Project Approach:** Discovery, architecture, UX, design, development, migration, directories, integrations, accessibility, security, SEO, analytics, testing, training, launch and support.
7. **Technical Architecture:** CMS, hosting, frameworks, page builder, plugins, custom development, third-party services, environments, deployment, backup and portability.
8. **Deliverables:** Complete list by phase.

9. **Project Schedule:** Milestones, dependencies, NVHC responsibilities and approval periods.
10. **Pricing:** Use Section 34.
11. **Assumptions and Exclusions:** All assumptions, exclusions, responsibilities and additional cost triggers.
12. **References:** At least three comparable client references with contact details, project description, completion date and website.
13. **Work Samples:** Comparable examples and the vendor's specific role.
14. **Contractual Exceptions:** Anticipated exceptions to NVHC requirements.
15. **Proposal Validity:** Pricing and proposal valid for at least 90 days after the deadline.

34. Required Pricing Format

34.1 Base Project

- Discovery and stakeholder research
- Content inventory, architecture and sitemap
- Wireframes, visual design and design system
- CMS implementation and front-/back-end development
- Provider finder, location finder and site search
- Content migration, forms and integrations
- Accessibility, technical SEO and analytics
- Quality assurance, training and launch
- Post-launch stabilization and project management

34.2 Recurring Costs

- Hosting
- Software, themes, plugins and extensions
- Search, mapping, translation and API services
- Security, backup and monitoring
- Maintenance and support

34.3 Optional Expenses

- Content writing/editing
- Photography and video
- Professional translation
- PDF/document accessibility remediation
- Migration beyond the stated scope
- AI, chatbot, mobile app and advanced analytics

- Other optional enhancements

The pricing response must state the total base-project cost, a not-to-exceed amount based on stated assumptions, payment schedule, hourly rates by role, reimbursable expenses, taxes if applicable, recurring and optional costs, assumptions, exclusions and change-order procedures.

34.4 Three-Year Cost of Ownership

Provide estimated recurring costs for Years 1, 2 and 3, including hosting, support/maintenance, software, plugins, third-party services, security and other recurring expenses. These costs are outside the $81,000 implementation budget but will be considered in evaluation.

35. Evaluation Criteria

Criterion	Weight
Understanding of NVHC's needs and quality of proposed solution	20%
UX, accessibility and visual design approach	20%
Technical architecture, security and integrations	20%
Relevant health care, FQHC or comparable experience	15%
Project team, management approach and schedule	10%
Cost and long-term value	10%
References and demonstrated results	5%

Criterion	Weight
Total	100%

NVHC may also consider completeness, assumptions, operating costs, vendor stability, schedule, support capabilities, contractual considerations and understanding of patient-facing health care communication. NVHC is not obligated to select the lowest-priced proposal and may request clarifications, interviews, demonstrations, revised scope/pricing, best-and-final offers, references or contract negotiations.

36. Proposal Submission Instructions

Proposals must be submitted electronically in PDF format by November 30, 2026, at 5:00 p.m. Pacific Time.

Submit proposals to:

- info@nvhealthcenters.org
- jcharlebois@nvhealthcenters.org

Use the email subject line: Proposal: NVHC Website Redesign. Late proposals may be excluded from consideration.

37. Vendor Questions

Questions must be submitted in writing no later than November 13, 2026, to Josh Charlebois, Director of Organizational Communication, at jcharlebois@nvhealthcenters.org. NVHC anticipates issuing responses by November 18, 2026.

NVHC may distribute relevant questions and responses to known prospective vendors. Vendors should not contact other NVHC employees, officers or board members regarding this procurement unless authorized by NVHC's designated contact.

38. Reservation of Rights

NVHC reserves the right to amend, suspend or cancel this RFP; reject any or all proposals; waive minor irregularities; request clarification; conduct interviews or demonstrations; verify qualifications; negotiate; request revised pricing; modify scope or schedule; select part of a proposal; award in phases; or decline to make an award.

Issuance of this RFP does not obligate NVHC to reimburse vendors for proposal preparation, presentations, travel, demonstrations or other participation expenses.

39. Anticipated Appendices and Supporting Materials

- Appendix A: Current Website Sitemap/Content Inventory
- Appendix B: Existing Technology and Integrations
- Appendix C: NVHC Brand Standards
- Appendix D: Website Analytics Summary
- Appendix E: Provider and Location Data Overview
- Appendix F: Required, Preferred and Optional Features
- Appendix G: Pricing Worksheet
- Appendix H: Vendor Response Checklist
- Appendix I: Contract Requirements
- Appendix J: Hosting Specifications

40. Conclusion

Nevada Health Centers seeks a website partner capable of combining strong user experience, thoughtful design, accessibility, technical expertise and long-term maintainability.

The completed website should provide a substantially improved experience for patients and communities while giving NVHC employees the tools and flexibility needed to manage the site effectively over time. NVHC looks forward to selecting a partner to deliver a modern, accessible, secure and sustainable digital presence that supports the organization’s mission throughout Nevada.