



Clinic Locations:

15774 State Street, Hillman, MI 49746
11899 Michigan 32, Atlanta, MI 49709
205 S Bradley Hwy, Rogers City, MI 49779
21258 Michigan 68 Hwy, Onaway, MI 49765
4549 Michigan 33, Onaway, MI 49765
905 W. Lincoln Ave, Cheboygan, MI 49721

Pharmacy Locations:

11899 Michigan 32, Atlanta, MI 49709
21258 Michigan 68 Hwy, Onaway, MI 49765
205 S. Bradley Hwy, Rogers City, MI 49779

Optical Location:

205 S. Bradley Hwy, Rogers City, MI 49779

Dental Locations:

11899 Michigan 32, Atlanta, MI 49709
21258 Michigan 68 Hwy, Onaway, MI 49765

RFP 2017-3

From: Jessica Smith, Accountant
Thunder Bay Community Health Service, Inc.

Subject: Dental Equipment for Expansion

Date: October 4, 2017

REQUEST-FOR-PROPOSAL

1. **INTRODUCTION**

Thunder Bay Community Health Service, Inc. (TBCHS) invites and will accept bids to purchase dental equipment due to expansion of our Atlanta clinic.

2. **OBJECTIVE**

The objective of this Request-For-Proposal (RFP) is to outline TBCHS requirements for a vendor to submit a proposal for the purchase of dental equipment. Our intent is to solicit responses from known vendors, identify qualified vendors, and to establish a relationship with one vendor which best meets the needs of TBCHS by providing the highest quality service level at the most economical cost.

3. **BACKGROUND**

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number C8DCS29621 Health Infrastructure Investment Program. Total grant award \$1,000,000. This project contained in this RFP uses 66% federal and 34% non-federal resources.

Thunder Bay Community Health Service, Inc. qualifies for GSA pricing and is tax-exempt, #38-2290337.

Mission Statement

Thunder Bay Community Health Service, Inc. commits its resources to building healthier communities.

5. GENERAL INFORMATION

A. Submittal Deadline: October 18, 2017

B. RFP Contact: All questions regarding this RFP must be directed to:

Thunder Bay Community Health Service, Inc.
Attn: Jeffrey Taylor D.D.S.
Dental Director
(989) 785-4855
11899 M-32
Atlanta, MI 49709

C. Contract Award Process

1. TBCHS will review all timely submitted proposals and based upon the RFP responses and analysis, reference checks and the collective input of the RFP Review Committee, a Supplier of Choice may be selected to purchase equipment from. TBCHS reserves the right to award this bid to the respondent or respondents that best meet the objectives of this RFP, at TBCHS's sole discretion.
2. TBCHS reserves the right to accept or reject any or all or any part of any proposal submission. Selection as the final Supplier of Choice for this RFP does not in any way constitute a formal, legally binding agreement. No contract shall exist until all terms and conditions have been mutually agreed upon and the contract document has been signed by the authorized representatives for each party.

6. RFP INSTRUCTIONS

A. General Instructions

1. Submit a complete response to all requirements and questions as directed.
2. Proposals and accompanying information submitted by respondent shall become the property of TBCHS.
3. TBCHS will not provide compensation to respondents for any expenses incurred for proposal preparation or for any demonstrations that may be performed, unless otherwise expressly stated.
4. Failure to comply with requirements contained in this RFP may result in rejection of any proposal submitted.

B. Proposal Format

1. Proposals must be printed on letter size (8 1/2" x 11") paper or sent via email.
2. Proposals should be delivered to:

Thunder Bay Community Health Service, Inc.
Attn: Jessica Smith
Accountant
jsmith@tbchs.org
100 North Ripley; Suite E
Alpena, MI 49707
3. Sealed proposals will be received until 1:00 P.M. October 18, 2017. **Late submissions shall be refused and the respondent will be eliminated from further consideration.**
4. Prior to 1:00 P.M. 10/18/17, proposals may be recalled by the respondent upon written request. After 1:00 P.M. 10/18/17 all submissions shall be considered bona fide offers.
5. TBCHS reserves the right to reject any and all proposals.
6. Proposals may be valid for acceptance for up to one year from the submittal deadline.

C. Pricing Schedule

1. Each respondent must provide a detailed listing of all costs associated with their services, including but not limited to installation and freight.

7. SERVICE REQUIREMENTS/PERFORMANCE STANDARDS

A. Vendor Background

1. Please provide the following: Company name, address, telephone number, FAX number, e-mail address, tax identification number, and type of business.
2. Provide a brief history of your company. How long has your company been in business?
3. Please provide a list of all insurance policies currently held. Include the name of the carrier, dates of coverage, limits of coverage, and deductibles (Certificate of liability Insurance).
4. Please provide a copy of your W-9.
5. Do you now, or have you or any of your affiliates done business with TBCHS in the past?

6. How long has your company had a relationship with TBCHS?
Please specify.
7. Provide a list of customers, include contact name and phone number. Healthcare references will be given careful consideration during the evaluation process. The vendor must be able to provide a list of at least three (3) references of similar size or application.

Exhibit B

B. Satisfactory Work/Programs

1. Any work found to be in any way unsatisfactory shall be corrected by the Contractor at its own expense at the order of (TBCHS).
2. Thunder Bay Community Health Service, Inc. reserves the right to contract out services not satisfactorily completed and to purchase substitute services elsewhere. TBCHS reserves the right to charge the vendor with any or all costs incurred or retain/deduct the amount of such costs incurred from any monies due or which may become due under the agreed contract.

C. Scope of Work

1. The project involves the purchase and installation (except for utility installation) of the following dental equipment:

Dexis digital x-ray platinum sensors (or equivalent) – Quantity 2

Dental chair units – Quantity 4

Treatment cabinets – Quantity 10

Free standing treatment centers – Quantity 10

Side storage cabinets – Quantity 5

Free standing centers – Quantity 7

Stericenter cabinet – Quantity 1

Lab cabinet – Quantity 1

Large Hydrim instrument washer (or equivalent) – Quantity 1

Airstar 50 dental compressor with twin boost transformer (or equivalent) – Quantity 1

Mojave dry vac and installation kit (or equivalent) – Quantity 1

8. Contract Requirements

- A. TBCHS has developed standard contract terms that may be incorporated into the final terms of any agreement reached between both parties.
- B. 30 day net terms.
- C. Notice of Nondiscrimination. Thunder Bay Community Health Service, Inc. does not discriminate on the basis of race, color, national origin, sex, age, religion, height, weight, marital status, or disability in its programs and activities. The following person has been designated to handle inquiries:

Paula Cohoon
Human Resource Director
100 North Ripley Avenue;
Suite E
Alpena, MI 49707
989-354-2197

Attachments:

Exhibit A: Bidder Cover Page Signature Affidavit

Exhibit B: Reference Data Sheet

BIDDER COVER PAGE SIGNATURE AFFIDAVIT	
NAME OF FIRM:	
STREET ADDRESS:	
CITY, STATE, ZIP	
CONTACT PERSON:	
PHONE #:	
FAX #:	
EMAIL:	

In signing this bid, we also certify that we have not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or firm to submit or not to submit a bid; that this bid has been independently arrived at without collusion with any other bidder, competitor or potential competitor; that this bid has not been knowingly disclosed prior to the opening of bids to any other bidder or competitor; that the above statement is accurate under penalty of perjury.

The undersigned, submitting this bid, hereby agrees with all the terms, conditions, and specifications required by TBCHS in this Request for Bid, and declares that the attached bid and pricing are in conformity therewith.

Signature

Title

Name (type or print)

Date

REFERENCE DATA SHEET

NAME OF FIRM:	
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Provide company name, address, contact person, telephone number, and appropriate information on the product(s) and/or service(s) used for Three (3) or more installations with requirements similar to those included in this solicitation document. References may be checked at the discretion of TBCHS for bid evolution purposes.

Company Name _____

Address (include ZIP) _____

Contact Person _____ Phone No. _____

Product(s) and/or Service(s) Used _____

Company Name _____

Address (include ZIP) _____

Contact Person _____ Phone No. _____

Product(s) and/or Service(s) Used _____

Company Name _____

Address (include ZIP) _____

Contact Person _____ Phone No. _____

Product(s) and/or Service(s) Used _____
