

Bedford County Department of Finance

200 Dover Street, Suite 102
Shelbyville, TN 37160
(931) 685-2024 FAX (931) 680-1029

Request for Proposal

Power Cots - BCEMS
Bid No. 20-20

The Bedford County Department of Finance is requesting proposals for Power Cots for Bedford County Emergency Medical Services. **Sealed bids will be received until 2:00 p.m., Wednesday, November 6, 2019**, in the office of the Bedford County Department of Finance and will be opened publicly at that time. The Department of Finance reserves the right to reject any and all bids and waive any irregularities for the purpose of ensuring that the award given is in the best interest of Bedford County. Any bids received after the scheduled closing time for receipt of bids will be returned to the bidder unopened.

GENERAL BID TERMS AND CONDITIONS

Proposals from all responsible bidders will be considered. To qualify as a responsible bidder, the proposal submitted must:

1. **Meet or exceed the minimum requirements specified.**
2. **Furnish all documents requested by the representative of the Bedford County Department of Finance prior to and following the bid opening.**
3. **Submit their completed bid prior to the bid opening date and time.**
4. **Have bid name and bid number placed on the outside lower left corner of the sealed envelope containing the bid form. (Facsimile bids will not be considered.)**

Award

A Purchase Order from the Bedford County Department of Finance will be issued to the successful bidder acknowledging the award. A copy of these terms and conditions, specifications and the vendor's proposal form will become a part of the purchase order.

Prospective bidders may contact Ted Cox at Bedford County Emergency Medical Services at 931-684-4403 or e-mail ted.cox@bedfordems.com for any questions as to the specifications of the bid.

Lowest and/or best bid will be awarded.

Prices **shall include** all freight and delivery costs.

Other Considerations

Bedford County Department of Finance reserves the right to purchase only those bid items and quantities that conform to overall budgetary, functional, and performance constraints.

The terms of this bid will be extended to other local government agencies, other municipalities, and Boards of Education. Bedford County is responsible only for purchases made and received by Bedford County.

INSTRUCTIONS TO BIDDERS

All Proposals are to be made on the Proposal Form provided. Bids must be delivered in hand or by a mail service in a sealed envelope marked on the outside lower left corner, Bid No. 20-20 Power Cots. Bids will be received and opened at **2:00 p.m., Wednesday, November 6, 2019. Any bids received after the scheduled closing time for receipt of bids will be returned to the bidder unopened.**

Proposals are to be made complete in every detail as required and called for by said Proposal Form. Proposals that are incomplete, conditional, contain irregularities of any kind, or which are not in accord with the Instructions to Bidders and Proposal Form furnished by the Department of Finance may be rejected as informal.

The submission of a proposal will signify that the Bidder has thoroughly familiarized himself with all conditions and that he fully understands what will be expected of the successful bidder.

The Department of Finance reserves the right to accept or reject in whole or in part any or all proposals submitted, without liability whatsoever, and waive informalities therein, if deemed by the Department of Finance in their best interest to do so.

Please complete enclosed W-9 and return with bid.

1. Scope of Services

Vendor shall submit a response to each item in the below Scope of Services.

Expectations and Requirements:

This request for proposal is for nine (9) power cots. Yes___ No___

Weight capacity of the cot must be at least 700 pounds. Yes___ No___

Innovative battery powered hydraulic system raises and lowers the patient, up to 700 pounds unassisted, with the touch of a button. Yes___ No___

Must have a lithium-ion battery operating system. Yes___ No___

The foot end of the cot must provide lifting bars and operator controls at 2 different heights, thus providing optimum ergonomics to most operator heights. Yes___ No___

Battery indicator light must be easily visible and indicate battery level. Yes___ No___

Easy to use manual back-up system must be available to complete cot operation in the event of power loss and easily transferred between ambulances. Yes___ No___

The cot is to provide a load height of 36" and is operator adjustable (no tools required) to match the deck height of individual ambulances. Yes___ No___

Cot floor mount must be able to charge the battery while in unit, both while driving and when connected to a shoreline. We will only need eight (8) of these. Yes___ No___

Must have a three-stage IV pole. Yes___ No___

Must have dual-wheel brakes. Yes___ No___

Must have a cycle tracker that keeps track of how many times the cot has been lowered and raised. Yes___ No___

Must be power washable for ease of cleaning. Yes___ No___

Must have side rails that are adjustable to the width of the patient. Stryker item XPS siderails. Ferno item SX Surface Xtender. Yes___ No___

The foot-end must be able to adjust to Trendelenburg's position as well as have the option for a knee gatch. Yes___ No___

Must have directional wheel locks/steer lock system. Yes ___ No ___

Must have oxygen bottle holder on head end. Yes ___ No ___

Must have a storage area on the head end as well as a backrest storage pouch. Yes ___ No ___

Must have an equipment hook. Yes ___ No ___

Must have a minimum two (2) years warranty on all parts. Yes ___ No ___

We want to purchase only one (1) rack for the cot. Stryker item Defibrillator Platform. Ferno item Pac Rac+. Yes ___ No ___

Maintenance/Repair:

The unit shall come with a preventative maintenance schedule. Yes ___ No ___

The unit shall come with appropriate actions to be taken for repair needed whether under warranty or after warranty expiration. Yes ___ No ___

Delivery:

You shall include all freight and delivery charges. Yes ___ No ___

You shall include estimated time of delivery. Yes ___ No ___

Proposal shall be valid for ninety (90) days. Yes ___ No ___

The above specifications shall be strictly adhered to, with NO EXCEPTIONS. Yes ___ No ___

2. General Questions

How many years has the particular model you are bidding been on the market?

How many years has your company been in business?

How long have you been providing these services?

What is your company's primary line of business?

List headquarters, regional/full-service office locations, and website address.

Provide the key contact name, title, address, telephone, and email addresses. Also, identify the person(s) authorized to contractually bind the organization.

Please provide status of any current or pending litigation against your company that might affect your ability to deliver the services that you offer.

Do you anticipate that your company will be acquired in the foreseeable future? Yes ___ No ___

Is your company planning to acquire any other companies? If yes, please provide the names of the companies and the nature of the business. Yes ___ No ___

Include names of two (2) current customers (title and phone numbers) that have had a scope of work similar to that described in this RFP.

Are you on either the federal debar list or your home state debarred list? Yes ___ No ___

3. Summary

Explain in one page or less how your solution will differentiate you from other vendors and why we should choose you as our successful vendor.

List the unique features that give your company a competitive edge in the medical equipment industry.

PROPOSAL FORM

**TO: Bedford County Department of Finance
200 Dover Street, Suite 102
Shelbyville, Tennessee 37160**

Re: Bid No. 20-20

Gentlemen,

Having examined the specifications for **nine (9) Power Cots for Bedford County EMS**, we (I) submit the following proposal:

Power Cot with all required specifications	\$ _____
Additional options if available (list each)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Bid Price	\$ _____

Company Name: _____

Mailing Address: _____

Signature and Title of bidder: _____

Telephone Number: _____

Email: _____

Phone Number: _____

