

REQUEST FOR PROPOSALS
DENTAL EQUIPMENT
FOR
GOOD NEIGHBOR FREMONT CLINIC (GNFC)

Good Neighbor Fremont is a Community Health Center that is part of the Good Neighbor Community Health Center which is a Federally Qualified Health Center ("FQHC") which serves the health care needs of primarily underprivileged and underserved citizens of Dodge, Washington and Saunders counties in east-central Nebraska. Good Neighbor Community Health Center is releasing this competitive solicitation to secure dental equipment at the Good Neighbor Fremont Clinic (GNFC) location currently found at 2400 N Lincoln in Fremont Nebraska. The equipment will be located at the future site of Good Neighbor Fremont at 2740 North Clarkson Street in Fremont, NE 68025

One original proposal and two (2) copies must be submitted in person or by mail with Proposed Dental Equipment for Fremont", and addressed to if delivered by mail:

Rebecca J. Rayman
ECDHD-GNCHC Executive Director
PO Box 1028
4321 41st Avenue
Columbus, NE 68602

Or proposals may be dropped off at 4321 41st Avenue in Columbus. Proposals must be received no later than 4:00 p.m. on August 22, 2016 to be eligible for consideration. Postmarks will not be accepted in lieu of receipt by the due date and late proposals will not be considered. Submission and receipt of proposals by electronic means is permitted but is at the risk of the sender.

All costs associated with preparing and submitting a proposal is solely the responsibility of the proposer. Good Neighbor Community Health Center may reject any proposal not in compliance with prescribed procedures and requirements, may reject for good cause any and all proposals, and reserves the right to waive any informalities or irregularities in the proposals upon a finding of Good Neighbor Community Health Center that it is in the public interest to do so. This solicitation does not obligate Good Neighbor Community Health Center to select any single proposer and GNCHC reserves the right to cancel the procurement, to retain all proposal materials.

Questions concerning the proposal process may be directed to Jayne Adkisson via email to jadkisson@ecdhd.ne.gov.

1. Introduction

This Request for Proposals (RFP) is intended to solicit information for the purpose of selecting and purchasing dental equipment for a renovation to add a dental clinic in the new location. The building renovation is expected to be completed in the first quarter of 2017, however the exact equipment for some of the dental suite items must be selected at this time to complete the renovation construction plans (Example: placement of plumbing and electrical). It is expected that the successful bidder will coordinate with the architectural firm CLH on room layout. The bid should be comprehensive and not

assume that the Good Neighbor Fremont office has other components, if a question arises the bidder should contact Jayne Adkisson via email jadkisson@ecdhd.ne.gov. Jayne will ask Dr. Susan Alexander, DDS any technical questions on behalf of the bidder and send the answer to any and all companies who have requested RFPs.

It is expected that the selected proposer will be able to provide equipment and installation of the listed dental equipment in space provided by Good Neighbor Fremont Clinic. The selected proposer will be expected to provide an adequate level of support for said dental equipment to maintain the smooth operation of the proposed service model.

Proposer must be qualified to provide and install the equipment in accordance with all applicable Federal, State, and local statutes and regulations. Selected proposer is expected to provide and install such equipment between the dates of January 1st, 2017 and March 1st 2017.

2. EQUIPMENT LIST for Inclusion in Proposal

The bid for each item should discuss the following:

1. Total **installed cost** with a breakdown between equipment and labor for each applicable part.
2. Identification of each piece of equipment by brand, model and system features. The equipment list below includes some expectations as to equivalency for quality of equipment for some of the major items.

Operatory Equipment	Quantity Needed
Amidextrous Dental Chair w/ dual controls (Equiv to P&C 3004)	4
Dentist delivery unit with dual fiberoptics (Equiv to P&C Spirit 1500 series)	4
Overhead operatory track light LED (Equiv to P&C)	4
TV mount ceiling/wall and monitor (not low voltage) – may be purchased from non-medical source outside of bid	4
Assistant 12 O'clock suctions/ A/W mounted Amidextrous	4
Triturator (amalgamator) (compact)	2
Curing Light LED cordless	3
Ultrasonic scaler (cavitron select or like)	1
Patient lead apron	1
Assistant Lead apron	1
Dr. Stool (Brewer or equivalent- mid range)	4
Assistant Stool (Brewer or equivalent- mid range)	3
Intraoral camera- compatible with Dexis/ Dentrrix	1

X-ray Equipment Shared between ops	Quantity Needed
Nomad portable x-ray	2
Digital X-ray sensor (Dexis)	2

Sterilization Equipment	Quantity Needed
handpiece lubricator & adapters/ swivels for star handpieces (Quattrocare now but not required)	1
Ultrasonic cleaner 5 gal- simple-no bells and whistles	1
Distiller- vistapure	1

Lab Equipment	Quantity Needed
Lathe with dual hoods (red wing)	1
Model trimmer	1
model vibrator	1
Lab handpiece electric	1

Mechanical Room Equipment	Quantity Needed
Compressor & dry vacuum combo w/ control to run 7 ops simultaneous (have mojave now)	1
Amalgam separator and remote monitor (have acadia now)	1

Handpieces	Quantity Needed
430 SWL star fiberoptic highsPEEDS	6
Fiberoptic HiFlo swivel	8
Slow speed swivel	8
Star slow speed motor Titan 20K	6
Star torque multiplier	3
Star Motor to Angle adapter	8
Star FG slow speed Angle	7
Star auto latch Angle	1
Star Straight nose cone	4
apex locator	1

Qualifications to be addressed in proposal

1. Be able to certify that, in performing the specified work, the agency will not discriminate against any person on the basis of race, color, religious creed, political ideas, gender, age, sexual identity, marital status, physical or mental disability, national origin, or ancestry.
2. Ability to work with construction company on coordination of electrical and plumbing with equipment.

3. Instructions and Conditions

Proposers must follow the instructions and conditions detailed in this RFP. Proposals that do not conform **may be excluded** from further review.

Proposals must be signed by an authorized representative of the Proposer.

Additionally, all proposals shall become the property of GNCHC. GNCHC reserves the right to make use of any information or ideas included within the proposals submitted.

GNCHC in its sole discretion, reserves the right to modify or cancel this RFP in whole or in part. If modification or cancellation is determined to be in GNCHC's best interest.

ECDHD anticipates that it will announce the results of this RFP process on or about September 5th, 2016. ECDHD and the selected Proposer will then negotiate terms and sign a contract by September 15th, 2016 (estimated).

Proposals must be submitted as described above no later than 4:00 p.m. on September 22nd, 2016 ("Due Date"). Proposals received after that time will be considered late and will be returned unopened. Postmarks will not be accepted in lieu of receipt by the specified deadline.

Tentative Schedule of Events

1.	Request for Proposals is issued	August 2nd, 2016
2.	Proposals are due.	August 22nd, 2016
3.	Proposals are opened.	August 23rd, 2016
4.	Proposals are evaluated.	August 23rd, 2016
5.	Interviews are conducted with top ranking Proposer, if needed.	August 24 th , 2016
6.	Recommended of selected Proposer is forwarded to the board. Board considers selection and award	August 25 th , 2016
7.	Notice of Intent to Award is issued	August 26th, 2016
8.	Contract for services is developed and negotiated	August 29 th to September 2nd, 2016

Receipt and Opening of Proposals

Proposals will be opened by August 23rd at 11:00am at the East Central District Health Department office located at 4321 41st Avenue, Columbus, NE 68601 in a manner that avoids disclosure of contents to competing proposers. Immediately following the opening date, a list of all Proposers will be available by request. A register of all proposals received will be prepared and available for public inspection at the time the contract is awarded.

Withdrawal of Proposals

Proposals may be withdrawn via written request submitted by the Proposer prior to the due date. Negligence on the part of the Proposer in preparing the proposal confers no right for the withdrawal of the proposal after it has been opened. The proposal will be irrevocable until such time as the Good Neighbor Community Health Center (GNCHC) specifically cancels the procurement, rejects the proposal, or awards a contract.

Acceptance or Rejection of Proposals

In awarding a contract, the Board of Good Neighbor Community Health Center (GNCHC) will accept and consider the proposal or proposals which, in their estimation, will best serve the interests of Good Neighbor Community Health Center (GNCHC) and reserves the right to award a contract to the proposer whose proposal is most advantageous to GNCHC based upon the evaluation process and evaluation factors contained within this RFP. The Board of GNCHC reserves the right to accept or reject any or all proposals. Any proposal which is judged to be incomplete or nonconforming may be rejected. Only one proposal will be accepted from any one agency. Any evidence of collusion between proposers may constitute a cause for rejection of any proposals so affected. However, Proposers may form alliances among different providers to submit a single proposal in response to this RFP. For example, one provider may agree to provide Column II services for therapy and another Column II services for medication management, but only one proposal clearly identifying all providers forming the alliance and assuring that each meets the qualifications of this RFP may be submitted.

Selection Process

All proposals will initially be screened by East Central District Health Department (ECDHD) staff. Those proposals determined to be late, incomplete, or noncompliant and those agencies that do not meet the minimum qualifications listed above may be eliminated from further evaluation at this time.

A board selection committee representing the Good Neighbor Community Health Center- (GNCHC) will assess the written proposals based on the evaluation criteria attached. Following the assessment, the highest ranking Proposers may be invited to attend an interview with the selection committee to answer additional questions. The successful candidate will then enter into negotiations with CHCHC to develop a mutually acceptable contract for services.

Narrative responses to each section of the application and any required attachments will be reviewed to determine compliance with the requested information and the feasibility and reasonableness of the proposed program design, cost, and expected services.

Narrative

Please provide a written response to each section. Your application will be reviewed and scored according to the following evaluation criteria. All proposals will be reviewed for demonstrated capacity to provide the services sought through this solicitation and evaluated for any proposed costs

to the GNFC. All answers should be brief and concise.

Proposers must address each of the following questions in narrative form.

1. **Minimum Qualifications:** Describe your agency's ability to meet the minimum qualifications as outlined under Instructions and Conditions section.
2. **Relevant Experience:**
 - a. Describe your agency's current role experience in providing and installing dental equipment including how your agency will handle the needs of the architect and builder.
 - b. Include a list of three references for installed equipment that are relevant to this project.
3. **Equipment and Service plan:**
 - a. Include the total installed cost with a breakdown between equipment and labor for each item.
 - b. Identify each piece of equipment by brand, model and system features.
 - c. Bid should address ease of system use.
 - d. Bid should address any training provided and as appropriate any cost of such training.
 - e. Bid should address the total yearly cost of maintenance and service contracts including level of service provided and any additional costs to agency (travel).
 - f. Describe your agency's proposal for on-site repair services at GNFC. What is your agencies time frame and current capacity to respond to a service call? .

Selection Criteria and Scoring

The evaluation criteria and associated scores in the box provided below will be used by the selection committee to rate and rank qualified proposals based upon the Narrative answers provided by the Proposer:

Evaluation Criteria	Point Value
Minimum Qualifications (Section 1- Also Page 4)	10
Relevant Experience and References (Section 2)	10
Equipment Costs and System Features (Section 3a,b,c)	50
Training Provided (Section 3d)	10
Service Plan (Section 3e and f)	20
Total	100 Points

Written protests on the award if any should be submitted to:

Lisa McFarland
GNFC Board Chair
PO Box 1028
4321 41st Avenue
Columbus, NE 68602

4. Award and Commencement of Work

Recommendation for award is contingent upon successful submission and resolution of any questions

and or protests. The successful Proposer shall be required to submit a written quote that is good for a minimum of 45 days.

The final authority to award equipment purchase rests solely with the Good Neighbor Community Health Center Board and their authorized staff to execute contracts. The successful Proposer shall not be allowed to begin work under any agreement until such time as the agreement has been approved and executed.

If only one proposal is received and it is deemed that such proposal meets requirements for funding, Good Neighbor Community Health Center (GNCHC) reserves the option to award such Proposer a contract on a sole-source basis. In the event no proposals are received, or proposals received do not meet requirements for funding under this RFP, Good Neighbor Community Health Center (GNCHC) reserves the right to be the contractor of last resort, or to designate another qualified entity to operate the program on a sole-source basis.

If revisions or additional information to this RFP become necessary, ECDHD will notify all parties who have expressed interest and post the addenda or supplements on the East Central District Health Department (ECDHD) website at www.ecdhd.ne.gov.

Misrepresentation during the procurement or agreement process in order to secure the sale of dental equipment will disqualify a vender from further consideration in the procurement or contracting process.

Failure to comply with agreement and or service contract requirements once an agreement or contract has been awarded will constitute a material breach of the contract and may result in the suspension or termination of the affected contract and debarment from future East Central District Health Department (ECDHD) contracting opportunities for a period not to exceed three (3) years. Other penalties may also apply.

5. Proposal Format and Contents

Format

All proposals must be submitted on single-sided, 8 ½ x 11-inch paper. Content of the written response is limited to no more than 6 pages and may include tables for equipment prices and features.

One original and two (2) copies of the proposal must be submitted in a sealed envelope which is clearly marked with the name and address of the proposing agency, titled "Proposed Dental Equipment for Fremont Dental Services", and if mailed addressed to:

Rebecca J. Rayman
ECDHD-GNCHC Executive Director
PO Box 1028
4321 41st Avenue
Columbus, NE 68602

Proposals may be dropped off by 4:00pm on August 22nd as well.

Submission Package

Proposals submitted in response to this RFP must include the items and be in the order as listed below. All of the items combined comprise your completed Proposal pursuant to this RFP.

1. Signed Proposal Response Form-**Attachment 1**
2. Narrative Section: Prepare a written response to the narrative section that fully addresses each of the evaluation criteria listed. The narrative must be typed in 12 point font, one inch margins, 8½" x 11", paginated, on white paper. Narrative section is limited to fifteen (15) pages.

It is the responsibility of the Proponent to ensure the proposal is submitted by the time and date and to the location as specified. Postmarks will not be accepted in lieu of this requirement. Therefore, use of the U.S. Mail is at the bidder's own risk. Proposals submitted to any other office will not be accepted.

To be considered for this RFP, all proposals submitted must be received no later than 4:00 p.m. on August 22nd 2016 ("Due Date") with one complete application package with original signature and two (2) copies, either delivered in person to GNFC office or mailed to:

Rebecca J. Rayman
ECDHD-GNFC Executive Director
PO Box 1028
4321 41st Avenue
Columbus, NE 68602

Attachments

- Attachment 1: Proposal Response Form.

**EAST CENTRAL DISTRICT HEALTH DEPARTMENT (ECDHD)
GOOD NEIGHBOR COMMUNITY HEALTH CENTER (GNFC)**

**REQUEST FOR PROPOSALS
FOR
DENTAL EQUIPMENT FOR GNFC**

Proposal Response Form

A signature on this form acknowledges that the proposed provider is hereby submitting a proposal in response to Good Neighbor Community Health Centers Request for Dental Equipment at Good Neighbor Fremont.

Authorized Signature: _____

Contact Name: _____

Title: _____

Phone: _____ Email: _____

Company Name: _____

Company Address: _____