

## REQUEST FOR PROPOSALS June 9, 2018

#### **FOR**

#### COMPREHENSIVE COPIER SERVICES

RESPONSE DEADLINE FOR SEALED BID PROPOSALS: June 28, 2018 @ 12:00 p.m.

DATE THAT SEALED BID PROPOSALS WILL BE PUBLICLY OPENED: June 28, 2018 @ 1:00~p.m. in the  $4^{th}$  floor Sinclair Room.

#### 1.0 PROJECT DESCRIPTION

The Kitsap Public Health District is planning to engage a Vendor to provide comprehensive copier services per details as provided in this Request For Proposal (RFP).

#### 2.0 CONTRACT PERIOD

Contract term dates are September 1, 2018 through August 31, 2023 for a period of Five years (60 months).

#### 3.0 GENERAL INFORMATION

The Kitsap Public Health District, a health district formed pursuant to Chapter 70.46 of Revised Code of Washington and Section 9.52 of Kitsap County Code ("District"), provides Environmental and Community Health services to the residents of Kitsap County.

To be considered, Vendors must have an active contract with the Washington State Department of Enterprise Services. Contract# 05214.

The Health District's Master Contract Agreement Number is 39330

#### 4.0 SCOPE OF COPIER SERVICES REQUESTED

The following is the detailed scope of work for the required equipment and maintenance.



- **4.1 EQUIPMENT:** All equipment included in each Vendor proposal shall meet or exceed the minimum performance requirements set forth below.
  - a. All equipment shall be new and perform in accordance with the manufacturer's specification sheets. The definition of new equipment is the latest model of regular stock product and in production at the time of award, and equipment shall not be remanufactured, reconditioned, showroom demonstrators, or otherwise used. If replacement or additional equipment is needed prior to the expiration of the contract, any new equipment will be provided at the existing contract price for the awarded category.
  - b. The proposal shall include recommendations for equipment that take into consideration the needs of the District and other factors as indicated in the solicitation. Following the contract award, alterations in product manufacturing fabrication or delivery of substitute models will require prior written approval by the District.
  - c. The equipment shall produce quality printed products (copies, etc.) on various types of papers normally used for printing and photocopying purposes in an office environment. All units shall produce standard copies and printing sizes up to 11x17, shall be equipped with both letter and legal size paper trays, and shall be capable of photocopying both letter and legal size documents without removing or replacing trays.
  - d. The equipment must be able to copy, scan, fax and print.
  - e. All prices included with a proposal shall include installation of equipment, consumable supplies (as defined in section 4.2.d.) and training. The Vendor shall provide training to adequately instruct personnel in the use of equipment throughout the term of the agreement. Training shall also include orientation with the staff assisting with network setup at no charge. A manual or manuals containing operating and service instructions for the equipment shall be delivered with each unit. Necessary warnings and safety precautions should be included.
  - f. Response should include the cost (if any), charged by the Vendor to deliver, return, and/or move copiers during the term of the contract.
  - g. The proposal must include the cost of returning the equipment and the vendor's technician removing replacing the hard drives at the end of the contract. The removed hard drives will become the property of Kitsap Public Health.
  - h. All equipment included in each proposal shall meet or exceed standard industry security protocols.

- i. Vendor proposals shall provide assurances that furnished equipment will have:
  - A seamless integration with Microsoft Network to allow for network printing capability and management.
  - An Enterprise Management Tool to allow for centralized management.
  - Ability to send e-mail notifications for alerts.
  - The ability to reboot a single device or group of devices through the management tool or remotely.
  - The ability to restrict specific MFP features by Users or Groups.
  - The ability to assign security codes.
  - Secure printing.

#### 4.2 MAINTENANCE/SERVICE

- a. During the term of the contract, the Vendor shall provide both corrective repairs and preventative service for all units, the cost for such being included in the quoted monthly Maintenance Plan prices. The Vendor shall provide on-call remedial service, including replacement of all unserviceable parts.
- b. The Vendor shall provide preventative services based upon the manufacturer's recommended schedule, including lubrication, necessary equipment adjustments and replacement of all unserviceable parts.
- c. Vendor service response for repair calls shall be the within 24 hours and should be performed during normal working hours, 8:00 a.m. to 4:00 p.m., Pacific Time, Monday Friday. Fully trained and qualified technicians shall perform all maintenance service and shall be on site prepared to accomplish repairs within the required response time.
- d. Consumable supplies: The Maintenance Plan shall be a supply-inclusive contract, in that it must include all toner, parts, labor, and preventative maintenance calls required and sufficient to keep equipment fully functional as intended. The Vendor is required to include the cost of toner in the quoted monthly price. Paper shall be supplied by the Kitsap Public Health District and is NOT to be included in the Maintenance Plan contract. The Vendor shall provide shipping and handling of all included consumables at no additional charge.

# 4.3 MINIMUM EQUIPMENT LOCATION AND CONFIGURATION REQUIREMENTS

All equipment will be located at:

Norm Dicks Government Center, 345 6th Street, Floors 3 and 4

Bremerton, WA 98337

Equipment 1 copier: 420-1, COLOR COPIER Location: Media Graphics Room, 4<sup>th</sup> Floor

**Minimum required specifications:** 

In addition to industry standard printing and copying capabilities:

- 50 ppm full color and black and white
- 50-sheet duplex Automatic Document Feeder
- 100-sheet Bypass Tray
- Four (4) 500-sheet Adjustable Paper Drawers (Paper sizes up to 11x17 (A3))
- High capacity 2400 sheet cassette
- Paper Output: 1,500-sheet Stacker and 500-sheet top tray, 50-sheet multi-positional stapling and hole punch. Multi-positional folding choices.
- 256 MB plus 18 GB hard disk drive
- 600 x 600 dpi copy resolution
- 1200 x 1200 dpi print resolution
- Connectivity: 100 BaseT Ethernet
- Full color scanning, delay, sample, secure, and store-print, image quality control, fit to new paper size, paper feed selection, output tray selection, store & recall driver selection, fax, color scan to network.
- Duty cycle of at least 135,000 copies per month
- Remote Electronic Meter Read and Machine Status capabilities
- Unit cannot exceed 70 x 38 inches
- Energy Star Compliant

# Equipment 2 copiers: 339-1 and 420-2, COLOR COPIERS Location: Clinic 3<sup>rd</sup> Floor, and Media Graphics Room 4<sup>th</sup> floor Minimum required specifications:

In addition to industry standard printing and copying capabilities:

- 40 color ppm and black & white ppm.
- 50-sheet duplex Automatic Document Feeder
- 25-sheet Bypass Tray
- Four (4) each 500-sheet Adjustable Paper Drawers (Paper sizes up to 11x17 A3)
- High capacity 2400 sheet cassette
- 600 x600 dpi copy resolution
- 600 x 600 dpi print resolution
- 50-sheet capacity single position stapling
- Automatic two-sided, collation, reduction, enlargement, auto paper select, auto tray switching, and image quality enhancement. Delay, sample, secure, and store print.
- Color Scan to email, file and to USB capabilities
- Remote Electronic Meter Read and Machine Status capabilities
- Connectivity: 100 BaseT Ethernet
- Unit cannot exceed 60 x 35 inches
- Energy Star Compliant

Equipment 6 copiers: 330-1, 336-1, 309-1, 402-1, 417-1, and 419-1, BLACK AND

WHITE COPIERS

Location: 3<sup>rd</sup> and 4<sup>th</sup> Floors

#### **Minimum required specifications:**

In addition to industry standard printing and copying capabilities:

- 40 ppm.
- 50-sheet duplex Automatic Document Feeder
- 25-sheet Bypass Tray
- Four (4) each 500-sheet Adjustable Paper Drawers (Paper sizes up to 11x17 A3)
- High capacity 2400 sheet cassette
- 600 x 600 dpi copy resolution
- 600 x 600 dpi print resolution
- 50-sheet capacity single position stapling
- Automatic two-sided, collation, reduction, enlargement, auto paper select, auto tray switching, and image quality enhancement. Delay, sample, secure, and store print.
- Scan to email, file and have USB capabilities
- Remote Electronic Meter Read and Machine Status capabilities
- Connectivity: 100 BaseT Ethernet
- Unit cannot exceed 60 x 35 inches
- Energy Star Compliant

#### 5.0 BILLING PROCEDURES

The awarded Vendor shall provide the District with monthly maintenance invoices organized by equipment identification number and number of copies made.

#### 6.0 REQUEST FOR PROPOSALS PROCEDURE

Proposal procedures will be implemented in accordance with Kitsap Public Health <u>Policy A-23</u>, Purchasing. Questions about the RFP/Contract/process and guidance provided will be shared with all vendors. For questions, contact Judy Holt at 360-728-2252 or email at judy.holt@kitsappublichealth.org

#### 7.0 REQUIRED PROPOSAL ELEMENTS

To be considered for this Request for Proposals, one hardcopy <u>and</u> one electronic copy, submitted on a USB device, in .pdf format, of the proposal must be submitted by 12:00 PM, June 28, 2018. All pages of the proposal should be numbered. Proposals shall be enclosed in a sealed and marked envelope, and submitted in person at Kitsap Public Health District, or by mail, to the following: Kitsap Public Health District

Purchasing Agent: LoAn Nguyen

ATTENTION: REQUEST FOR COMPREHENSIVE COPIER SERVICES

345 6<sup>th</sup> Street, Suite 300 Bremerton, WA 98337-1866

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7.1 Proposals that are received after the response deadline, or not submitted in accordance with this announcement, will automatically be rejected and will not receive further consideration.

Submitted written proposals <u>must</u> include the following information in a sealed envelope: and should be organized/tabbed or clearly labeled as attachments in the following order:

COVER PAGE:	Letter of interest which includes a statement affirming that they are		
	an authorized vendor on the State Department of Enterprise,		
	Contract 05214.		
ATTACHMENT A:	Vendor Identification Form included as an attachment (Exhibit A)		
	to this solicitation.		
ATTACHMENT B:	Completed and signed summary pricing sheet included as an		
	attachment (Exhibit B) in addition to detailed pricing information		
	listed for each machine.		
ATTACHMENT C:	Completed Suspension / Debarment Certificate included as an		
	attachment (Exhibit C).		
ATTACHMENT D:	Copy of current business license.		
ATTACHMENT E:	Copy of your proposed contract template.		
ATTACHMENT F:	Copy of current certificate of insurance evidencing coverage of the		
	minimum required in this solicitation.		
ATTACHMENT G:	At least three comparable work/client references to include		
	organization name, brief description of the project, and contact		
	person's name, telephone number, and email address.		
ATTACHMENT H:	A written proposal explaining experience and capabilities and a		
	statement that the Vendor understands the District's requirements		
	as described in Section 4.0. Proposals should be prepared simply,		
	thoroughly, and as detailed as possible providing a straightforward,		
	concise description to satisfy the requirements of the solicitation.		
	Emphasis should be placed on completeness and clarity of content.		

7.2 The sealed proposals will be publicly opened in the Kitsap Public Health District Sinclair Conference Room, 4th Floor, Norm Dicks Government Center, 345 6<sup>th</sup> Street, Bremerton, WA, on Thursday, June 28<sup>th</sup> at 1:00 p.m. Proposals will be screened for completeness, using the checklist in Section 7.1. The Vendor name and whether or not the proposal is complete or disqualified will be read out loud. Details of the proposal, including costs will not be read out loud. A panel, scheduled to meet no later than July 15, 2018, will evaluate the responses according to the selection process and select a vendor. Copies of the proposals will be made available online for public viewing after the Health District has selected a vendor.

#### SELECTION PROCESS

All qualified proposals will be reviewed according to the criteria provided below:

- 7.3 All proposals will be reviewed to determine if they adhere to the format and instructions of the RFP, meet the criteria indicated in Section 7.0 and conform to the objectives and requirements of the RFP. An evaluation team will evaluate the merit of proposals received in accordance with criteria outlined in this RFP. Incompleteness, significant inconsistencies or inaccuracies found within a response may result in a reduction of the evaluation rating.
- 7.4 Proposals will be evaluated and scored according to the following criteria:
  - a. **Ability to meet operational needs: Maximum 40 points,** equipment meets or exceeds the minimum requirements in the RFP, proposal sufficiently addresses terms and conditions of RFP.
  - b. Value of Cost: Maximum 40 points.
  - c. Completeness and Responsiveness of Proposal: 20 points.
- 7.5 Once all the proposals have been reviewed and scored, the Health District may request a demonstration of the proposed equipment from the top two or three highest scored vendors prior to making a final decision for award of the RFP.
- 7.6 <u>Contract Award Notification</u>: When the evaluation process of the proposals is completed; the selected Vendor will be formally notified by mail or email. Other notifications will not be honored and should not be considered as a valid offer of award. Non-winning bidders will be notified by email.

#### 8.0 TERMS AND CONDITIONS

- 8.1 Vendors are solely responsible for all costs incurred in the development and submission of the response to this Request for Proposals, and any future expenses that may lead to execution of a contract and agreement with the District. All materials submitted become the property of the District.
- 8.2 Ownership of all data, materials and documentation originated and prepared for this solicitation by any Vendor shall belong exclusively to the District.
- 8.3 The District reserves the right to:
  - a. Reject any or all proposals.
  - b. Reject any proposals not in compliance with RFP requirements.

- c. Provide addenda, amendments, supplementary material or add supplementary requirement modifications to the proposal specifications. In the event that it becomes necessary to revise this solicitation, in whole or in part, an addendum will be provided on our website: kitsappublichealth.org.
- d. Cancel the RFP without issuance of another Request for Proposal.
- e. Issue of subsequent requests for new proposals.
- f. Determine to select one or more Vendors for negotiation of a final contract(s).
- g. Waive any informality in any response and to delete certain items listed in the formal proposal as set herein.
- h. Decisions made by the District will be final.
- 8.4 <u>Payment Terms</u>: Preferred invoice payment terms 30 days from date of invoice. In the event there is a discrepancy between the order and the invoice, payment terms shall be effective starting on the date the discrepancy is resolved.
- 8.5 <u>Vendor's Insurance and Indemnification</u>: Vendor shall defend, indemnify and hold the District, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of or resulting from the acts, errors or omissions of the Vendor in performance of this Agreement, except for injuries and damages caused by the sole negligence of the District.

Vendor shall, at all times, at its own expense, obtain and carry comprehensive liability insurance including errors and omissions coverage, property damage insurance and workers' compensation insurance in adequate amounts. Vendor shall keep such insurance in force for the duration and term of this agreement. All certificates of insurance or evidence of insurance must contain a thirty (30) day written notice of any cancellation, change, or termination of coverage. The insurance required shall be obtained from insurance company(ies) licensed to do business in the State of Washington and shall be kept in force for 90 days after the last payment under the contract.

- Workers' Compensation Insurance.
- Business Automobile Liability Insurance with a minimum of \$1,000,000 per occurrence.
- Commercial General Liability Insurance coverage with a minimum of \$1,000,000 per occurrence/\$2,000,000 aggregate limit.
- 8.6 The Vendor shall provide immediate notice in the event there is any change of insurance or that it has reached the insurance limits due to claims made.

#### TECHNICAL POINTS OF CONTACT AT KPHD

Deanna Eakes, Support Service Supervisor, (360) 728-2212, deanna.eakes@kitsappublichealth.org.
Judy Holt, Support Services Manager, (360) 728-2252, judy.holt@kitsappublichealth.org.

## **Exhibit A**

## **Kitsap Public Health District**

## **VENDOR IDENTIFICATION FORM**

<b>Company Name:</b>			
Doing Business As (DBA)	:		
Federal Tax ID:			
Address:			
Remit To Address:			
Telephone:			
Fax:			
E-mail:			
Web Address;			
Main Contact:			
Authorized Contract Signer (if different):			
Print Name	Title	<b>Authorized Signature</b>	Date

### **Exhibit B**

## **Kitsap Public Health District**

## PRICING RESPONSE SUMMARY

Pricing Option 1:	<b>Contract Annual Cost</b>		
60-month Contract:	\$		
60-month Maintenance Plan: (Contract Equipment,)	\$		
Cost of Copies: (If not included in Maintenance)	\$ee Plan)		
Total cost over 60 months:		\$	
Quotes for other costs: Cost to move a copier: Cost of any supplies not include Cost of copies in excess of con Shipping cost for supplies, if a	\$ \$ \$ \$		
Submitted by:		Date:	
Signature:		Title:	
Telephone:	Fax:		
E-mail:			

#### **Exhibit C**

#### **Kitsap Public Health District**

#### Debarment, Suspension, Ineligibility or Voluntary Exclusion Certification Form

#### **Health District Contract Number**

NAME	Doing Business as (DBA)	
ADDRESS	Washington Uniform Business Identifier (UBI)	Federal Employer Tax Identification Number

Instructions for Certification Regarding Debarment, Suspension, Ineligibility or Voluntary Exclusion For Lower
Tier Covered Transactions

READ CAREFULLY BEFORE SIGNING THE CERTIFICATION. Federal regulations require Vendors and bidders to sign and abide by the terms of this certification, without modification, in order to participate in certain transactions directly or indirectly involving federal funds. This certification is submitted as part of a request to contract.

- 1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
- 2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
- 3. The prospective lower tier participant shall provide immediate written notice to the department, institution or office to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
- 4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- 5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- 6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

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- 7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
- 8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business activity.
- 9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**Print Name and Title** 

## **Kitsap Public Health District**

## **Certification**

# Regarding Debarment, Suspension, Ineligibility or Voluntary Exclusion for Lower Tier Covered Transactions

The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.					
Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach a					
Bidder or Vendor Signature	Date				