

**TOWN OF COLCHESTER
AND
COLCHESTER PUBLIC SCHOOLS**

127 NORWICH AVENUE, SUITE 201

COLCHESTER, CT., 06415-1260

Mary Bylone
First Selectman

(860) 537-7220
Fax (860) 537-0547

Jeffrey Burt
Superintendent of Schools

(860) 537-7208
Fax (860) 537-1252

RFP #2019-11

**Monitor / Defibrillator
Paramedic Program
Town of Colchester CT – Fire Department**

Copies of the RFP are found at: http://www.colchesterct.gov/pages/ColchesterCT_WebDocs/RFP-RFQ/

Bids shall be addressed to 1st Selectman, 127 Norwich Avenue, Suite 201, Colchester, Connecticut 06415 on or before 2:00 P.M. December 20, 2019.

Bids shall be submitted in a sealed envelope clearly marked, “2019 -11 “Monitor / Defibrillator – Paramedic Program”. Bid opening shall take place at the Colchester Town Hall, Office of the 1st Selectman, 127 Norwich Avenue, Suite 201, Colchester, CT. 06415 at 2:30 P.M. December 20, 2019

Any questions concerning this bid may be answered by contacting Town of Colchester Fire Chief, Walter Cox at (860) 537-2512. firedepartment@colchesterct.gov

No right shall accrue to any person submitting a bid until such bids have been accepted and contract awarded in writing by the duly authorized representative of the Colchester Board of Selectman. The Colchester Board of Selectman reserves the right to reject any and all bids and to accept the lowest responsible bidder, and to waive any informalities, omissions, excess verbiage, or technical defects in the Bidding, if, in the opinion of the Board of Selectman, it would be in their best interest to do so.

2019-11
PROPOSAL FOR
MONITOR / DEFIBRILLATOR
PARAMEDIC PROGRAM
FOR
THE TOWN OF COLCHESTER, CT
COLCHESTER FIRE DEPARTMENT

The undersigned has read, understands, and agrees to comply with the requirements contained in the Request for Proposals for "MONITOR / DEFIBRILLATOR – Paramedic Program". The undersigned submits this proposal in good faith and without collusion with any other person, individual or firm.

The proposal consists of this cover page and the following attachments:

Name and Address of Firm:

Name, Title and Contact Information
of Authorized Representative:

TELEPHONE #: _____ - _____ - _____

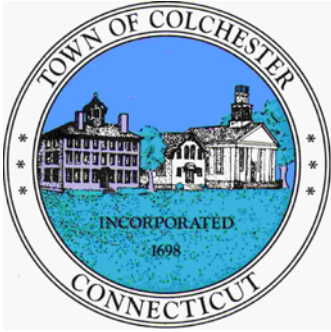
FAX #: _____ - _____ - _____

EMAIL: _____

REPRESENTED BY:

(Name & Title)

Signature of Authorized Representative:



Town of Colchester and Colchester Public Schools

127 NORWICH AVENUE, SUITE 201

COLCHESTER, CT., 06415-1260

Mary Bylone
First Selectman

(860) 537-7220
Fax (860) 537-0547

Jeff Burke
Superintendent of Schools

(860) 537-7208
Fax (860) 537-1252

REQUEST FOR PROPOSAL

RFP #2019-11

MONITOR / DEFIBRILLATOR

PARAMEDIC PROGRAM

RFP 2019-11 BID SCHEDULE

OPTIONS: 1) lump sum purchase – new , 2) lump sum purchase – refurbished, 3) lease program

OPTION #

1) Monitor / Defibrillator 1 each \$ _____
Furnish & Install, **NEW** equipment LUMP SUM
per specifications attached and included attachments.
(Life Pack 15 or Zoll X Series or equal)

Price must include all parts, labor, permits, tools, supervision, supplies, etc
UNIT MUST BE READY FOR OPERATION UPON COMPLETION

A) Maintenance Agreement – to include parts, labor, travel \$ _____/yr

2) Monitor / Defibrillator 1 each \$ _____
Furnish & Install, **REFURBISHED** equipment LUMP SUM
per specifications attached and included attachments.
(Life Pack 15 or Zoll X Series or equal)

Price must include all parts, labor, permits, tools, supervision, supplies, etc
UNIT MUST BE READY FOR OPERATION UPON COMPLETION

A) Maintenance Agreement – to include parts, labor, travel \$ _____/yr

3) Monitor / Defibrillator - **lease /purchase**
(Life Pack 15 or Zoll X Series or equal)

\$ _____
PER MONTH

% _____
% INTEREST/MTH

Price must include all parts, labor, permits, tools, supervision, supplies, and battery replacement, etc to restore device to original specifications.

NOTE: must include immediate replacement of equipment if broken. A pre-configured 'loan device' must be provided if repairs as estimated to be lengthy. All services to be performed at Fire Department location by a Physio-Control Technical Specialist.

Annual preventive Maintenance inspections must include quality assurance documentation, and updates to latest software versions.

Total # of months in lease program to be determined upon signing of lease agreement using 4 years as beginning lease period.

UNIT MUST BE READY FOR OPERATION UPON COMPLETION

Name and Address of Firm: _____

Name, Title and Contact Information
of Authorized Representative: _____

TELEPHONE #: _____ - _____ - _____ FAX #: _____ - _____ - _____

EMAIL: _____

REPRESENTED BY: _____ (Name & Title)

____Signature of Authorized Representative:

2019-11

**MONITOR / DEFIBRILLATOR
PARAMEDIC PROGRAM
THE TOWN OF COLCHESTER, CT.
COLCHESTER FIRE DEPARTMENT**

NON COLLUSIVE AFFIDAVIT OF PROPOSER

The undersigned proposer, having fully informed themselves regarding the accuracy of the statements made herein certifies that;

- (1) The proposer developed the bid independently and submitted it without collusion with, and without any agreement, understanding, or planned common course of action with any other entity designed to limit independent bidding or competition;
- (2) The proposer, its employees and agents have not communicated the contents of the bid to any person not an employee or agent of the proposer and will not communicate the proposal to any such person prior to the official opening of the proposal, and
- (3) Acknowledges that the Town of Colchester's Code of Ethics has been received and understood. The undersigned proposer further certifies that this statement is executed for the purpose of inducing the Town of Colchester to consider the proposal and make an award in accordance therewith.

Legal Name of Proposer

Firm Business Address

Signature and Title

Date

Printed Name of Title Person

Subscribed and Sworn to me this ____ day of _____ 2017

Notary Public
My Commission Expires _____

I. GENERAL INFORMATION 2019-11

1.1 Issuing Office: This Request for Proposals (RFP) is issued by the Town of Colchester, Connecticut.

1.2 Purpose: The purpose of the RFP is to provide prospective firms with essential information to enable them to prepare and submit proposals regarding the provision of a MONITOR / DEFIBRILLATOR for the paramedic program.

1.3 Proposals: All proposals received by the Town in response to this RFP will be retained. Submissions must:

A. Constitute a complete response to this RFP, using the Proposal Form provided in this document.

B. Include an original and one (1) copy.

C. Must be received on or before 2:00 P.M. Thursday December 20, 2019. Envelopes must be clearly marked "2019-xx MONITOR / DEFIBRILLATOR – PARAMEDIC PROGRAM" Firms mailing proposals should allow for normal delivery time to ensure timely receipt of their proposals. Proposals may not be submitted by e-mail.

Office of 1st Selectman,
127 Norwich Avenue, Suite 201,
Colchester, Connecticut 06415

D. Must be signed by an official authorized to bind the firm to its provisions.

E. Must include a statement that the proposal remains valid for a period of at least ninety (90) days from the date of its submission.

LATE PROPOSALS WILL NOT BE CONSIDERED

1.4 Rejection of Proposals: The Town reserves the right to reject any and all proposals received as a result of this RFP.

1.5 Communications Concerning RFP: All questions relevant to the development of a proposal are to be directed at least seven (7) days prior to the submission date to:

Walter Cox
Town of Colchester Fire Chief, at (860) 537-2512.
firedepartment@colchesterct.gov

Questions determined to be of interest to all prospective firms will be answered in writing and provided to all firms either by mail or by e-mail.

1.6 Term: Based upon the outcome of this process, the Town of Colchester will award a contract at the sole discretion of the Town of Colchester.

1.7 Additional Information:

A. Revisions or addenda to the RFP: In the event it becomes necessary to revise or supplement any part of the RFP, the revision or supplement will be provided to all prospective firms either by U.S. mail or by e-mail.

B. Incurring Costs: The Town will not be liable for any costs incurred by a firm in the preparation or submission of a proposal.

C. Civil Rights Compliance: Where applicable, firms must comply with the Civil Rights Act of 1964, the Equal Employment Act, and the Connecticut Fair Employment Practices Act.

D. Acceptance of Proposal Content: The contents of the successful proposal may, at the Town's option, become part of the contract entered into by the successful firm and the Town.

GENERAL SPECIFICATIONS BID #2019-11 Monitor / Defibrillator, Paramedic Program

The Town of Colchester, Connecticut is seeking qualified manufacturers, or their representatives, to submit proposals through the RFP Process for the purchase Monitor / Defibrillator, (Life Pack 15 or Zoll X Series or equal), to be used for the Paramedic program.

The selection process used will be based on a review of qualifications followed by a detailed review of costs and finances. The final decision will be made by the Town of Colchester.

A decision will be made based on all information obtained through the RFP process including written proposals and on site interviews, if necessary. Among factors to be considered will be the infrastructure compatibilities, operational governance and quality control.

The Town of Colchester reserves the right to accept or reject any or all options, proposals, and responses; to waive any technicality in a statement or part thereof submitted, and to pursue the option(s) deemed to be in the best interest of the town. All materials submitted shall become the property of the town. The receipt of any response to this request shall in no way be construed to create or imply a contract or obligation between the parties.

Responses shall be addressed to, First Selectman, 127 Norwich Avenue, Suite 201, Colchester, Connecticut 06415 on or before 2:00 P.M. December 20, 2019. Responses shall be submitted in a sealed envelope clearly marked, "2019- 11 Monitor / Defibrillator, Paramedic Program"

The RFPs are available at the First Selectman's Office or at www.colchesterct.gov any questions should be addressed to: Chief Walter Cox at firedepartment@colchesterct.gov

Bid Prices: Bid price , BY OPTION, is to be a net LUMP sum fee, inclusive all parts, labor, travel, supervision, tools, permits, accessories, disposables, and upgrades, discounts, promotions etc, necessary to render the unit immediately operational upon installation, for each option: NEW unit; a REFURBISHED unit; and a NEW LEASED UNIT.

The maintenance agreement cost will be taken into consideration.

Basis of Award: This contract will be awarded to the lowest responsible qualified bidder meeting specifications, by the option deemed to be in the best interest of the Town of Colchester.

Consideration will be given to previous work performed by the Bidder for the Town of Colchester.

Financial resources of the bidder

Compliance by the Bidder with all applicable federal, state, and local laws, licensing requirements

Delivery or completion time

Bid Award:

Once the lowest responsible qualified bidder has been identified by selected OPTION, and the award of the bid is authorized, the Purchasing Agent shall prepare or cause to be prepared a purchase order to confirm the bid award. The Purchasing Agent will bring the recommendation forward to the Board of Selectman for approval as required by the Town Charter, State Statutes, and this policy.

Specifications:

All bidders must submit specifications for the brand and model they are proposing. The brand / model must meet or exceed the minimum specifications listed, and ones inherent to the Physio-Control Life Pak 15 or Zoll X Series.

All bid prices must be with delivery to 52 Old Hartford Road Colchester, Ct. and shall include assembly and installation (**ready for operation and/or use**) of all equipment and/or materials.

Invoicing: Invoice shall be payable upon satisfactory delivery and inspection of unit to ensure it is operational.

MINIMUM SPECIFICATIONS: MONITOR / DEFIBRILLATOR 2019-11 pg 1

MINIMUM SPECS - BRAND / MODEL # BID/PROPOSED

ATTEST FEATURE IS INCLUDED IN THE PRODUCT YOU ARE BIDDING

attached printer w/ paper operator's manual _____

communications pkg
incl wifi,bluetooth
usb cellular modem _____

6.5" diagonal screen _____

12 ECG lead view/ w/ mode display
split screen or equal _____

A/C Power adapter / battery charger _____

a/c power cord _____

carrying case _____

SPO2 & SPCO Pulse Oximetry w/ adult
cuff & hose
Masimo or Rainbow or equal _____

SpO2 / SpCO/rainbow DCI
Reusable Sensor, Pedi _____

Blood Pressure cuff
re-usable cuff, adult, pedi, med, LG,
&hose _____

End Tidal Carbon
Dioxide monitoring _____

Interpretive 12 lead ECG _____

incl cable must specify # of leads

Temperature Monitoring	_____
channels w/ digital display	_____
Temperature probes , as needed	_____
Six hr rechargeable	_____
smart battery	_____
Single Bay charger	_____
Warranty	_____
Weight	_____
heart rate display	_____
service on site by tech specialist	_____
parts / labor	_____
PM	_____
discounts on accessories	_____
updates to software version	_____
preconfigured loaner	_____
battery replacement	_____