

## Invitation to Bid

### 041416 TRANSPORT VENTILATOR

Responses to an Invitation to Bid will be received by the Purchasing Supervisor, Sumner County Board of Education, 1500 Airport Road, Gallatin, TN 37066 for 041416 TRANSPORT VENTILATOR until 10:30 a.m. CDT April 14, 2016. Bid responses will be opened at that time, taken under advisement and evaluated. Should you have any questions please contact Sean Frary-Sumner County EMS at 615-451-0429. All proposals are subject to the Board of Education's conditions and specifications which are available from Vicky Currey, Purchasing Supervisor (615) 451-6560. All bids can be viewed on line at [www.sumnerschools.org](http://www.sumnerschools.org).

## NOTICE TO RESPONDENTS

Responses to an Invitation to Bid will be received by the Purchasing Supervisor in the SUPPORT SERVICE FACILITY CONFERENCE ROOM, Sumner County Board of Education, 1500 Airport Road Gallatin, TN 37066. They will be received until **10:30 A.M. Local Time APRIL 14, 2016** for **041416 TRANSPORT VENTILATOR**, at which time the responses will be opened, taken under advisement and evaluated. ***BIDS WILL BE POSTED ON [www.sumnerschools.org](http://www.sumnerschools.org) and [www.sumnertn.org](http://www.sumnertn.org)***

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### GENERAL REQUIREMENTS AND CONDITIONS

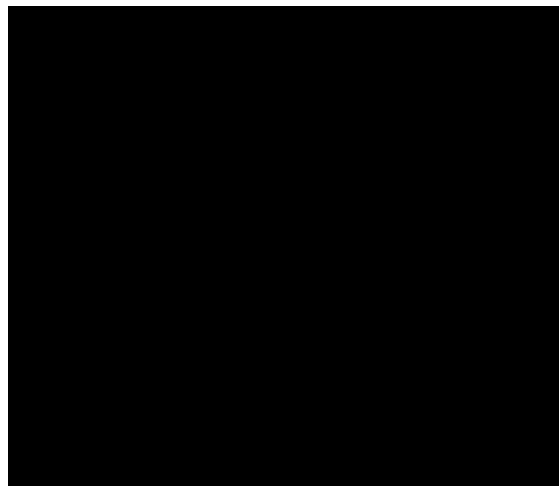
1. The Sumner County Board of Education/Sumner County Government reserves the right to accept or reject any and/or all responses in whole or in part, and to waive informalities therein.
2. Any responses received after the scheduled closing time for the receipt for responses will not be considered.
3. If a mistake is discovered after the responses are received, only the Sumner County Board of Education/Sumner County Government may allow the respondent to withdraw the entire response.
4. Partial payments will not be approved unless justification for such payment can be shown. Terms will be net 30 days.
5. Payment will not be made until the said **041416 TRANSPORT VENTILATOR** are inspected and approved as meeting all specifications by persons appointed by the Sumner County Board of Education/Sumner County Government.
- 6.

# **PROPOSAL REQUEST**

**Bid Number: 041416**

**Transport Ventilator**

## **Sumner County Emergency Medical Service**



**SUMNER COUNTY GOVERNMENT  
SUMNER COUNTY, TENNESSEE**

## **Introduction**

Sumner County Government is hereby requesting a proposal for Transport Ventilators for Sumner County Emergency Medical Service 255 Airport Rd Gallatin, Tennessee 37066.

**Sumner County EMS is requesting proposals for the purchase of 4 (four) Critical Care Transport**

- Valid Tennessee driver license or photo ID issued by department of safety
- Valid out-of-state driver license
- U.S. birth certificate
- Valid U.S. passport
- U.S. certificate of birth abroad
- Report of birth abroad of a U.S. citizen
- Certificate of citizenship
- Certificate of naturalization
- U.S. citizen identification card
- Valid alien registration documentation or proof of current immigration registration

3. In addition, for all vendors with annual purchases in excess of \$50,000 (if a business license is required), a business license must be on file in the finance department, or the requisitioner must submit a copy with the purchase order requisition form or the payment requisition form, as applicable.

## **II. Responses**

Proposal must include point-by-point responses to the RFP.

Proposal must include a list of any exceptions to the requirements.

**VI. Insurance Requirements and Liability**

Each bidder or respondent to the RFP who may have employees, contractors, or agents working on Sumner County properties shall provide copies of current certificates for general and professional liability insurance and for workers' compensation of a minimum of \$250,000. The owner or principal of each respondent must also be insured by workers' compensation if they perform any of the services on Sumner County properties. There will be no exceptions to the insurance requirement.

**VII. Payment Terms**

Payment terms shall be specified in the bid response, including any discounts for early payment. All payments, unless agreed upon differently, will be after receipt of service or product and Sumner County's approval of conformance with specifications. The Sumner County Finance Department does not allow the practice of picking up checks in person.

**VIII. Deadline**



**XIII. Discussions**

Discussions may be conducted with the vendors which have submitted proposals determined to be reasonably likely of being considered for selection to assure a full understanding of and responsiveness to the RFP requirements. Every effort shall be afforded to assure fair and equal treatment with respect to the opportunity for discussion and/or revision of their respective proposals. Revisions may be permitted after the submission and prior to the award for the purpose of obtaining the best offers.

**XIV. Open Records**

## **XX. Applicable Law**

Sumner County, Tennessee is an equal opportunity employer. Sumner County does not discriminate towards any individual or business on the basis of race, sex, color, age, religion, national origin, disability or veteran status.

The successful contractor(s) agrees that they shall comply with all local, state, and federal law statutes, rules, and regulations including, but not limited to, the Rehabilitation Act of 1973 and the Americans with Disabilities Act.

In the event that any claims should arise with regards to this contract for a violation of any such local, state, or federal law, statutes, rules, or regulations, the provider will indemnify and hold Sumner County harmless for any damages, including court costs or attorney fees, which might be incurred.

Any contract will be interpreted under the laws and statutes of the state of Tennessee.

Sumner County does not enter into contracts which provide for mediation or arbitration.

Any action arising from any contract made from these specifications shall be brought in the state courts in Sumner County, Tennessee or in the United States Federal District Court for the Middle District of Tennessee.

Additionally, it is a violation of state statutes to purchase materials, supplies, services, or any other item from a vendor that is a commissioner, official, employee, or board member that has any financial or beneficial interest in such transaction.

### **Specific Information**

Proposal requirement details:

1. Invoices are to be sent to: Sumner County EMS[bec.0055 e)-11.3( )11(he)Dor5(cH)-11.3(wk)7.5(53.327)-7-Tweed,9



## Minimum Bid Specifications

### **Patient Range:**

Infant/Pediatric (• 5 kg) – Adult

### **Controls/Settings:**

Modes

Programmable Quick Start Presets  
(Pressure or Volume) A/CMV  
(Pressure or Volume) SIMV  
CPAP  
Bi-PAP  
NIV (non invasive ventilation)

### **Tidal Volume:**

40 to 2000ml

### **RR (respiratory Rate)**

0.5 to 60b/min

### **I Time (Inspiratory Time)**

0.5 to 2.0 sec

### **PEEP/CPAP**

0 to 25 cmH<sub>2</sub>O/0 to 25 mbar

### **PS (pressure support)**

0 to 25 cmH<sub>2</sub>O/0 to 25 mbar (PEEP + PS cannot exceed 25 cmH<sub>2</sub>O/mbar)(based on mode selected)

### **Flow**

5 to 60 L/min (flows • 80 LPM in PS Mode, CPAP and demand flows)

### **Pressure Control (target pressure)**

15 to 55 cmH<sub>2</sub>O/15 to 55 mbar

### **P<sub>trig</sub> (sensitivity)**

-5 to -1 cmH<sub>2</sub>O/-5 to -1 mbar

### **Manual Inflation**

2 second maximum

### **FiO<sub>2</sub>**

.21 to 1.00

### **Maximum I Time**

2 seconds

### **Flow Wave Pattern**

square or descending (based on mode selected)

### **Monitored Parameters:**

Paw (Peak, Base)

Delivered Tidal Volume

Spontaneous Breath Count

Integrated Battery Level

External Battery Level – When Attached

### **Calculated Parameters:**

I:E Ratio

Flow Rate

FiO<sub>2</sub>

### **Alarms:**

High Airway Pressure 10 to 55 cmH<sub>2</sub>O/10 to 55 mbar

Low Airway Pressure 5 to 15 cmH<sub>2</sub>O/5 to 15 mbar

Back-up Ventilation Alert

Apnea 20 second fixed, apnea ventilation mode

Low Source O<sub>2</sub> Triggers at 40-37 psi

Low Source Air Triggers at 40-37 psi

Device Alert Malfunction alert

Critical Battery Alert Approx time remaining

Silence/Reset Approx time unit is silenced

### **Pneumatics:**

Gas Delivery System Internal Dual Diaphragm

Air/Oxygen Mixer Integrated

Oxygen Output 41 to 87 psig oxygen

**Power Requirements:**

AC Voltage 110-240 VAC, 50/60 Hz, Max. 1A  
DC Voltage 11 – 15 VDC, max 5A

**Battery Parameter:**

Sealed Lead Acid

**Specialty Features:**

Quick Start Programmable presets to quickly recall pre-determined ventilation protocols.

Oxygen Conserve Allow to use low pressure barb fitting if DISS 50psi output not available.

SUMNER COUNTY BOARD OF EDUCATION

Purchasing Department

1500 Airport Road

Gallatin, TN 37066

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

AUTHORIZED COMPANY  
REPRESENTATIVE \_\_\_\_\_

*SIGNATURE*

AUTHORIZED COMPANY  
REPRESENTATIVE \_\_\_\_\_

*PRINTED*

DATE \_\_\_\_\_

BID TITLE

041416 TRANSPORT VENTILATOR

DEADLINE

APRIL 14, 2016 @ 10:30 A.M.

BID AMOUNT

\$ \_\_\_\_\_

\_\_\_\_\_ Brand

\_\_\_\_\_ Model No.

BID GOOD THRU \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTACHMENT 1**

**STATEMENT OF NON-COLLUSION**

The undersigned affirms that they are dully authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other respondent, and that the contents of this proposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal.

Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Respondent (Signature)  
\_\_\_\_\_

Respondent (Print Name and Title)  
\_\_\_\_\_

Authorized Company Official (Print Name)  
\_\_\_\_\_

## ATTACHMENT 2

### DRUG-FREE WORKPLACE

Sumner County Government is committed to maintaining a safe and productive work environment for its employees and to providing high quality service to its citizens. The goal of this policy is for Sumner County employees and contractors to remain, or become and remain, drug-free. Abuse and dependency on alcohol and/or drugs can seriously affect the health of employees, contractors and citizens, jeopardize personal safety, impact the safety of others and impair job performance.

Drug-Free Workplace Act of 1988 – Sumner County Government is governed by the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D).

Omnibus Transportation Employee Testing Act of 1991 – Sumner County Government is governed by the Omnibus Transportation Employee Testing Act of 1991 (Pub. L. 102-143, Title V).

Right to an Alcohol and Drug-Free Workplace - Employees have the right to work in an alcohol and drug-free environment and to work with persons free from the effects of alcohol and/or drugs.

Required Alcohol and Drug Tests - Alcohol and drug testing for safety sensitive employees shall be in accordance with the provisions contained in the Sumner County Alcohol and Drug Policy adopted by departments which have safety sensitive positions.

**DRUG-FREE WORKPLACE AFFIDAVIT (page 2)**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The undersigned, principal officer of \_\_\_\_\_, an employer of five (5) or more employees contracting with Sumner County, TN to provide goods or services, hereby states under oath as follows:

1. The undersigned is a principal officer of \_\_\_\_\_ (hereinafter referred to as the "Company") and is duly authorized to execute this Affidavit on behalf of the Company.
2. The Company submits this Affidavit because it shall be receiving pay pursuant to a contract with the state or any local government to provide goods or services.
3. The Company is in compliance with all State and Federal Laws, Rules and Regulations requiring a drug-free workplace program.

Further affiant saith not.

Principal Officer: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who acknowledged that such person executed the foregoing affidavit for the purposes therein contained.

Witness my hand and seal at office this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

## ATTACHMENT 3

### CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

The prospective participant certifies, to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in transactions under federal non-procurement programs by any federal department or agency;
2. Have not, within the three year period preceding the proposal, had one or more public transactions (federal, state, or local) terminated for cause or default; and
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) and have not, within the three year period preceding the bid, been convicted or had a civil judgment rendered against it
  - A. For the commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction (federal, state, or local) or a procurement contract under such a public transaction;
  - B. For the violation of federal or state antitrust statutes, including those proscribing price fixing between competitors, the allocation of customers between competitors, or bid rigging; or
  - C. For the commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

I understand that a false statement on this certification may be grounds for the rejection of this proposal or the termination of the award. In addition, under 18 U.S.C. § 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to five years, or both.

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Name of Participant Agency

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Name and Title of Authorized Representative

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Signature of Authorized Representative

Date

\_\_\_\_\_ I am unable to certify to the above statement. Attached is my explanation.

**ATTACHMENT 4**

**CERTIFICATION BY CONTRACTOR**

**I, the undersigned, certify that on behalf of Contractor, I am authorized to attest and obligate the above certification and to legally bind Contractor to these terms, conditions and obligations.**

\_\_\_\_\_ **Title**

\_\_\_\_\_ **Name**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Witness**