



**MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT
MARICOPA INTEGRATED HEALTH SYSTEM**

REQUEST FOR QUOTATIONS
CUSTOM WELCOME KITS
90-12-117-RFQ

DATE OF ISSUE:

DECEMBER 23, 2011

DATE & TIME QUOTATIONS DUE:

JANUARY 13, 2012/1:00PM PHOENIX, AZ TIME

CONTRACTS MANAGEMENT DEPARTMENT
2611 E PIERCE STREET, PHOENIX, AZ 85008-6092
602-344-1497 • 602-344-1813 (FAX)

SPECIFICATIONS:**1. INTENT**

Maricopa County Special Health Care District dba Maricopa Integrated Health System (MIHS) hereby requests for quotations (RFQ) for creating the custom welcome kits to be distributed to our admitted patients in the Maricopa Medical Center.

2. WELCOME KITS REQUIREMENTS

It is MIHS desire creating a separate kit for male and female. The welcome kits will be filled with toiletry items. The contents of the welcome kits shall be consisting with one (1) of each of the items indicated below.

Content Description	Male Kits	Female Kits
Printed card from MIHS (provided by MIHS)	X	X
Toothbrush (Adult, soft)	X	X
Toothpaste 0.85 oz	X	X
Deodorant 0.5 oz	X	X
Comb & brush folding combo		X
Comb 7" black	X	
Hand Sanitizer 0.5 oz (Purell)	X	X
Shampoo 1 oz	X	X
Conditioner 1 oz	X	X
Tissue Pkt. 15 CT	X	X
Ear Plugs classic	X	X
Shaving Cream 2 OZ	X	
Razor Twin – disposable	X	

- a) Contents: Contents shall be obtained domestically in the U.S. as much as possible. MIHS prefers products made in U.S. to ensure quality and shorter order lead time.
- b) Content brands: contents shall be products of nationally recognized name brands in the U.S. Acceptable name brands are listed below:
- 1) Shampoo & Conditioners are: Pantene, Dove, Neutrogena, and Suave
 - 2) Toothbrush & Toothpaste are: Colgate and Crest
 - 3) Deodorant: Secret, Speed Stick, Dial & Degree
 - 4) Hand Sanitizer: must be **Purell**, no other brand names will be accepted
 - 5) Shaving Cream: Gillette and Barbasol
 - 6) Tissue: Puffs and Kleenex

3. WELCOME KITS/BAG SPECIFICATIONS

The bag of the welcome kits is meant to be reusable for patients to take home. The bags front should have a clear top to allow viewing contents inside of the bag and canvas in the bottom with imprint of MIHS logo.

Size: Bottom 9" wide (tapering to 7" on top) x 5 1/2" H x 1 1/4" D.

Materials & Style: Zippered top. Bag is canvas with clear pvc and canvas on the front. Back is canvas.

Color for:

Male's Bag:

Black canvas with white MIHS logo imprint

Female's Bag:

Lavender canvas with white MIHS logo imprint

4. DELIVERY SCHEUDLE

- a) What is your initial order lead time from award of contract?
- b) What is your standard order lead time from receipt of MIHS purchase order (PO)?

5. MINIMUM ORDER QUANTITY

If applicable, please specify

- a) Minimum order quantity for female kit
- b) Minimum order quantity for male kit

EVALUATION CRITERIA:

Evaluation criteria to be utilized in determining the successful offeror are listed below. MIHS reserves the right to accept other than the lowest priced quotation.

- Pricing (Attachment B) (Maximum 60 Points)
This will include a thorough and detailed review of the Offeror's pricing. Although price will be a factor in quotation evaluation, it is specifically a consideration of lesser importance to other items identified in the quotation. MIHS reserves the right to accept other than the lowest priced Quotation.
- Response to Specifications (Maximum 30 Points)
This will include a thorough and detailed review of the responses to the Specifications, the quality, completeness, accuracy and level of detail of the Quotation, the demonstration of the Offeror understands of the concepts and requirements.
- Compliance with RFQ Requirements and Contract Provisions (Attachment C) (Maximum 10 points)
This will include a thorough and detailed review of the Offeror's exceptions to RFQ Requirements and Contract Provisions.

HOW TO RESPOND TO THIS RFQ:

To respond to this Request for Quotations, the Offeror must include the following:

1. Response to Specifications. The Response must contain sufficient detail to allow MIHS to make an informed and realistic evaluation of the Offeror's services and capabilities.
2. Provide sample of each male and female kit if available
3. Authorization to Submit Quotation and Required Certifications (Attachment A)
4. Pricing (Attachment B)
5. Response to Exceptions to the MIHS Contract Provisions (Attachment C)
6. Declaration of Proprietary/Confidential Information (Attachment D)

CODE: The MIHS Procurement Code governs this procurement and is incorporated by this reference (<http://www.mihs.org/uploads/Openbid/DistrictProcurementCodeEff06252008.pdf>). Pricing on written quotations is to remain confidential until the transaction is complete, i.e., the purchase order is issued. The Respondent understands that the successful offer or is to be an Independent Contractor in the performance of work and the provision of services under any contract issued and is not to be considered an officer, employee, or agent of MIHS.

INQUIRIES: Questions concerning this Request for Quotations may be submitted to Annie Miyazaki via e-mail at annie.miyazaki@mihs.org or may be faxed to 602-344-1813.

Written questions concerning this Request for Quotations package should be addressed to Annie Miyazaki no later than January 6, 2012/1:00PM, Phoenix, AZ time. Direct contact with any MIHS personnel associates with this procurement other than the Procurement Officer (Annie Miyazaki), is not

allowed beginning with the issuance of this document through contract award. Failure to comply with this requirement can and will cause disqualification. Exceptions to this requirement involves firms already performing services for MIHS, allowing for discussions necessary for completion of services under existing contracts. Inquiries may be submitted by telephone, but must be followed up in writing. No oral communication is binding on MIHS. Answers to the written questions submitted by Respondents concerning the RFQ will be provided in the form of an Addendum via the MIHS website.

<http://www.mihs.org/working-at-mihs/contracting-opportunities>

It is the responsibility of all potential Respondents to check the MIHS web site for any Addendums to the RFQ and to ensure signed Addenda are included in their response to the Solicitation.

DEADLINE FOR RESPONSE: Quotations must be received at the address below no later than January 13, 2012/1:00PM, Phoenix, AZ time. Quotations may be submitted to Annie Miyazaki via email at annie.miyazaki@mihs.org or faxed to 602-344-1813. Emailed submissions must contain an attachment size of 5MB or less to ensure receipt by Contracts Management. If a larger attachment is needed, multiple emails with a fragmented response may be sent, but this must be clearly indicated in the email subject line (i.e., Response 1 of 2, Response 2 of 2). Respondents assume all risk with the delivery of quotations and it is strongly suggested that Respondents ensure that delivery of quotations have been received by Contracts Management before the deadline.

Samples of the Welcome Kit should be submitted to Annie Miyazaki at:

Maricopa Integrated Health System
Contracts Management Department
ATTN: Annie Miyazaki
2611 E Pierce Street, 2nd FL
PHOENIX, AZ 85008-6092

ATTACHMENT A: AUTHORIZATION TO SUBMIT QUOTATION AND REQUIRED CERTIFICATIONS

By signing below, the Respondent hereby certifies that:

- * They have read, understand, and agree that acceptance by MIHS of the Respondent's offer by the issuance of a purchase order or contract will create a binding contract;
- * They agree to fully comply with all terms and conditions as set forth in the MIHS Procurement Code, and amendments thereto, together with the specifications and other documentary forms herewith made a part of this specific procurement;
- * They are in compliance with A.R.S. § 35-391 et. seq., §35-391.06 and A.R.S. § 35-393 et. seq. including §35-393.06 and do not have scrutinized operations in Iran or the Sudan and are not in violation of the Export Administration Act.

The person signing the Quotation certifies that he/she is the person in the Respondent's organization responsible for, or authorized to make, decisions regarding the prices quoted.

The Respondent is a corporation or other legal entity.

No attempt has been made or will be made by the Respondent to induce any other firm or person to submit or not to submit a Quotation in response to this RFQ.

- ☐ All amendments to this RFQ issued by MIHS have been received by the person/organization below. All amendments are signed and returned with the Quotation.
- ☐ No amendments have been received.

The price and terms and conditions in this Quotation are valid for 180 days from the date of submission.

FIRM SUBMITTING BID

ADDRESS

TELEPHONE

CITY

STATE

ZIP CODE

FAX

FEDERAL TAX ID NUMBER

EMAIL

AUTHORIZED SIGNATURE

DATE

PRINTED NAME AND TITLE

MINORITY BUSINESS/WOMEN BUSINESS/SMALL BUSINESS/DISADVANTAGED BUSINESS

(Check appropriate item):

- | | | | |
|--------------------------|------------------------------------|--------------------------|---|
| ☐ | Minority Business Enterprise (MBE) | ☐ | Small Business Enterprise (SBE) |
| ☐ | Women Business Enterprise (WBE) | ☐ | Disadvantaged Business Enterprise (DBE) |

ATTACHMENT B: PRICING

The document is to be used by the Respondent to specify proposed rates for the custom welcome kits. Price quotes provided should be for the initial contract term of one (1) year from contract award.

The pricing table format below should remain static so quotation comparison can be enabled. Columns should not be altered; however, additional rows to capture specific detail may be added. Supplementary documentation may also be provided.

MIHS anticipates distributing 700 of each male & female kit per month. Pursuant to Section I of MIHS Contract General Provisions, paragraph 4. NO Guaranteed Volume, MIHS makes **NO** guarantees or commitments on number of kits to be purchased on an annual basis.

Pricing:

Description:	Price per Kit
Welcome Kit - Male	\$
Welcome Kit - Female	\$

Upon successful negotiations with Respondent(s), pricing information will be inserted into Section IV, Compensation, Paragraph 2, Pricing.

The price and terms and conditions in this Quotation are valid for 180 days from the date of submission.

I hereby certify that I acknowledge acceptance of the rates stated above.

Printed Name of Authorized Individual

Name of Submitting Organization

Signature of Authorized Individual

Date

ATTACHMENT C: EXCEPTIONS TO RFQ REQUIREMENTS AND/OR CONTRACT PROVISIONS

Respondents must use this section to state any exceptions to the RFQ requirements and/or any requested language changes to the **MIHS Contract Provisions**. Respondent(s) may inspect the Contract Provisions at: <http://www.mihs.org/uploads/Openbid/MIHSContractProvisionsRev08122010.pdf>.

This is the only time Respondents may contest these issues. Requests for changes after the date Quotations are due will not be considered and could subject the Respondent to non-award on grounds of non-responsiveness.

Please sign and include this statement with your quotation.

I have read MIHS' Contract Provisions and:

- ☐ I accept them
- ☐ I have stated my exceptions and have included them in this quotation.

Printed Name of Authorized Individual

Name of Submitting Organization

Signature of Authorized Individual

Date

ATTACHMENT D: PROPRIETARY AND/OR CONFIDENTIAL INFORMATION

Since MIHS is subject to Arizona's Public Records Act, Title 39 Chapter 1 of the Arizona Revised Statutes, Respondent is advised that any documents it provides to MIHS in response to a solicitation will be available to the public if a proper Public Records Request is made, except that MIHS is not required to disclose or make available any record or other matter that reveals proprietary information provided to MIHS by a Respondent that is from a non-governmental source. See ARS 48-5541.01(M)(4)(b).

PURSUANT TO THE PROCUREMENT CODE, ANY SPECIFIC DOCUMENTS OR INFORMATION THAT THE RESPONDENT DEEMS TO BE PROPRIETARY AND/OR CONFIDENTIAL MUST BE CLEARLY IDENTIFIED AS SUCH IN THE QUOTATION ALONG WITH JUSTIFICATION FOR ITS PROPRIETARY AND/OR CONFIDENTIAL STATUS.¹

NOTE: The Respondent may not claim that the entire Quotation or the entire submission is proprietary and/or confidential. It is the Respondent's responsibility to clearly identify each document and each piece of information in their submission that is proprietary and/or confidential. The final determination of nondisclosure, however, rests with the Procurement Officer.²

Respondent should be aware that if a Court determines that the Respondent's information is not proprietary and/or confidential, MIHS will be required to disclose such information pursuant to a public records request. In such cases, Respondent understands and agrees that MIHS shall comply with the Court's determination and Respondent shall not hold MIHS liable for any costs, damages or claims whatsoever related to releasing the information.

This is the *only notice* that will be given to the Respondent regarding the Respondent's responsibility to clearly identify its proprietary and/or confidential information. If a public records request is submitted to MIHS and the Respondent did not clearly identify its proprietary and/or confidential information at the time their Quotation is submitted, MIHS will not provide Respondent with any subsequent notice or opportunity to identify proprietary and/or confidential documents or information.

¹ MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT (MCSHCD) PROCUREMENT CODE, ARTICLE 1, GENERAL PROVISIONS, PARAGRAPH HS-104, CONFIDENTIAL OR PROPRIETARY INFORMATION.

² MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT (MCSHCD) PROCUREMENT CODE, ARTICLE 1, GENERAL PROVISIONS, PARAGRAPH HS-104(C).

Please sign and include this statement with your quotation. I hereby certify that I acknowledge acceptance of the terms above and that I have:

- ☐ Determined that no documents or information contained within this quotation are proprietary and/or confidential in nature.
- ☐ Clearly identified specific documents or information that are deemed to be proprietary and/or confidential and have justified the reason for the proprietary status of any identified documents or information contained herein.

Printed Name of Authorized Individual

Name of Submitting Organization

Signature of Authorized Individual

Date