



HHS Procurement and Contracting Services

SOLICITATION DOCUMENT

Check one: Invitation for Bid (IFB) Request for Offer (RFO) Request for Qualifications (RFQ)
 Check one: Formal Informal

Solicitation No.:	Issue Date:	Response Due Date:
HHS0003156	10/31/2018	11/13/2018 11:00 AM

E-mail responses will only be accepted

Contact Information: Purchaser: Jodi Day Phone:830.257.1364	E-Mail Response to: Email: PCSbids@hhsc.state.tx.us	Ship to or Service Delivered to Location: Abilene State Supported Living Center 2501 Maple Abilene, TX 79602
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Source of Authority CPA/TPASS DIR Other: TGC 2155.144

By signing this document, respondent certifies that prices shown on this quote are true and correct. Should this bid/offer result in a Purchase Order, respondent agrees to comply with all "Terms and Conditions," which are attached and incorporated into this document.



<p>Check below if preference claimed under Texas Administrative Code (TAC), Title 34, Part 1, Rule 20.38:</p> <ul style="list-style-type: none"> i. Goods produced or offered by a Texas bidder that is owned by a Texas resident service-disabled veteran ii. Goods produced in Texas or offered by a Texas bidder that is not owned by a Texas resident service-disabled veteran iii. Agricultural products grown in Texas iv. Agricultural products offered by a Texas bidder v. Services offered by a Texas bidder that is owned by a Texas resident service-disabled veteran vi. Services offered by a Texas bidder that is not owned by a Texas resident service disabled veteran vii. Texas Vegetation Native to the Region viii. USA produced supplies, materials or equipment ix. Products of persons with mental or physical disabilities x. Products made of recycled, remanufactured, or environmentally sensitive materials including recycled steel xi. Energy Efficient Products xii. Rubberized asphalt paving material xiii. Recycled motor oil and lubricants xiv. Products produced at facilities located on formerly contaminated property xv. Products and services from economically depressed or blighted areas xvi. Vendors that meet or exceed air quality standards xvii. Recycled or Reused Computer Equipment of Other Manufacturers xviii. Foods of Higher Nutritional Value. 	<p>VENDOR / RESPONDENT MUST COMPLETE ALL ITEMS</p> <p>_____ Signature of Vendor or Authorized Representative</p> <p>_____ Print Name (Must be manually signed; failure to sign will disqualify response.)</p> <p>Texas Vendor Identification No. (or Federal Employer's ID): _____</p> <p>Name of Business _____</p> <p>Street Address _____</p> <p>City-State-Zip Code _____</p> <p>Telephone Number _____</p> <p>Fax Number _____</p> <p>E-Mail Address _____</p> <p><small>*By signing this bid, bidder certifies that if a Texas address is shown as the address of the bidder, bidder qualifies as a Texas Bidder as defined in 34 TAC Rule 20.32(68). AWARD NOTICE: The State reserves the right to make an award on the basis of low line item bid, low total of line items, or in any other combination that will serve the best interest of the State and to reject any and all bid items in the sole discretion of the State.</small></p>
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1. INTRODUCTION AND PURPOSE OF SOLICITATION

The Health and Human Services Commission (HHSC) Procurement and Contracting Services (PCS) on behalf of the Abilene State Supported Living Center, is seeking bids for repair and replacement for vehicle lifts, on an “as needed” or “will call” basis.

Abilene State Supported Living Center currently owns 26 vehicles with lifts that may need service. Others may be added.

- 9 High top vans
- 8 Para Transits
- 7 Transit vans with lifts
- 1 2008 Freightliner 29 capacity wheelchair Bus
- 1 1990 International Wheelchair Bus

The contract(s) issued as a result of this solicitation may be utilized by one or all of the Texas Health and Human Services (HHS) agencies listed below:

- i. Health and Human Services Commission (HHSC)
- ii. Department of Family and Protective Services (DFPS)
- iii. Department of State Health Services (DSHS)

If utilized by another agency, HHSC/PCS will issue separate, individual purchase orders, contracts, or releases for each HHS agency, region, city, or location requiring goods/services under the contract(s). Each order will include the delivery/service location and bill to address for the HHS agency requesting goods/services.

PCS does not guarantee the use of the blanket contract or the award of services for any facility or office. HHSC reserves the right to resolicit some or all of the facilities or office locations if PCS determines that it is in the best interest for the state.

INSTRUCTIONS TO RESPONDENTS

Before submitting a response to this solicitation, read the ENTIRE solicitation including the Terms and Conditions. Failure to read any part of this solicitation will not relieve an awarded contractor of his/her contractual obligations. Failure to comply with this section may result in disqualification of the response.

Responses to this solicitation will be received until the date and time shown above. Incomplete or late responses will not be considered.

Responses to this solicitation must be submitted by email, to the address below. An authorized officer of the respondent must manually sign submittal.

Respondent/Bidder must provide the following contact information for the submitted response:

Bidder Contact Person:
Bidder Contact Phone Number:

Include the signed Cover Sheet
Include the excel spreadsheet with pricing information

Responses must be emailed to: PCSBids@hhsc.state.tx.us

QUESTIONS

The sole point of contact for *inquiries* concerning this solicitation is:

Jodi Day, Purchaser
Tel: 830.257.1364
Email address: Jodi.Day@hhsc.state.tx.us

NOTE: Do not submit bid to Jodi Day. Bid responses must be emailed to: PCSBids@hhsc.state.tx.us

Direct all questions relating to this solicitation to the HHSC/PCS contact person named above. All other communications between a respondent and HHS agency staff concerning this solicitation are prohibited. In no instance is a respondent to discuss cost information contained in a response with the HHSC/ PCS point of contact or any other staff prior to response evaluation. **Failure to comply with these requirements may result in response disqualification.**

SCOPE OF WORK (SOW) TO BE PERFORMED

Vendor will install, replace and repair vehicle wheelchair lifts, for Abilene State Supported Living Center (ABSSLC), on an “as needed” or “will call basis.

Vendor must be licensed/certified by manufacturer to work on Ricom and Braun lifts

Vendor must be located within a 25 mile radius of ABSSLC

Vendor will provide a detailed cost estimate in writing that shall be approved by the ABSSLC Motor Pool Supervisor prior to any work being performed. Cost estimate shall include (but not be limited to) estimated cost of parts and prices known to be needed at the time of the estimate and the estimated completion date.

Vendor will obtain approval from the designated ABSSLC representative for all work and material required to correct any problems diagnosed by the vendor, prior to work being performed.

Vendor will complete all equipment repairs on or before the time frame approved with ABSSLC. If additional time is necessary to complete repairs, a written request for extension shall be sent to the Motor Pool Supervisor.

Vendor will notify via phone call or email the ABSSLC motor pool on the day of completion of repair.

WARRANTY: The vendor shall provide the manufacturer warranty of parts purchased, and will be the liaison between manufacturer and ABSSLC. Vendor shall guarantee his/her labor and shall satisfactorily correct, at no cost to ABSSLC, any defect that becomes apparent within a minimum of three months from the date of acceptance, inspection and approval by ABSSLC personnel.

INVOICING INSTRUCTIONS: A comprehensive and detailed invoice with reference to the basis for each item charged. Original documentation that validates the charges shall be attached. The original of the invoice shall be e-mailed to the e-mail address indicated on the Purchase Order (P.O.) and shall include the following:

- Purchase order number
- Equipment description
- License plate number
- Labor hours and rates detailed on each vendor invoice.
- The technician’s hourly rate will be as bid on the response solicitation documents. The amount of payment shall be calculated by multiplying the hourly rate on the bid by the number of hours approved by ABSSLC on the estimate form.
- List price of parts, minus discount

ABSSLC will pay for parts at the list price quoted on the response minus the discount or plus the markup. If prices bid are based on a discount from list, the list prices, discounts in the form of a percentage, and net prices shall be shown. If prices are based on a “markup” to cost, then the cost “plus” a percent increase or markup shall be noted by the vendor.

ABILENE STATE SUPPORTED LIVING CENTER RESPONSIBILITIES: ABSSLC will provide a lead contact person and contact information that will:

- Be designated as a point of contact to coordinate services
- Approve estimates
- Approve additional time
- Inspect work

PARTS PRICING: Vendor will submit parts pricing based on a percent discount from retail list price or a cost plus a percentage markup. The type of price list stated on the bid schedule shall not be replaced with another price list, unless it is no longer available. If this occurs, the vendor shall provide a new price list at the same percent discount or markup as bid on the original solicitation. ABSSLC will review the new price list to determine if it is acceptable. If the price list is determined not to be acceptable, the vendor’s purchase order may be cancelled.

TERM OF CONTRACT

- 1.1. Initial Contract/P.O. Term: The initial term of Contract/Purchase Order will be **11/01/2018 (or date of award) through 08/31/2019 with option to renew 4 times in one year increments.**
- 1.2. The decision to renew this contract shall be at the sole discretion of the HHSC. Renewal options will be exercised provided both parties agree in writing, and shall be subject to all specifications and terms and conditions of the contract resulting from this procurement. By submission of a response to this solicitation, respondent agrees to be bound, for the initial term of the contract. Renewals terms exercised will be at the rates quoted in the IFB, plus any approved rate increase. Increases must be submitted at time of renewal and may not exceed 2% per year. Increases are not automatic and must be requested in writing.
- 1.3. Option to Extend Services: The respondent by submission of a response to this solicitation agrees that the HHSC may require continued performance, beyond the initial term or renewal contract term, of any of the herein described services at the rates specified herein. This option may be exercised more than once, for the purpose of meeting HHSC procurement goals but the total extension of performance hereunder shall not exceed one hundred twenty (120) calendar days. Such extension of services shall be subject to all specifications and terms and conditions of the contract resulting from this procurement, with the sole and limited exception that the original date of termination shall be extended pursuant to this provision. The HHSC may exercise this option upon notice to the awarded respondent.