



Finance and
Municipal Affairs
Procurement Services
Office of the Comptroller

PO Box 2000
Charlottetown, PE
C1A 7N8

Tel: (902) 368-4040
Fax: (902) 368-5171
www.gov.pe.ca

Quotation No.	4199	Revision	Page 1
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**This Is Not an Order - Inquiry Only
Request for Quotation**

Ship to:

See Below
,

Vendor NAME _____
ADDRESS _____

**Quotation May Be Split
Between Two or More Vendors**

CA

Customer Acc. No.	Vendor No. 10335	Date of Request/Buyer 26-NOV-15	Revised Date/Buyer 26-NOV-15 L Richard
Payment Terms		Ship via	F.O.B. Destination
Freight Terms		Quote via	Confirm to/Telephone
Quote No Later than 17-DEC-15		Closing Bid Date 17-DEC-15	Quote Information Valid

ITEM	PART NUMBER/DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	EXTENSION	PST
1	Cough Assist Device and Accessories-Health PEI	1.00	Lot			
Contact: Donna Butler Phone: 902-894-0107 Vendors are required to sign, price, extend and total the RFQ document.						

Mail to: Procurement Services
P.O. Box 2000
Charlottetown, PE
C1A 7N8

Deliver To: Procurement Services
Shaw Building
Room 27, Second Floor
105 Rochford Street
Charlottetown, PE

**Quotation to Be Returned
by 12:00 Noon
on Closing Date**

Total

Lori Richard

Vendor Signature

Date

Procurement Services

Health PEI

HPEI-RFQ #4199

REQUEST FOR QUOTATION

FOR

Cough Assist Device and Accessories

Closing Date: December 17th, 2015

Closing Time: 12:00 Noon

Health PEI
November 2015

Request For Quotation for Cough Assist Device and Accessories for Health PEI

The Opportunity

The purpose of this quotation is to inform potential respondents of a business opportunity and to solicit quotations. Health PEI is inviting quotations from qualified respondents for the supply, delivery and in servicing of Cough Assist Device and Accessories for Prince County Hospital (Health PEI).

Period Of Offer:

Pricing to be open to acceptance for One Hundred and Twenty (120) days from closing date.

Pricing to be in effect for Two (2) years after the closing with the option to extend pricing for One (1) year and pricing is open to all sites within Health PEI.

Response Information

All quotation proposals must contain the following information if applicable and *Proposals lacking complete information may be excluded.*

1. Respondent Identification
2. Manufacturer Part Number for the Product if Different Than Listed
3. Equipment Specifications
4. Product Warranty and Maintenance Service Provided
5. Unit Pricing
6. Indicate Ordering Unit (Each, etc.)
7. Meets Canadian Safety Regulations and Standards
8. Shipping Terms, Delivery Charges Included
9. Payment Terms and Conditions
10. Estimated Delivery Times
11. Training/Installation
12. References
13. Proposal Acknowledgement and Authorization Form
14. Full Disclosure of Financial Contribution Form

Warranties and Support

Product warranty and support must consist of the following:

1. Standard manufacturers warranty unless otherwise stated.
2. Optional extended service warranty - please outline.
3. Company completing warranty and repairs to be specified on the quote.
4. In servicing to be included in the quoted price.

Inquiries:

All inquiries related to this Request for Quotation are to be directed, via e-mail, to the following person, or his/her designate before December 15, 2015, 12:00 Noon. Information obtained from any other source is not official and may be inaccurate.

Tender Inquiries
Donna Butler, SSO
Health PEI
Queen Elizabeth Hospital
60 Riverside Drive
Charlottetown, PEI
C1A 8T5
dabutler@ihis.org
1-902-894-0107 (Tel)
1-902-894-2384 (Fax)

Technical Contact
Kendra Biggar
Prince County Hospital
65 Roy Boates Avenue
Summerside, PEI
C1A 2A9
kebiggar@ihis.org
1-902-438-4252 (Tel)

Angela Carragher
Acting Physiotherapy Supervisor
Prince County Hospital and West Prince
abcarragher@ihis.org
1-902-438-4484 (Tel)

Submission:

All responses to this RFQ must be received by 12:00 noon on December 17, 2015

Proposals are to be addressed to:

Procurement Services
Second Floor, Shaw Bldg
95 Rochford Street
PO Box 2000
Charlottetown, PE C1A 7N8
Telephone no: (902) 368-4040

Please note the RFQ # 4199 , Closing Date and Respondent Name on the envelope.

Submissions by fax or e-mail will not be accepted. Two copies of your response are required. **Late proposals will not be accepted and will be returned unopened to the respondent.** Please note proposals are considered accepted at date and time of receipt in PEI Procurement Services office, not date and time sent by respondents.

Cough Assist Device and Accessories

All items of the specifications must be answered Yes or No. Deviations must be indicated. Failure to answer, statements found incorrect, or deviations from the requirements of the specifications may cause disqualification. Deviations from specifications considered to be of a minor nature may be taken into consideration.

Cough Assist Device and Accessories

COUGH ASSIST DEVICE E70 (or equivalent)	Yes	No
1. Inhale pressure 0 to 70 cm H ₂ O in increments of 1 cmH ₂ O		
2. Inhale flow valves - Low, Medium, High		
3. CSA Approved		
4. Inhale time - 0 to 5 s, in increments of 0.1 s Automatic Mode		
5. Exhale time - 0 to 5 s in increments of 0.1 s Automatic Mode		
6. Exhale pressure - 0 to -70 cm H ₂ O, in increments of 1 cmH ₂ O		
7. Pause Time - 0.5 s, in increments of 0.1 s Automatic Mode. Only if Cough-Trak is Off.		
8. AC voltage source - 100 to 240 VAC 50/60 Hz		
9. DC power source - 12 VDC		
10. Oscillation - Off/Inhale/Exhale/Both		
11. Dimensions - 23.1 (h) x 29.2 (w) x 19 (d)		
12. Weight - 3.8 Kg (4.3 kg with battery)		
13. Frequency - 1 to 20 Hz, in increments of 1 Hz. Only available if Oscillation is activated.		
14. Amplitude - 1 to 10 cm H ₂ O, in increments of 1 cm H ₂ O. Only available if Oscillation is activated.		
15. Cough-Trak - Off/On - Automatic Mode		
16. Preset 1, 2, 3 (Automatic and Manual Mode)		
17. Peak Cough Flow and Tidal Volume are displayed after each cycle.		
18. Air circulation Levels (Hi, Med, Low, Quiet)		
19. Large colour screen and intuitive interface		
20. Device setting can be locked.		
21. Handle for easy transportation.		
22. Data Management - SD card (not included) records more than one year of therapy data that can be queried via Encore Pro 2 and Direct View software.		
23. Control lever for manual application of therapy.		

Information to be Supplied by Vendor

1. Pricing to be included for Cough Assist Device, Accessories and Consumables	
2. English Service Manual and Operators Manual to be provided at no charge.	
3. Estimated delivery time from when order placed (ETA)	
4. Product warranty information.	

Pricing Schedule

Item	Product Code	Product Name/Brand & Manufacturer	Price Per Item (Not including Tax)	Comments
Cough Assist E70 includes AC power cord and Roll Stand	1098159		\$ (Price to include AC Power Cord and Roll Stand)	
Oximetry Interface cable	1098718			
Roll Stand	1098655			
Circuit retainer	1099035			
Carry Bag	109884			
Water Trap	1098720			
Detachable battery	1043570			
*Various Patient Circuits, various size Masks and Mouth pieces. Please attach descriptions, codes and pricing for these consumables..				

Please provide contract pricing for any additional accessories or consumables required for the operation of the above noted equipment.

Date: _____

Completed by: _____ **Respondent Name:** _____

General Expectations

This section describes the performance expectations required for the Cough Assist Device and Accessories. The equipment will require the following features;

1. Product must be suitable for use in a health care facility.
2. All equipment, components and materials to be supplied in response to this RFQ shall be new and of first quality with no defects.
3. Products must be safe and reliable.
4. Products must be made of durable materials and are strong and reliable.
5. Work orders during warranty period to be provided to Health PEI.
6. Must provide parts and English Service Manual and Operators Manual.
7. Company completing warranty and repairs to be specified on the quote.
8. Provide a minimum of a 1 year warranty
9. Packaged unit to include all features required to be fully operational.
10. Training to be provided at no additional charge.
11. To provide accessory options
12. In servicing costs to be included in price quoted.
13. Please provide names and contact numbers of 3 references who have this equipment. See Section 29 of Page 12.

Mandatory Contractual Clauses

1. Indemnity

The successful respondent shall indemnify and hold harmless Government and Health PEI, its agents, representatives and employees from and against all claims, demands, losses, costs, damages, actions, suits or proceedings of every nature and kind whatsoever arising out of or resulting from the performance of work (herein called the “claims”), provided that any such claim is caused in whole or in part by any act, error, or omission, including, but not limited to, those of negligence, of the successful respondent or anyone directly or indirectly employed by the successful respondent or anyone for whom the successful respondent may be liable. For further clarification, this indemnity shall not be limited in any way or degree by any insurance the successful respondent may have, nor by the limits of any such insurance and it shall endure after termination of this contract or any renewal thereof.

2. Insurance

The successful respondent shall maintain, as a minimum, general liability insurance providing not less than Two Million Dollars (\$2,000,000) coverage per occurrence and shall add Health PEI as an additional insured with respect to its liability under this agreement and provide whatever information the Health PEI may require on the insurance that is available. The policy shall include, but not be limited to, bodily and personal injury, property damage, non-owned automobile liability, cross liability and blanket contractual liability.

The foregoing insurance shall be primary and not require the sharing of any loss by any insurer of Health PEI nor any other means of indemnity such as the Prince Edward Island Self Insurance and Risk Management Fund. The policies required by this Agreement shall be in a form and with insurers satisfactory to the Health PEI. A certified copy of the policies shall be delivered to the Health PEI prior to execution of the agreement. Default of delivery or receipt by the Health PEI shall not be construed as acknowledgment or concurrence that there has been compliance with the terms of this agreement. Furthermore, Health PEI shall have the right, but not the obligation, to review the original(s) of any required insurance policy(ies) in any of its offices. Such review by or on behalf of Health PEI shall not be construed as acknowledgement that there has been compliance with the terms of this agreement.

All required insurance must be endorsed to provide Health PEI with 60 days’ advance written notice of cancellation or material change.

3. Compliance with Laws and Standards

The successful respondent(s) must comply with all federal, provincial, municipal and regional laws applicable to the work or performance of obligations during the term of this agreement.

The successful respondent will be required to give all the notices and obtain all the licences and permits required to perform the work and obligations during the term of this agreement. Should the compliance status change during the term of the contract, the Respondent is required to notify Health PEI immediately.

CONDITIONS OF TENDER

1. Firm quotations are required; no changing of bids will be allowed.
2. Pricing in the quotation must be firm and will remain firm for the entire contract period unless otherwise agreed upon.
3. Currency and Taxes
Prices quoted are to be:
 - a) in Canadian dollars, taxes not included;
 - b) inclusive of duty, where applicable;
 - c) FOB destination (freight included), delivery charges included.
 - d) Payment Terms and prices quoted are to be FOB facility
4. One tender submission only per Respondent.
5. If the Respondent cannot supply a contracted item quoted during the duration of the contract, the Respondent must substitute a comparable item at the contracted price. Substitute items must be pre-approved by Health PEI contract department. If items are not pre-approved, Health PEI reserves the right to reject these items without costs or penalty.
6. If a Respondent quotes a product that is special order, preference will be given to Respondent who can more readily supply the product without delays.
7. All products quoted must be in current production and publicly available as of the date of this RFQ. Unproven future products shall not be bid. All desired features listed must be in current production, installed and in use at the time of quote.
8. Each item is regarded as a separate tender and we reserve the right to accept all or any portion thereof.
9. Any applicable credits due to over shipment, damaged goods, price adjustments, etc. will be required to be processed within 10 days of occurrence of such. Failure to do so may result in payment being withheld.
10. Respondents are solely responsible for their own expenses in preparing a quotation, providing demonstrations and for subsequent negotiations with Health PEI.
11. Respondent must indicate payment terms in their tender submission.
12. Health PEI reserves the right to issue addenda at any point during the tender period. All addenda become part of the bid documents. Addenda issued by Health PEI will be available for viewing on the procurement website at www.gov.pe.ca/tenders. All respondents are responsible for ensuring that they are aware of, include copy (s) of the addenda in their response, and have complied with any addenda issued by Health PEI.
13. Acceptance of Quotations

Health PEI reserves the right to modify the terms of the Request for Quotation at any time at its sole discretion.

This Request for Quotation should not be construed as a contract to purchase goods or services. Health PEI is not bound to accept the lowest priced or any quotation of those submitted. Quotations will be assessed in light of the evaluation criteria. Should any be received, Quotation from not-for-profit agencies will be evaluated against the same criteria as those received from any other respondent.

Subsequent to the submission of quotations, interviews and negotiations may be conducted with some of the respondents, but there will be no obligation to receive further information, whether written or oral, from any respondent or to disclose the nature of any Quotation received.

14. Definition of Contract

A notice in writing to a respondent of Health PEI's acceptance of its quotation serves as notice of acceptance only and does not entitle the respondent to any legal or equitable rights or privileges relative to the goods or services pursuant to this RFQ. No respondent will acquire any legal or equitable rights or privileges relative to the goods or services until such time as the notice in writing has been fully executed.

15. Confidentiality of Information

Information pertaining to any Health PEI department obtained by the respondent as a result of participation in this project is confidential and must not be disclosed without written authorization from Health PEI.

16. Ownership of Quotations and Freedom of Information

All documents, including Quotations, submitted to PEI Procurement Services become the property of Health PEI. They will be received and held in confidence by Health PEI, subject to the provisions of the Freedom of Information and Protection of Privacy Act.

17. Acceptance of Terms

All the terms and conditions set out in this Request for Quotation are assumed to be accepted by the respondent and incorporated in its quotation by virtue of the respondent submitting a quotation.

18. Quotation Acknowledgement and Authorization Form

Respondents are advised to fill out and return the attached Proposal Acknowledgement and Authorization Form (Appendix #1) prior to quotation submission. Forms must be emailed or faxed to:

PEI Procurement Services
2nd Floor, Shaw Building
95 Rochford Street
Charlottetown, PEI C1A 7N8
Attention: Lori Richard
RFQ No. 4199
E-mail: procurementservices@gov.pe.ca
Fax: 1-902-368-5171

19. Full Disclosure of Financial Contribution Form

Respondents are required to complete and return the attached Financial Contribution Form (See Appendix #2) with quotation submission.

All subsequent information regarding this Request for Quotation will be directed only to those respondents who return the form with indication that they intend to submit a quotation. Subsequent information will be distributed by the method authorized on the Quotation Acknowledgement and Authorization Form.

20. Liability for Errors

While Health PEI has used considerable efforts to ensure an accurate representation of information of this Request for Quotation, the information contained in this Request for Quotation is supplied solely as a guideline for respondents. The information is not guaranteed or warranted to be accurate by Health PEI, nor is it necessarily comprehensive or exhaustive.

Nothing in this Request for Quotation is intended to relieve respondents from forming their own opinions and conclusions with respect to the matters addressed in this Request for Quotation.

21. Use of Request for Quotation

This document, or any portion thereof, may not be used for any purpose other than the submission of Quotations.

22. Conflict of Interest Statement

Any conflict of interest or potential conflict of interest must be fully disclosed to Health PEI as soon as the conflict or potential conflict becomes apparent. In the event of any such conflict or potential conflict Health PEI at its absolute discretion shall decide on the appropriate course of action and the decision of Health PEI will be final and binding in this regard.

23. Gifts or Favors

It is the responsibility of the successful respondent to ensure that no representative of the successful respondent will extend entertainment, gifts, gratuities, discounts, or special services, regardless of value, to any employee of the Requestor. The successful respondent shall report to the Requestor's above contact any attempt by any employee to obtain such favors.

24. Negotiation Delay

If a written contract cannot be negotiated within thirty (30) days of notification of the successful respondent, Health PEI may, at its sole discretion at any time thereafter, terminate negotiations with that respondent. Health PEI will then either negotiate with the next qualified respondent or choose to terminate the Request for Quotation.

25. Independent Contractor Status In Law

For all purposes related to the contract and work contemplated by this Request for Quotation, the successful respondent and its employees, and agents, will be deemed to be independent contractors relative to Health PEI. The successful respondent will ensure that all subcontractors or other agents engaged in relation to the Project satisfy all the relevant requirements for this Request for Quotation as fully as if required by the successful respondent directly. Nothing in this Request for Quotation or in the Service Agreement will be treated as giving rise to a direct contractual relationship between Health PEI and any subcontractors of the successful respondent.

26. Environmental Requirements

In order to contribute to waste reduction and promote environmental responsibility, Health PEI will endeavor to acquire goods and services that support these principles wherever possible. Therefore, product(s) quoted should address:

- a) Minimal packaging (initial shipping and with regard to associated reagent and consumable products used in day-to-day operations).
- b) Minimal environmental hazards and waste generation (with regard to associated reagent and consumable products used in day-to-day operations).
 - Maximum energy efficiency
 - Minimal disposal costs
 - Must not reduce the quality of the product required or affect the intended use of the product.
 - Must not significantly impact the acquisition cost

27. Rights Reserved

While the Requestor has every intention to award a contract as a result of this RFQ, issuance of the RFQ in no way constitutes a commitment by the Requestor to award a contract. Upon a determination such actions would be in its' best interests, the Requestor in its sole discretion reserves the right to:

- a) cancel or terminate this RFQ;
- b) reject any or all quotations received in response to this document;
- c) waive any undesirable, inconsequential, or inconsistent provisions of this document, which would not have significant impact on any quotation;
- d) not award any contract if senior management do not accept the evaluation team recommendation;
- e) not award any contract if the requestor determines adequate funds or approval are not available.

28. Evaluation Process

A committee formed by Health PEI will evaluate the proposals.

The evaluation team will check proposals against the Response Information and Specifications. Proposals not meeting the requested information will not be provided further consideration.

Providing the result of reference check is satisfactory, Health PEI may invite the respondent(s) to provide a demonstration starting with the lowest price respondent. The demonstration will allow the evaluation committee the opportunity to ensure that all the general mandatory expectations and all evaluation criteria are met by the respondent.

Health PEI will enter into contract negotiations with the respondent(s) who passes the final demonstration process and are selected by the evaluation committee for final award. Subject to successful negotiation and execution of a contract, this respondent will provide the required goods or services.

Although Health PEI representatives will act in a collaborative and coordinated manner, the final decision as to the purchase will be made by Health PEI based on the tender evaluation process. Health PEI reserves the right to award to more than one respondent.

29. References

Health PEI will not enter into contract negotiations with any respondent whose references are found to be unsatisfactory.

Respondents must provide a minimum of three (3) references where they have successfully implemented and provided similar supply and delivery of goods. The Quotation must address reliability and service provisions and also contain the following information for each reference provided, (1) agency name; (2) complete address; (3) contact person and telephone number (4) size and project scope of each reference.

30. Summary

After examining the mandatory quotation requirements and considering the project scope, the respondent is asked to provide a quotation on these goods and services with prices to be quoted in Canadian Dollars. Tax to be quoted separately.

31. If a successful Respondent does not act according to the above conditions, the tender may be cancelled in whole or in part.

32. If respondent is in agreement with the Mandatory Contractual Clauses and the Conditions of Tender as stated, please sign below.

Respondent Name: _____ Date: _____

Respondent Signature (Print): _____

Respondent Signature: _____

APPENDICES

Appendix 1 – Proposal Acknowledgement and Authorization Form

**PROPOSAL ACKNOWLEDGMENT AND AUTHORIZATION FORM
FOR PROPOSED PURCHASE OF COUGH ASSIST DEVICE AND ACCESSORIES BY PRINCE
COUNTY HOSPITAL (HEALTH PEI)
PRINCE EDWARD ISLAND**

The undersigned hereby acknowledges that he/she, as an officer of the stated corporation, has read and understands the specifications, requirements, and proposed agreement regarding the purchase of Cough Assist Device and Accessories by Health PEI, Prince Edward Island. He/she further acknowledges that the seller's proposed equipment, materials, and services fully meet or exceed those as specified in this Corporation's Request for Proposal (RFQ). Additionally, the respondent agrees that all its proposal documents and responses to the aforementioned RFQ will, at the option of the Health PEI, become a legally binding and essential portion of the final contract between the successful respondent and Health PEI.

Signature: _____

Name: _____

Title: _____

Phone No.: _____ Fax No.: _____

E-mail: _____

RFQ Contact Name (if different from above):

Title: _____

Phone No.: _____ Fax No.: _____

E-mail: _____

E-mail will be the preferred mode of communication for additional information to be exchanged with respondents.

Appendix 2 – Full Disclosure of Financial Contribution Form

**HEALTH PEI
FULL DISCLOSURE OF FINANCIAL CONTRIBUTION FORM
(Please Attach Full Details to This Appendix)**

SUPPLIER:

Covering Period From: October 1, 2014 to September 30, 2015

Type of Funding	Hospital	Department	Recipient	Estimated Market Value
Capital Equipment				
Seminars				
Respondent Sponsored Off Site Hospital Visits				
Supplies				
Educational Support				
Research Support (ie) <ul style="list-style-type: none"> * Drug Trials * Projects * Publications * Other 				
Major Donations				
Other Funding				
TOTAL				

HEALTH PEI

FULL DISCLOSURE OF FINANCIAL CONTRIBUTION

We, the undersigned company, represent we are a supplier of products, equipment, and/or services to Health PEI. As a privilege of conducting business with Health PEI, we agree to the following terms and conditions:

1. We understand and agree to comply with Health PEI Purchasing Policies.
2. We understand and agree to provide, in Appendix 2 of this document, a statement of full Funding Disclosure. This statement fully and accurately discloses all funding provided to any employee, staff member, or other individual of the Health PEI mentioned for the time period indicated. Necessary documentation detailing the type and level of funding is attached to Appendix 2. The time period to be reporting is for the past twelve months.
3. We understand and agree to provide a revised Statement of Full disclosure at a minimum every 12 months or when a contract is renewed. The onus is on our company to ensure that this regular reporting is completed.
4. We understand and agree that failure to identify all funding support in this Statement of Full Funding Support may result in cancellation of any or all contracts in force with no penalty to Health PEI.

Supplier: _____

Address: _____

Period covered: From: _____ To: _____

(Note: Must cover at a minimum the past 12 months).

Signed: _____ **Date:** _____

Full Name: _____ **Title:** _____



REQUEST FOR QUOTATION

Tender Number: 4199

Closing Date: Dec 17, 2015

Closing Time: 12:00PM

1. Check for changes to this request

Before submitting this proposal, visit the Procurement website www.gov.pe.ca/tenders to see if any Addenda detailing changes have been issued on this tender. Changes may be posted up until the tender closing time. It is your responsibility to acknowledge and take into account **ALL** Addenda.

2. Give your business information (please print)

Name of Company: _____
(if you are not a registered company, give your name)

Street Address: _____

City: _____ Province: _____

Postal Code: _____ Email Address: _____

Mailing Address (if different): _____

Phone Number: _____ Fax Number: _____

HST/GST Registration Number (BN): _____ (leave blank if NOT applicable)

3. Follow any special instructions

The full RFQ document is attached to this PDF.

4. Review the following documents, which will form part of your proposal

(All documents can be found on the Procurement Services website at <http://www.gov.pe.ca/tenders>)

- Atlantic Standard Terms and Conditions
- Applicable Trade Agreements

5. Fill in your unit price, extended price and total price for all items

Quote prices in Canadian dollars, before taxes

6. Give your delivery and payment terms

Delivery Required by:		Goods will be delivered by:	
Delivery Location:			
FOB:	Destination <input type="checkbox"/>	Other <input type="checkbox"/>	(Please Specify) _____
Payment Terms:	Net 30 <input type="checkbox"/>	Other <input type="checkbox"/>	(Please Specify) _____

7. Acknowledge receipt of addenda (if any)

ADDENDUM	SIGNATURE
Addendum #1	
Addendum #2	
Addendum #3	

Were there more than 3 addenda for this proposal? YES NO

Indicate the number of additional Addendums you have received.

Please sign indicating that you acknowledge the additional addenda noted above

8. Sign your Proposal

I confirm that the information I provided on this proposal is complete and accurate and that I am authorized to sign on behalf of the company.

Name (please print): _____ Position or Title: _____

Signature: _____ Date: _____
