

## **REQUEST FOR PROPOSALS**

### ***Health Mobile Clinic***

Issued By:

**Madison County Health Department**  
Madison County Government Annex  
206 E. 9<sup>th</sup> Street, #200  
Anderson, IN 46016

### **PROPOSALS DUE:**

**12:00 p.m., local time, September 9, 2020**

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### **Exhibit A    Non-Collusion Affidavit**

## **SECTION 1. Introduction**

The Madison County Health Department (the "Department") hereby requests proposals from interested persons ("Proposals") for a mobile command vehicle apparatus ("Apparatus") capable of customization and consisting of at least a 39' walk in van (30' interior medical work area/load area), commercial grade heavy duty chassis 26k GVWR, air ride suspension and air brakes, no CDL required, diesel engine powertrain, bathroom, handicapped access, generator power, power exterior awning, heat and air conditioning, medical grade refrigerator, medical grade freezer, additional refrigerator in front work area, rear private exam room (exam table, exterior access, slide out, cabinetry, counter, and sink), 2 or more office work stations, exterior access to work station area.

The purpose of this Request for Proposal ("RFP") is to attract qualified and experienced offerors ("Offerors") who will provide a high-quality, well-built, and safe Apparatus in an economical manner. The Department's receipt of any Proposal does not bind or obligate the Department in any manner under any circumstances. The Department will not become legally obligated unless and until a contract to purchase an Apparatus is duly approved by the Madison County Board of Commissioners, in its absolute discretion, and is executed by the parties.

## **SECTION 2. RFP timeline**

The schedule of events is as follows:

<b>EVENT</b>	<b>DATE</b>
RFP Issued	August 26,, 2020
Proposals due to Department	September 9, 2020
Review RFP responses and select Offeror(s), if any, to be invited to participate in discussions and revisions of Proposal(s)	September 9, 2020 (anticipated)
Notify selected Offeror	September 10, 2020 (anticipated)
Contract/negotiations finalized	September 17, 2020 (anticipated)

The dates set forth herein are merely estimates and the Department reserves the right, in its absolute discretion, to alter any of the dates and the proposed schedule set forth herein.

## **SECTION 3. Questions regarding RFP**

Any questions concerning this RFP may be submitted to: Joseph Davis, Madison County Health Department Environmental Supervisor, email [jdavis@madisoncounty.in.gov](mailto:jdavis@madisoncounty.in.gov). No interpretation, explanation, or clarification of the RFP,

by any official, consultant, attorney, or other representative of the Department will be considered authoritative or binding on the Department unless contained in a written interpretation, correction, or addendum to this RFP. Official interpretations, corrections, or addendum to the RFP will be made available in writing to all potential Offerors that request copies of such documents.

## **SECTION 4. Pre-proposal meeting**

There will be no pre-proposal meeting.

## **SECTION 5. Proposal submission**

The Proposal must be submitted to:

Madison County Health Department  
Madison County Government Annex  
206 East 9<sup>th</sup> Street, #200  
Anderson, IN 46016  
Attn: Health Mobile Clinic

All Proposals should be received not later than 12:00 p.m., local time, September 9, 2020. Any Proposals received after the time specified for receipt may be rejected by the Department.

## **SECTION 6. Criteria used in evaluating Proposals**

While cost of the Apparatus is an important criteria to the Department, it will not necessarily be the controlling evaluation factor. The Department will make a determination, in its sole and absolute discretion, as to the most appropriate response to the RFP. The Department requests the following information from the Offerors and such information will be used by the Department in making its final determination:

- (a) General qualifications: describe the Offeror's general qualifications;
- (b) Special qualifications: describe any special or unique qualifications of the Offeror as they relate to the Apparatus specifically or equipment generally;
- (c) Experience: describe the Offeror's experience, especially in regard to the Apparatus or equipment in general;
- (d) Provide performance reviews or evaluations by others currently using the Apparatus or similar equipment;

- (e) Describe in detail all specifications for the Apparatus being offered in the Proposal, including, but not limited to, model year, make, model, etc. The Apparatus offered in the Proposal must be new and include, at a minimum, (capable of customization) at least a 39' walk in van (30' interior medical work area/load area), commercial grade heavy duty chassis 26k GVWR, air ride suspension and air brakes, no CDL required, diesel engine powertrain, bathroom, handicapped access, generator power, power exterior awning, heat and air conditioning, medical grade refrigerator, medical grade freezer, additional refrigerator in front work area, rear private exam room (exam table, exterior access, slide out, cabinetry, counter, and sink), 2 or more office work stations, exterior access to work station area. If the Offeror is not a manufacturer, the Proposal must identify the source of the Apparatus and all subcontractors must be identified;
- (f) Describe the performance capabilities of the Apparatus being offered in the Proposal;
- (g) Describe maintenance requirements for the Apparatus and the Offeror's ability to provide any such maintenance;
- (h) Describe all warranties included in the Proposal for the Apparatus;
- (i) Describe all customer service included;
- (j) Describe any deductions to cost as a result of trade-in equipment;
- (k) Describe how the Apparatus meets or exceeds all applicable state regulatory standards or requirements;
- (l) Provide the date upon which the Apparatus can be delivered to the Department; and
- (m) Price: include an all-inclusive price for the Apparatus. The price shall include all components included on the Apparatus, all warranties, all training, etc.

## **SECTION 7. Proposal evaluation and selection process**

The Proposals will be reviewed by an evaluation panel consisting of individuals selected by the Madison County Board of Commissioners.

Proposals will be reviewed using the following criteria:

- (a) Conciseness, responsiveness, and completeness of the Proposal to the information requested as outlined in the RFP;
- (b) Offeror qualifications, experience, litigation or claims history, financial strength, references, and performance reviews or evaluations;
- (c) The specifications, performance capabilities, and maintenance requirements of the Apparatus;
- (d) Any customization that can be done by the Offeror or its subcontractors;
- (e) Warranties, customer service, and training included in the Proposal;
- (f) Apparatus compliance with all applicable standards or regulations;
- (g) Date the Offeror can deliver the Apparatus;
- (h) Price; and
- (i) Innovative, performance-enhancing, or cost-saving features of the Apparatus.

At the Department's discretion, to further assist in evaluation, some, one, or all responding Offerors may be requested to participate in discussions or negotiations. At the Department's discretion, the Department may directly negotiate with any Offeror on specifications, price, or any other aspect of the Proposal. The Department may also consider alternative proposals if there is an opportunity for savings and other benefits accruing to the Department.

The Department may investigate the qualifications of any Offeror, require confirmation of information furnished, and require additional evidence of qualifications to provide the Apparatus requested by this RFP. The County also reserves certain rights, including, but not limited to, the following: (a) Reject any or all Proposals; (b) Issue subsequent RFPs; (c) Cancel the entire RFP; (d) Remedy any errors in the RFP process; (e) Appoint evaluation committees to review qualifications and Proposals; (f) Seek the assistance of outside technical experts in evaluation; (g) Approve or disapprove of the use of particular subcontractors; (h) Establish a shortlist of eligible Offerors for discussions or negotiations after review of Proposals; (i) Negotiate with any or all Offerors; (j) Solicit best and final offers from all, some, or none of the Offerors; (k) Purchase an Apparatus from all, some, or none of the Offerors; (l) Waive informalities and irregularities in the RFP; and (m) Purchase an Apparatus without discussions or negotiations.

The County's selection of a Proposal will be based on a determination as to which Proposal is in the best interest of the Department. Price will be an important factor in the

Department's decision, but it will not be controlling. Any decision made by the Department, including selection of a Proposal, shall be final and is NOT SUBJECT TO APPEAL.

This RFP shall not, in any manner, be construed to be an obligation on the Department to enter a contract or purchase an Apparatus or result in any claim for reimbursement of cost for any efforts expended in responding to the RFP or in anticipation of any contract.

## **SECTION 8. Proposals**

Offerors shall submit one (1) Proposal originally executed and five (5) copies of such Proposal. The original and copies should be submitted in a sealed envelope, conspicuously marked: "Mobile Health Clinic Proposal to the Madison County Health Department." The Proposal shall be limited to twenty five (25) pages (not counting exhibits and schedules).

Proposals will be opened so as to avoid disclosure of contents to competing offers during the process of negotiation. However, all Proposals and other documentation arising out of this RFP may be public records that may ultimately be subject to disclosure under Indiana law. If an Offeror believes that any portion of its Proposal may contain proprietary information, then that portion of the Proposal shall be sealed separately and clearly marked "Proprietary Information" and contain a request that such information be treated as confidential. The Department will review and consider such requests, in its sole and absolute discretion.

Each Offeror must certify that it has not participated in collusion or other anticompetitive practices in connection with the RFP process by executing and returning with its Proposal the Non-Collusion Affidavit in the form of Exhibit A.

## **SECTION 9. General Terms and Conditions of the RFP process**

### **9.1. Information provided**

Offerors are solely responsible for conducting their own independent research, due diligence, investigations, and other work necessary for the preparation and submission of the Proposals.

### **9.2. Governing law**

Indiana law shall govern this RFP and any purchase of an Apparatus resulting from it. The Department requires that all Proposals, comply with all applicable local, state and federal laws, ordinances, and regulations. Notwithstanding any other term or provision of this RFP, all terms and provisions of this RFP are intended to be and shall be construed

and interpreted so as to comply with all applicable local, state, and federal laws, rules, regulations, and ordinances. If any provision of this RFP shall transcend the limit of validity prescribed by law, then such provision shall be reduced to the limit of such validity. The provisions of this RFP are severable. In the event one or more provisions contained in this RFP should be invalid or unenforceable, in any respect, the validity, legality, and enforceability of the remaining provisions contained herein, shall not in any way be affected or impaired and shall remain in full force and effect.

### 9.3. Covenant not to sue

It is an express condition of tender and consideration of any Proposal that the Offeror release the Department and all its elected and appointed officials, representatives, attorneys, accountants, engineers and employees from all causes of action, suits, claims or demands which may arise as a result of any decision made as a result of this RFP.

### 9.4. Costs and expense of Offerors

The Department does not accept any liability under any circumstances for any costs or expenses incurred by Offerors in acquiring, clarifying, or responding to any condition, request, or standard contained in this RFP, including, without limitation, mandatory meetings. Each Offeror that participates in this process does so at its own expense and risk and agrees that the Department shall not reimburse any costs incurred during this process, and each Offeror shall indemnify and hold harmless the Department from and against any claims (including any costs and attorney's fees) for such reimbursement, directly or indirectly, made by or on behalf of such Offeror.

Thank you for your prompt consideration and response to this Request for Proposal.

MADISON COUNTY HEALTH  
DEPARTMENT

By: \_\_\_\_\_  
Stephenie Grimes, Administrator

Date: August 26, 2020

Exhibit A

**NON-COLLUSION AFFIDAVIT**

The individual person(s) executing this Proposal, being first duly sworn, depose(s) and state(s) that the Offeror has not directly or indirectly entered into a combination, collusion, undertaking or agreement with any other offeror or person (i) relative to the price(s) proposed herein or to be bid by another person, or (ii) to prevent any person from submitting a Proposal, or (iii) to induce a person to refrain from submitting a Proposal; and furthermore, this Proposal is made and submitted without reference to any other proposals and without agreement, understanding or combination, either directly or indirectly, with any persons, with reference to such proposals in any way or manner whatsoever.

[Signature by or on behalf of the Offeror in the spaces provided below shall constitute execution of each and every part of this Proposal. **SIGNATURE MUST BE PROPERLY NOTARIZED.**]

Written Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Important - Notary Signature and Seal Required in the Space Below**

STATE OF \_\_\_\_\_ SS:  
CITY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

My commission expires: \_\_\_\_\_ (Signed) \_\_\_\_\_

Residing in \_\_\_\_\_ County, State of \_\_\_\_\_