

ATTACHMENT D: BIDDER RESPONSE FORM This form is broken into four sections: Section 1. Administrative Response; Section 2. Management Response; Section 3. Technical Response; and Section 4. Quotation/Cost Proposal. Bidders must respond to all questions in the order and in the expandable space provided. If a question requires Bidder to submit additional documents, please attach them to this document and label them clearly as part of your response to this Attachment D.		
1	BIDDER INFORMATION (ADMINISTRATIVE RESPONSE) Bidder's response to the questions in this Section 1, combined with the information provided in Bidder's Submittal Letter and Certifications and Assurances, comprise Bidder's Administrative Response to this Solicitation. While the Administrative Response is not given a number score, information provided as part of Bidder's Administrative Response may cause the Bid to be disqualified and may be considered in evaluating Bidder's qualifications and experience.	MAXIMUM TOTAL POINTS
a	Please indicate whether you employ or contract with any current or former state employees. If the answer is yes, provide the following information with respect to each individual: 1. name of employee or contractor; 2. the individual's employment history with the State of Washington; 3. a description of the Individual's involvement with the response to this Solicitation; and 4. the Individual's proposed role in providing the services under this any Contract that may be awarded. ANSWER:	NOT SCORED
b	Please list the names and contact information for three individuals you agree may serve as Bidder references and may freely provide information to DOC regarding the reference's experience and impressions of Bidder. In providing these names, Bidder represents that it shall hold both DOC and the organizations and individuals providing a reference harmless from and against any and all liability for seeking and providing such reference. ANSWER:	NOT SCORED
c	Please indicate whether your Response contains any variations from the requirements of the Solicitation Document. If the answer is yes, list each variation with specificity and include the pertinent page numbers containing the variation. ANSWER:	NOT SCORED
d	Please indicate whether you are requesting that DOC consider any exceptions and/or revisions to the sample contract language found in Attachment A. If so, state the page of Attachment A on which text you request to change is found, and state the specific changes you are requesting. DOC shall be under no obligation to agree to any requested changes, and will not consider changes to contract language or negotiate any new language that are not identified in response to this question. ANSWER:	NOT SCORED
e	If Bidder considers any information that is submitted as part of its Response to be proprietary, please identify the numbered pages of Bidder's Response containing such information and place the word "Proprietary" in the lower right hand corner of each of these identified pages.	NOT SCORED

Bidder Name _____

	ANSWER:	
f	Please indicate whether you have had a contract terminated for cause or default within the past five (5) years. If so, please provide the terminating party’s name, address and telephone number and provide a summary describing the alleged deficiencies in Bidder’s performance, whether and how these alleged deficiencies were remedied and any other information pertinent to Bidder’s position on the matter. “Termination for Cause” refers to any notice to Bidder to stop performance due to Bidder’s asserted nonperformance or poor performance and the issue was either (a) not litigated; (b) litigated with a resulting determination in favor of the other party; or (c) is the subject of pending litigation	NOT SCORED
	ANSWER:	
g	Please identify any prior contracts Bidder has entered into with the State of Washington within the past ten (10) years and identify the dates and nature of the contract and primary agency contact for each.	NOT SCORED
	ANSWER:	
h	Please indicate whether Bidder has been the subject of a lawsuit or administrative proceeding alleging a failure to comply with laws relating to the types of services Bidder proposes to provide pursuant to this Competitive Solicitation. If the answer is yes, please list the nature of the allegations, docket number, disposition and date (if applicable) and Bidder’s explanation of how it has changed its practices or operations relative to any alleged deficiencies since that proceeding was filed.	NOT SCORED
	ANSWER:	
i	Please describe your proposed plans for the use of Subcontractors in performing this contract, listing each Subcontractor, its proposed role and the estimated percentage of the Contract that will be performed by each Subcontractor. Please indicate whether each subcontractor self-identifies or is certified as a small business, a minority-owned business, a woman-owned business, a disadvantaged business enterprise, or a veteran-owned business. If the answer is yes, please identify the type of organization(s) and provide details of any certifications. Note that all Subcontractors must be approved by DOC.	NOT SCORED
	ANSWER:	
j	Please describe any programs, policies or activities of your organization that support human health and environmental sustainability in your business practices. If a program, policy or activity is specifically applicable to this Contract, please so indicate.	NOT SCORED
	ANSWER:	
k	Please indicate the legal status of the Bidder (sole proprietorship, partnership, corporation, etc.), the year the entity was organized to do business as the entity now substantially exists, and the year the entity was registered or qualified to do business in Washington State. Please include the name, address, principal place of business, telephone number, fax number, and email address of Bidder’s legal entity with which the Department of Corrections may enter into any possible Contract.	NOT SCORED
	ANSWER:	

I	Please provide Bidder's Federal Employer Tax Identification number and the Washington Uniform Business Identification (UBI) number issued by the state of Washington Department of Revenue. If the Bidder does not have a UBI number, the Bidder must acknowledge that it will obtain one by becoming licensed in Washington within thirty (30) calendar days of being selected as the apparent successful Bidder.	NOT SCORED
	ANSWER:	

2	BIDDER QUALIFICATIONS AND EXPERIENCE (MANAGEMENT RESPONSE)	50 MAXIMUM TOTAL POINTS
BIDDER EO 18-03 CERTIFICATION		
EO 1	<p>Are your employees required to sign, as a condition of employment, a mandatory individual arbitration clause and/or a class or collective action waiver?</p> <p>Please Note: Points for this question will be awarded to bidders who respond that they do not require these clauses and waivers. If you certify here that your employees are NOT required to sign these clauses and waivers as a condition of employment, and you are the successful bidder, a term will be added to your contract certifying this response and requiring notification to DOC if you later require your employees to agree to these clauses or waivers during the term of the contract.</p>	25 Pts
	ANSWER:	
BIDDER EO 13-01 VETERAN OWNED OR SMALL BUSINESS PREFERENCE POINTS.		
EO 2	<p>DOC seeks to encourage Certified Veteran owned Businesses and Small Businesses to bid on DOC contracts. If you may certify that your company is a certified Veteran-owned business (Veteran-owned business means a business certified by the Washington state department of veteran affairs under RCW 43.60A.190), a Microbusiness (as defined in RCW 39.26.010 (16)), Minibusines (as defined in RCW 39.26.010 (17)), or Small Business (as defined in RCW 39.26.010 (22)(a)) you will be granted the 30 points available under this question.</p> <p>Please Note: Points for this question will be awarded to bidders who respond affirmatively that they are either a Certified Veteran owned business or a Small Business, Microbusiness or Minibusines as defined by Chapter RCW 39.26.010. Certifying to multiple point qualifying statuses under this question will still only result in 25 points being received by the bidder. No bidder may receive more than 25 points for an affirmative answer to this question.</p>	25 Pts
	ANSWER:	
MANDATORY EXPERIENCE AND QUALIFICATIONS FOR HEALTHCARE LABELING SOLUTION		300 MAXIMUM TOTAL POINTS
In the answer row please confirm whether your solution meets the mandatory requirement, and how it meets the requirement.		
A	Label machine should not need to be connected to a network but can be. Label machine must be able to operate as a standalone device with the functionality to connect to a computer.	100
	ANSWER:	
B	Label machine must be able to pull data from Excel or Access to create labels for multiple patients.	15
	ANSWER:	

C	Label machine must have interface to manually input data. Please elaborate on what interface the solution possesses.	15
	ANSWER:	
D	Label machine must have feature to retain the configured label format, so it does not have to be set up each time.	20
	ANSWER:	
E	Label Machine must have the ability to print as many labels as needed per patient file without network connection.	50
	ANSWER:	
F	Label machine must have option to update patient name independently.	50
	ANSWER:	
G	Label machine must have ability to scan a patient barcode and print additional labels for that patient from the barcode scan. Please confirm your machine has this capability or a substantially similar capability.	50
	ANSWER:	
OPTIONAL EXPERIENCE, REQUIREMENTS AND QUALIFICATIONS FOR HEALTHCARE LABELING SOLUTION		250 MAXIMUM TOTAL POINTS
H	Please provide two written references from two different customers currently utilizing your solution for medical label printing. Please attach these as separate word or pdf documents with your bid.	25
	ANSWER:	
I	Explain how training of the label machines is handled, do you offer training videos? Are the training videos able to be customized for the customer?	35
	ANSWER:	
J	Explain how your solution allows the user to adjust the number of labels needed per patient encounter.	20
	ANSWER:	
K	What is the expected lifetime of label machine labels once adhered to a document? DOC prefers a label with at least a 10 year lifespan.	50
	ANSWER:	
L	Please provide the details of the three-year warranty included with, or purchasable for the label machines. What is the turnaround time for repair or replacement?	50
	ANSWER:	
M	Please describe the portability of the label machines. Please provide the dimensions and weight of the label machines.	35
	ANSWER:	
N	What preventative maintenance do your proposed label machines require?	35
	ANSWER:	

3	BIDDER'S SOLUTION AND TECHNICAL FEATURES (TECHNICAL RESPONSE)	100 MAXIMUM TOTAL POINTS
A	Does your solution interface with Microsoft Excel & Microsoft Access software via a wired or wireless connection? ANSWER:	15
B	Do your label machine require additional software (third party or otherwise) to operate? ANSWER:	NOT SCORED
C	What real-time customer/technical support is available for users who need to be walked through a process? Or troubleshoot Excel/Access issues? ANSWER:	15
D	Please describe whether the label solutions can still be utilized after a transition to an EHR? What EHR software(s) are your label machines compatible with? ANSWER:	15
E	Please confirm your labeling machine operates completely "offline" or has the capability to be operated fully "offline." ANSWER:	55

4	BIDDER'S PROPOSED PRICING (QUOTATION OR COST RESPONSE)	300 MAXIMUM TOTAL POINTS
All prices must be in USD, FOB shipping to the location specified in the order.		
A	ANSWER: Contractor will charge \$_____ per labeling machine. DOC anticipates placing an initial order for 85 machines. DOC shall be able to purchase additional machines if required at this price for one year following the award of the solicitation. Please include a two-year warranty on each machine within the bid price. Labeling machines must be able to be postmarked within one month of an order being placed.	240
B	ANSWER: Cost <i>per label</i> for a bulk purchase of 1" high by 3" wide compatible replacement labels \$_____ These shall be purchasable by DOC for the next three years at this pricing with reasonable inflationary increases if necessary.	NOT SCORED
C		NOT SCORED

	ANSWER: Cost <i>per unit</i> of compatible thermal transfer ribbon \$_____	
	These shall be purchasable by DOC for the next three years at this pricing with reasonable inflationary increases if necessary.	
D		NOT SCORED
	ANSWER: Contractor will charge an hourly rate of \$_____ for repair as necessary for repairs falling outside the warranty provided. DOC shall carry the cost of shipping machines to Contractor.	
E		NOT SCORED
	ANSWER: Cost to hold an in person and additional virtually streamed training session to train DOC employees on the use, setup, and features of the machines \$_____.	
F		20
	ANSWER: Hourly cost for real-time technical support or customer service (may be \$0, if this service is included with purchase of label machine). \$_____.	
G		40
	ANSWER: Cost for a three-year warranty on label machines (may be \$0, if a warranty is included with purchase of label machine). \$_____.	