



SPECIFICATIONS FOR
TENDER #0171-0966
SUPPLY OF KITCHEN APPLIANCES
FOR WESTERN HEALTH

CLOSING DATE: 4 December 2009
CLOSING TIME: 11:00 AM (Newfoundland Time)

WESTERN REGIONAL HEALTH AUTHORITY

Invitation to Tender for the Supply of Kitchen Appliances

1.0 General Provisions

1.1 Intent

This invitation to Tender is intended for the Supply of Kitchen Appliances (as listed below) for the Western Regional Health Authority new Long Term Care Centre, 40 University Drive, Corner Brook, Newfoundland. Western Health is seeking to purchase high quality, long lasting appliances that are suited for a long term care facility environment. Preference will be given to the bidder that offers a product that provides a high level of safety, durability, and suitability for a long term care facility. The successful vendor will be responsible for delivering the products to the New long term Care Centre at 40 University Drive, Corner Brook, NL .

1.2 Client Background

The Western Regional Integrated Health Authority was established in 2005 by the Government of Newfoundland and is responsible for the operation of nine health care facilities as well as all community based health services on the Western Region of Newfoundland.

1.3 Vendor Response

1.3.1 Vendor's tender should contain an Executive Summary which shall contain:

- a. A brief description of the product being quoted.
- b. The name, title and address of the Vendor's representative responsible for the preparation of the Tender.

1.3.2 All prices quoted for goods and services must be specified in Canadian dollars, FOB Corner Brook site and will be held to be valid for ninety (90) days following the Tender closing date.

1.3.3 Tenders must be received in full on or before the exact closing time and date indicated. **TENDERS RECEIVED AFTER THAT TIME WILL NOT BE CONSIDERED.**

- 1.3.4 All costs relating to the work and materials supplied by the Vendor in responding to this Invitation to Tender must be borne by the Vendor.

1.4 **Communication During Tendering**

- 1.4.1 All communications with the Western Regional Integrated Health Authority with respect to this invitation to Tender must be directed in writing to the following person:

Mr. John Piercey
Regional Director, Materiels Management
Western Regional Integrated Health Authority
P.O. Box 2005
Corner Brook, Newfoundland
A2H 6J7
Tel: (709) 637-5511
Fax: (709) 634-2649
Email: jpierc@healthwest.nf.ca

- 1.4.2 The Western Regional Integrated Health Authority may, during the assessment period, request meetings with the Vendors to clarify points in the Tender. No changes by the Vendor will be permitted after the Tender closing date.

- 1.4.3 Faxed Tender responses will be accepted with the condition that the original Tender documents are received at the Western Regional Integrated Health Authority's Materiels Management Department no later than **Five** days following the Tender closing date.

- 1.4.4 Companies submitting fax Tenders are doing so at their own risk and the fax Tender must be at the public opening as specified in the Tender information. This Authority will not be responsible for in-house courier services if companies submit quotations by fax machine. The time stated on the fax Tender will become null and void since it is the responsibility of the company placing the Tender to have their Tender at the public opening, therefore, this Authority will not be responsible for any damages or liabilities. You may call the purchasing department to confirm a fax tender has been received.

1.5 Tender Acceptance

- 1.5.1 Any acquisitions resultant from this invitation to Tender shall be subject to the Public Tendering Act.
- 1.5.2 The Tenders shall be opened in the Dining Room at The Western Memorial Regional Hospital on the scheduled date and time.
- 1.5.3 Any Tender may be accepted in whole or in part. The lowest Tender may not necessarily be accepted and The Western Regional Integrated Health Authority reserves the right to cancel the Tender call. The Western Regional Integrated Health Authority shall not be held responsible or liable for the payment of any costs that are incurred by the bidder in preparing a Tender in response to this invitation to Tender. The items bid must be suitable for a level III and Level IV long term care facility.

1.6 Warranty

The Vendor shall warrant that the product supplied to The Western Regional Integrated Health Authority shall equal the published specifications.

The Vendor shall indicate the full details of product warranties which can be taken into account for assessing suitability of tendered product for intended purpose. The Vendor agrees to provide free of charge all parts and labor necessary to repair the supplied units during the Warranty period.

2.0 Product Specifications

2.1 Frost Free Refrigerator

- The quantity of bedside cabinets required is up to 8.
- The size should be 18 cu ft with Top Freezer approximately 29.5" W x 30" D x 66" H - It must fit into the allocated space of the building.
- They must have reversible doors
- The refrigerator must be Energy Star qualified.
- The freezer capacity must be minimum 5 cu ft
- It must have a minimum full warranty of 1 year
- The refrigerator must be white in color.

2.2 Wall Oven

- The Quantity required will be up to 8.
- The wall oven must be a self cleaning 30 inch wall oven the fits into following cut out dimensions: H 27.9" , W 28.5" , D 24" Must fit the allocated space and be capable with the building electrical.
- The oven must have easy to use controls.
- It must have minimum oven capacity of 3.6 cu ft
- Must have a clock/timer.
- Must have 2 racks
- Must be white color
- Must have a minimum full warranty of 1 year

2.3 Dishwasher (Tall Tub stainless steel interior)

- The quantity required is up to 8.
- The dishwasher must be a Tall tub with Stainless Steel interior with dimensions approximate: H 23.8, W 23.8" , D 25" ,
- Must have a hard food disposer
- Must have a minimum of 3 direct feed wash arms.
- Must be Energy Star Certified
- The dishwasher must be compatible with plumbing and electrical infrastructure of the building.
- It must have a minimum 1 year full warranty.

Please provide Manufacturer installation specifications for each item with your bid.

The vendor must be able to deliver within 4 weeks of placing an order.

Presentation / Training / Service

3.1 Presentation

A presentation of the Tender and / or a demonstration of the product / system shall be provided, if requested, at the Vendor's expense. Detailed product specifications must be provided if requested.

4.0 Financial Considerations

4.1 All applicable taxes shall be indicated in the Tender.

4.2 The cost of installation and removal of packaging material shall be included in the Tender price.

4.3 Products bid must be acceptable to Western Health Ergonomic Assessment criteria.

4.4 Terms of Payment

The Authority agrees to pay the full invoiced amount within 30 days following acceptance of the installed system by The Western Regional Integrated Health Authority.

5.0 Vendor Confirmation (please sign)

I confirm that that items bid for this Tender meets or exceeds the specifications detailed in this invitation to Tender. I also confirm that all specifications are included in the quoted price. Any items that are optional are noted accordingly.

Contact Person _____

Signature _____

Company Name _____

Address _____

Phone: _____

Tender 0171-0966

Supply of Kitchen Appliances

Bid Sheet

Item		Price per Unit		Total Per Unit
		Before taxes	HST	
2.1	Refrigerators			
2.2	Wall Oven			
2.3	Dishwasher			

Note: Please indicate if Minimum Order Quantities apply to prices.

TENDER CHECKLIST

TENDER #0171- 0966

DID YOU INCLUDE

- | | | |
|--|------------------------------|-----------------------------|
| HAS TENDER SUBMISSION BEEN SIGNED | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| COPY OF REQUIRED TENDER DOCUMENTS | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| COPY OF BROCHURES (IF REQUESTED) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| COPY OF WCB LETTER OF GOOD STANDING (IF REQUIRED) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| COPY OF PROOF OF INSURANCE (IF REQUIRED) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| AMOUNT OF TAX NOTED ON REQUEST FOR QUOTATION FORM | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| OPTIONAL PRICING FOR TRAINING INCLUDED (if required) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

NOTE: TENDER RESPONSES MAY BE REJECTED IF YOU ANSWER “NO” TO ANY OF THE ABOVE QUESTIONS.