



**SPECIFICATIONS FOR**

**TENDER #1271- 0842**

**SUPPLY OF BEDROOM FURNITURE  
FOR WESTERN HEALTH**

**CLOSING DATE: 25 April 2008**

**CLOSING TIME: 11:00 AM (Newfoundland Time)**

# **WESTERN REGIONAL INTEGRATED HEALTH AUTHORITY**

## **Invitation to Tender for the Supply and Installation of Office Furniture**

### **1.0 General Provisions**

#### **1.1 Intent**

This invitation to Tender is intended for the Supply and Installation of Bedroom Furniture (Mattresses, matching headboards, dressers and bed side tables) for The Western Regional Integrated Health Authority at Our Long Term Care Assisted Living Units, Wheelers Road, Corner Brook, Newfoundland. There are forty (40) bedrooms in total with twenty scheduled to be completed in in early June and the other twenty to be completed in September 2008. Western Health is seeking to purchase high quality furniture, with rounded edges and corners for safety, intended for a long term care facility environment. Preference will be given to the bidder that offers a product that provides a high level safety, durability, and home like aesthetics.

#### **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](mailto: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.

## 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 Matching Dresser Chests, Bed Side Tables and Headboard:

- All tops and drawer fronts must be made of thermally fused laminate or vinyl wrap material with all edges and corners rounded.
- The Drawers should be made from Seamless ABS- Composite material or equivalent to enable easy cleaning.
- The bed side tables and dressers should have slides on the front and casters on the back to allow for easy moving by housekeeping but be very stable for residents.
- Dressers must have four drawers with minimum inside measurements:  
Depth 14"  
Height 6"

- Night Tables must have one drawer and a lower cabinet with door.
- Drawers must have heavy duty steel roller glides and have D style smooth rounded handles.
- All hinges must be steel.
- Matching headboard must be made to fit standard twin size bed frame.

## **2.2 Twin Mattresses and Box Springs:**

- Box spring and Mattresses must be regular twin size mattresses that provide a high level of comfort, durability and have outer material specifically designed for a health care environment. Must be easy to clean and highly resistant to liquids.
- The mattresses must be made from fire resistant material that meets Canadian standards for a health care setting.

## **2.3 Delivery Times**

- The successful vendor must be able to deliver 20 sets for early June and 20 sets in September – when additional living units are completed.
- The successful vendor will be required to install units and remove all packaging material. Please provide details of the material specifications.

## **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.

## **4.0 Financial Considerations**

4.1 All applicable taxes shall be indicated in the Tender.

4.2 The cost of installation 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.

4.5 Pricing – Please provide pricing as follows:

	Section	Units	Price/Unit	Total before tax	Taxes
Dresser units	2.1	40			
Headboards	2.1	40			
Bed Side Tables	2.2	40			
Mattress and Box Spring	2.4	40			

Note you may quote more than one option for each item listed. However options must be clearly indicated as a 2<sup>nd</sup> option and all details provided.

5.0 **Vendor Confirmation** (please sign)

I confirm that our 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 CHECKLIST**

**TENDER #0371- 0739**

**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.**