



**SPECIFICATIONS FOR
TENDER #0171-01909
SUPPLY OF ICE AND WATER DISPENSERS
FOR WESTERN HEALTH**

CLOSING DATE: 18TH OF June 2019

CLOSING TIME: 2:00PM (Newfoundland Time)



Invitation to Tender for Ice and Water Machine Dispensers

1.0 General Provisions

1.1 Intent

This invitation to Tender is intended to obtain Ice and Water Dispensers as required by Western Health within the next 12 months. There is a requirement for Three (3) units Immediately and Eleven (11) additional units for the new Long Term Care building currently under construction in Corner Brook – These units will be ordered in the fall when the exact requirement dates are known. Any additional units will be ordered as needed. The product specification requirements are attached.

This Tender is concerned with the acquisition of Ice and Machine Dispensers for the Western Health Sites with consideration of the following:

- Ongoing service and maintenance support.
- All manuals, documents and initial supplies.
- The right to reproduce any printed materials supplied with the product for the purpose of using the product.
- Training and training manuals.

1.1.1 Western Health reserves the right to order additional units at the same price for a period up to and including May 31st, 2020.

1.2 Client Background

Western Health was established in 2005 and is responsible for the delivery of Health and Community Services in the Western Region.

1.3 Vendor Response

1.3.1 Vendor's tender must 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 Western Memorial Regional Hospital. All Tenders 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 Release of Information

1.4.1 While Tender is Open:

Vendors may email or call for clarification regarding the product requirements and /or the bidding process. All requests for information should be made with a reasonable amount time for Western Health to reply. An extension to the closing time may be made if deemed necessary by Western Health

1.4.2 At Tender Opening:

The names of the bidders and the unit bid price amounts will be read out.

1.4.3 After Tender Opening:

1. No further information will be released until after the bids are fully assessed and contract is awarded.
2. After award, the name and bid price of the successful bidder will be made available.
3. Information will be made available for a 90 day period only.

1.4.4 **FYI, Statements that are included as part of our Tender calls:**

Bidders are welcome to attend the public opening, however no official awards or orders will be placed with please be advised that it is not our policy to release bid information. Only the names of the bidders will be released.

1.5 **Communication During Tendering**

1.5.1 All communications with Western Health with respect to this invitation to Tender must be directed in writing to the attention of:

Mr. Paul Wight
Regional Director Materials Management
Western Health
1 Brookfield Avenue
P.O. Box 2005
Corner Brook, Newfoundland
A2H 6J7
Tel: (709) 784-5386
Fax: (709) 634-2649
Email: paulwight@westernhealth.nl.ca

1.5.2 Western Health 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.

1.5.3 Faxed Tender responses will be accepted with the condition that the original Tender documents are received at Western Health's Materials Management Department no later than **Five** working days following the Tender closing date.

1.5.4 All bids must be sent in a sealed envelope clearly marked with Tender Name and Number to: Purchasing Department, Western Health, Western Memorial Regional Hospital, 1 Brookfield Ave., Corner Brook, NL. A2H 6J7.

1.5.5 Bids submitted by electronic transmission (e-mail) will not be accepted.

1.5.6 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.

1.5.7 In order to contribute to waste reduction and promote environmental protection, the Western Health will endeavour to acquire goods and services that support these principles, therefore, product(s) quoted should include:

- maximum level of post-consumer waste and/or recyclable content
- minimal packaging
- minimal environmental hazards
- maximum energy efficiency
- potential for recycling
- 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

1.6 **Tender Acceptance**

1.6.1 Any acquisitions resultant from this invitation to Tender shall be subject to the Public Tendering Act.

1.6.2 The Tenders shall be opened in the Private Dining Room at The Western Memorial Regional Hospital on the scheduled date and time.

1.6.3 Any Tender may be accepted in whole or in part. The lowest Tender may not necessarily be accepted and Western Health reserves the right to cancel the Tender call. Western Health 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.

1.7 **Warranty**

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

The Vendor shall provide no less than a 1-year warranty on the system. The Vendor agrees to provide free of charge all parts and labour necessary to repair the system during the first year of operation.

2.0 **Product Specifications**

Ice and Water Dispenser with hands free operation
Hoshizaki DCM -270BAH-OS or Equivalent in functioning capability, build and size.

Must be a Countertop Models with 115V, 60Hz
Approximately 18" Width and 24" Depth

Warranty must be 3 years Parts and Labor, 5 years Parts or better.

3.0 **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.

3.2 **Training**

The Vendor shall provide on-site training to staff in the use of the **Ice Machine Dispensers**. All costs associated with this training shall be included in the total Tender price. The length of such training shall be what is reasonably required to train the users of the equipment and shall be documented.

4.0 **Product History and Vendor Reputation**

4.1 The Vendor shall provide a list of three (3) organizations where a similar Unit has been installed. Include a contact person for each organization.

5.0 **Financial Considerations**

5.1 All applicable taxes shall be indicated in the Tender.

5.2 The cost for installation, initial set-up and programming shall be included in the Tender price.

5.3 All costs for training shall be included in the Tender. This includes any travel, meals and accommodation.

5.4 **Terms of Payment**

The Authority agrees to pay the full invoiced amount within 30 days following acceptance of the installed system by Western Health. Acceptance testing will be completed within 30 days following the complete installation of the system.

6.0 **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.

Signed _____

Title _____

Company Name _____

Address _____

Phone _____

Please bid Prices delivered FOB Western Health sites:

Tender Price per Unit \$ _____

Optional Matching Stand \$ _____

Tax Extra Yes _____ No _____