

Event Details

PeopleSoft Strategic Sourcing

| | | | |
|--------------------------|-------------------------|-------------|-------------|
| Event ID | Format | Type | Page |
| 34301-0000009468 | Sell | RFx | 1 |
| Event Round | Version | | |
| 1 | 1 | | |
| Event Name | | | |
| Medical Dividers, Health | | | |
| Start Time | Finish Time | | |
| 05/03/2016 14:02:00 CDT | 05/23/2016 14:00:00 CDT | | |

Bidder: PUBLIC EVENT DETAILS

Submit To: Health
Call for Shipping Information
United States

Contact: Brandon Silby
Phone: 615/532-2440
Email: brandon.silby@tn.gov

Event Currency: US Dollar
Bids allowed in other currency: No

Event Description

This event is to bid for a three (3) year with one (1) one-year option to renew contract for agency: Tennessee Department of Health

Specifications and terms & conditions are attached.

Agency Contact: Karen Olive at Karen.Olive@tn.gov
Jamie Stanley at Jamie.Stanley@tn.gov
Procurement Contact: Brandon Silby at Brandon.Silby@tn.gov

READ THE ENTIRE BID, including the Event Details, Specifications, and Terms and Conditions and any other attachments.

If the Review and bid on this event link included in the e-mail notification does not work, please go to http://state.tn.us/generalserv/cpo/for_bidders.html Click on the link that says Bid Opportunities and log in with your vendor ID and password.

NOTE: Need help with EDISON? Call the Edison HELP Desk at 866-376-0104 or 615-741-4357

Please do not wait until the last day to POST YOUR BID. The Edison system will sign you out after 30 minutes of inactivity. Your password expires EVERY 90 DAYS. It is the responsibility of the Edison User (bidder/vendor) to maintain their own profile information (Email address, phone numbers, address or contacts) and to continue to keep it current by logging into the Supplier Portal and making changes as needed.

Supplier Portal link:
<https://supplier.edison.tn.gov/psp/supprd/SUPPLIER/ERP/h/?tab=DEFAULT> (Maintain supplier information)

Central Procurement Office Website:
<http://www.tn.gov/generalservices/section/central-procurement-office>

The website is constantly being updated with information to assist the agencies and vendors; you are encouraged to visit the website frequently.

General Questions

| Question | UOM | Best | Worst | Response |
|---|-----|------|-------|----------------------|
| I (we) agree to strictly abide by all the statutes and terms contained in the rules of the Department of General Services, Central Procurement Office, which are by reference made a part hereof, in addition to the special terms, conditions and specifications embodied in the invitation to bid. IMPORTANT: By Selecting YES, the bidder certifies compliance with the above and further certifies that this bid is made without collusion or fraud. | | Yes | | <input type="text"/> |

Required: Yes Mandatory Response:Yes

Event Details (cont.)

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| Event Name | | | |
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| Start Time | Finish Time | | |
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United States

Contact: Brandon Silby
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Event Currency: US Dollar
Bids allowed in other currency: No

Response Comments

Please list the following information regarding your company's contract administrator.

List the Contract Administrator's Name

List the Contract Administrator's Address

List the Contract Administrator's Phone Number

List the Contract Administrator's Toll Free Phone Number

List the Contract Administrator's Pager or Cell Number

List the Contract Administrator's Email Address

List the Contract Administrator's Website

Required: Yes Mandatory ResponseNo

Response Comments

Associated Terms:

Vendor Contract Administrator

The bidder shall list their company's Contract Administrator. The Contract Administrator shall be the contact person for all questions regarding the contract. Note: The bidder can attach a list of alternate personnel to contact to the bid.

The bidder shall indicate whether or not they plan to sub-contract:

No: The bidder does not anticipate using a sub-contractor at this time and agrees to submit a request to subcontract during the contract period prior to using a subcontractor.

Yes: The bidder shall list the subcontractor(s). Attach list of additional subcontractors to the bid, including the following for each subcontractor.

List the Sub-Contractor's Name
List the Sub-Contractor's Address
List the Sub-Contractor's Contact Person
List the Sub-Contractor's Phone Number

No

Required: Yes Mandatory ResponseNo

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| Event Name | | | |
| Medical Dividers, Health | | | |
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| 05/03/2016 14:02:00 CDT | 05/23/2016 14:00:00 CDT | | |

Bidder: PUBLIC EVENT DETAILS

Submit To: Health
Call for Shipping Information
United States

Contact: Brandon Silby
Phone: 615/532-2440
Email: brandon.silby@tn.gov

Event Currency: US Dollar
Bids allowed in other currency: No

Response Comments

Associated Terms:

Subcontracting

The Contractor shall not assign this Contract or enter into a subcontract for any of the goods or services provided under this Contract without obtaining the prior written approval of the Central Procurement Office. Notwithstanding any use of approved subcontractors, the Contractor shall be the prime contractor and shall be responsible for all work provided.

Below is a link to the Central Procurement Office's surveying tool. We ask that you take a few short minutes to complete this survey. The purpose of this survey is to strengthen procurement processes of the Central Procurement Office (CPO) by capturing Vendor/Bidder assessments of, and actionable comments on, the process put in place by the Central Procurement Office. We hope the survey results will help improve the bidding process by implementing improvements to CPO approaches, processes, and tools.

To complete the survey, please go to the following link:
<https://www.surveymonkey.com/s/CPOCustomerServiceSatisfactionSurvey>, and, where applicable, select the response (Strongly agree, Agree, etc.) that best describes the Sourcing Account Specialist's work in each area of the procurement process. Select the Neither agree nor disagree response for any question that is not applicable to your experiences with the Central Procurement Office in general or this procurement specifically.

Additionally, if there are any concerns that you or others in your organization feel need to be dealt with immediately please contact Chris Yarbrough at 615-741-2292. Finally, it should be noted that your responses will remain anonymous, and will have no bearing or consideration in the awarding of this procurement. Thank you.

Required: No Mandatory ResponseNo

Response Comments

Please complete the attached form, included with the Terms and Conditions document, and attach all pertinent documentation regarding your company's efforts to achieve diversity business participation. This information must be submitted with the bid document and monthly thereafter until a reasonable level of

Event Details (cont.)

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| 1 | 1 | | |
| Event Name | | | |
| Medical Dividers, Health | | | |
| Start Time | Finish Time | | |
| 05/03/2016 14:02:00 CDT | 05/23/2016 14:00:00 CDT | | |

Bidder: PUBLIC EVENT DETAILS

Submit To: Health
Call for Shipping Information
United States

Contact: Brandon Silby
Phone: 615/532-2440
Email: brandon.silby@tn.gov

Event Currency: US Dollar
Bids allowed in other currency: No

diversity business participation is achieved.

Confirm below that you have completed this attached form by choosing, "Yes". Yes

Required: Yes Mandatory Response:Yes

Response Comments

How many days after receipt of purchase order will it take you to deliver this item? 0

Required: Yes Mandatory Response:No

Response Comments

What is the Brand/Model you are Bidding?

Required: Yes Mandatory Response:No

Response Comments

Please enter the number of days that your bid offer will expire from the bid opening date: 0

Required: Yes Mandatory Response:No

Response Comments

Associated Terms:

Bid Offer Expiration

Enter the expiration date of your bid offer in the space provided on this Invitation to Bid. A minimum period of thirty (30) days from the bid closing date is requested. The state shall have sixty (60) days to accept the bid if a minimum period is not stated.

List the Return Goods Policy:

Required: Yes Mandatory Response:No

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| Event Round | Version | | |
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| Event Name | | | |
| Medical Dividers, Health | | | |
| Start Time | Finish Time | | |
| 05/03/2016 14:02:00 CDT | 05/23/2016 14:00:00 CDT | | |

Bidder: PUBLIC EVENT DETAILS

Submit To: Health
Call for Shipping Information
United States

Contact: Brandon Silby
Phone: 615/532-2440
Email: brandon.silby@tn.gov

Event Currency: US Dollar
Bids allowed in other currency: No

Response Comments

Associated Terms:

Return Goods Policy

All costs associated with the return of goods for repair and/or replacement under warranty shall be done at the expense of the vendor/ contractor, unless otherwise specified. The bidder shall indicate below their standard return goods policy.

The bidder shall indicate their standard warranty period

List the Standard Warranty Period

Required: Yes Mandatory ResponseNo

Response Comments

Associated Terms:

Warranty Period

Bidder shall indicate their standard warranty period

Please answer yes or no to the following. If "yes", describe using additional pages and attach to the Response including any relevant details:

(a) is the Respondent presently debarred, suspended, proposed for debarment, or voluntarily excluded from covered transactions by any federal or state department or agency;

(b) has the Respondent within the past three (3) years, been convicted of, or had a civil judgment rendered against the contracting party from commission of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) is the Respondent presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed above; and

(d) has the Respondent within a three (3) year period preceding the contract had one or more public transactions (federal, state, or local) terminated for cause or default.

No

Required: Yes Mandatory ResponseNo

Event Details (cont.)

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| Event Name | | | |
| Medical Dividers, Health | | | |
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| 05/03/2016 14:02:00 CDT | | 05/23/2016 14:00:00 CDT | |

Bidder: PUBLIC EVENT DETAILS

Submit To: Health
Call for Shipping Information
United States

Contact: Brandon Silby
Phone: 615/532-2440
Email: brandon.silby@tn.gov

Event Currency: US Dollar
Bids allowed in other currency: No

Response Comments

Please attach documentation that reflects you are registered with the Department of Revenue for sales and use tax, as stated in the Terms and Conditions. If you are exempt, please provide a copy of the communication from the Department of Revenue supporting this exemption.

Required: Yes Mandatory ResponseNo

Response Comments

What prompt pay discount terms are you willing to extend to the State through this purchase or contract resulting from this bid event? Please note the State's standard payment terms are net 45 days.

Required: Yes Mandatory ResponseNo

Response Comments

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| Event Name | | | |
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Bidder: PUBLIC EVENT DETAILS
Submit To: Health
 Call for Shipping Information
 United States
Contact: Brandon Silby
Phone: 615/532-2440
Email: brandon.silby@tn.gov

Event Currency: US Dollar
Bids allowed in other currency: No

Line Details

Line: 1 **Item ID:** **Line Qty:** 1000.0 **UOM:** Box **Bid Qty:**
Required: Yes **Reserve Price:** No

Description: Medical Records Index Dividers, 250 dividers/box, minimum order 1 box

| Question | UOM | Best | Worst | Response |
|--------------------------------------|-----|------|-------|----------------------|
| What is the unit price of this item? | | 0 | | <input type="text"/> |
| Required: Yes Mandatory Response: No | | | | |

Response Comments

Line: 2 **Item ID:** **Line Qty:** 1000.0 **UOM:** Box **Bid Qty:**
Required: Yes **Reserve Price:** No

Description: Medical Records Index Dividers, 250 dividers/box, minimum order 2 boxes,

| Question | UOM | Best | Worst | Response |
|--------------------------------------|-----|------|-------|----------------------|
| What is the unit price of this item? | | 0 | | <input type="text"/> |
| Required: Yes Mandatory Response: No | | | | |

Response Comments

Line: 3 **Item ID:** **Line Qty:** 500.00 **UOM:** Box **Bid Qty:**
Required: Yes **Reserve Price:** No

Description: Medical Records Index Dividers, 250 dividers/box, minimum order 4 boxes,

| Question | UOM | Best | Worst | Response |
|--------------------------------------|-----|------|-------|----------------------|
| What is the unit price of this item? | | 0 | | <input type="text"/> |
| Required: Yes Mandatory Response: No | | | | |

Response Comments

Event Details (cont.)

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| Event Name Medical Dividers, Health | | | |
| Start Time 05/03/2016 14:02:00 CDT | | Finish Time 05/23/2016 14:00:00 CDT | |

Bidder: PUBLIC EVENT DETAILS
Submit To: Health
Call for Shipping Information
United States
Contact: Brandon Silby
Phone: 615/532-2440
Email: brandon.silby@tn.gov

Event Currency: US Dollar
Bids allowed in other currency: No

Line: 4 **Item ID:** **Line Qty:** 500.00 **UOM:** Box
Required: Yes **Reserve Price:** No

Bid Qty:

Description: Medical Records Index Dividers, 250 dividers/box, minimum order 6 boxes,

| Question | UOM | Best | Worst | Response |
|--------------------------------------|-----|------|-------|----------------------|
| What is the unit price of this item? | | 0 | | <input type="text"/> |
| Required: Yes Mandatory Response: No | | | | |

Response Comments

Line: 5 **Item ID:** **Line Qty:** 1320.0 **UOM:** Box
Required: Yes **Reserve Price:** No

Bid Qty:

Description: Medical Records Index Dividers, 250 dividers/box, minimum order 10 boxes or more,

| Question | UOM | Best | Worst | Response |
|--------------------------------------|-----|------|-------|----------------------|
| What is the unit price of this item? | | 0 | | <input type="text"/> |
| Required: Yes Mandatory Response: No | | | | |

Response Comments

Event Details (cont.)

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Bidder: PUBLIC EVENT DETAILS

Submit To: Health
Call for Shipping Information
United States

Contact: Brandon Silby
Phone: 615/532-2440
Email: brandon.silby@tn.gov

Event Currency: US Dollar
Bids allowed in other currency: No

Bidder Information

| | | |
|--------------------------|-------------------|--------------|
| Firm Name: | | |
| Name: | Signature: | Date: |
| Phone #: | Fax #: | |
| Street Address: | | |
| City & State: | Zip Code: | |
| Email: | | |

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PeopleSoft Strategic Sourcing

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Bidder: PUBLIC EVENT DETAILS

Submit To: Health
Call for Shipping Information
United States

Contact: Brandon Silby
Phone: 615/532-2440
Email: brandon.silby@tn.gov

Event Currency: US Dollar
Bids allowed in other currency: No

Appendix A - Line Specifications

Line: 1 **Item ID:** **Line Qty:** 1000 **UOM:** Box
Description: Medical Records Index Dividers, 250 dividers/box, minimum order 1 box

Item Specifications

| | | | |
|----------------------|---|-----------------------|---|
| Manufacturer: | | Item Height: | 0 |
| Mfg Item ID: | | Dimension UOM: | |
| Item Length: | 0 | Volume UOM: | |
| Item Width: | 0 | Weight UOM: | |
| Item Volume: | 0 | Item Color: | |
| Item Weight: | 0 | | |
| Item Size: | | | |

Shipping Information

| | | | |
|-----------------------|------------|-----------------|--|
| Schedule: | 1 | Ship To: | |
| Quantity: | 1000 | | |
| Due Date: | 05/29/2016 | | |
| Freight Terms: | | | |
| Ship Via: | | | |

Line: 2 **Item ID:** **Line Qty:** 1000 **UOM:** Box
Description: Medical Records Index Dividers, 250 dividers/box, minimum order 2 boxes,

Item Specifications

| | | | |
|----------------------|---|-----------------------|---|
| Manufacturer: | | Item Height: | 0 |
| Mfg Item ID: | | Dimension UOM: | |
| Item Length: | 0 | Volume UOM: | |
| Item Width: | 0 | Weight UOM: | |
| Item Volume: | 0 | Item Color: | |
| Item Weight: | 0 | | |
| Item Size: | | | |

Shipping Information

| | | | |
|-----------------------|------------|-----------------|--|
| Schedule: | 1 | Ship To: | |
| Quantity: | 1000 | | |
| Due Date: | 05/29/2016 | | |
| Freight Terms: | | | |
| Ship Via: | | | |

Line: 3 **Item ID:** **Line Qty:** 500 **UOM:** Box
Description: Medical Records Index Dividers, 250 dividers/box, minimum order 4 boxes,

Event Details (cont.)

PeopleSoft Strategic Sourcing

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Bidder: PUBLIC EVENT DETAILS

Submit To: Health
Call for Shipping Information
United States

Contact: Brandon Silby
Phone: 615/532-2440
Email: brandon.silby@tn.gov

Event Currency: US Dollar
Bids allowed in other currency: No

Item Specifications

Manufacturer:
Mfg Item ID:
Item Length: 0
Item Width: 0
Item Volume: 0
Item Weight: 0
Item Size:

Item Height: 0
Dimension UOM:
Volume UOM:
Weight UOM:
Item Color:

Shipping Information

Schedule: 1
Quantity: 500
Due Date: 05/29/2016
Freight Terms:
Ship Via:

Ship To:

Line: 4 **Item ID:** **Line Qty:** 500 **UOM:** Box
Description: Medical Records Index Dividers, 250 dividers/box, minimum order 6 boxes,

Item Specifications

Manufacturer:
Mfg Item ID:
Item Length: 0
Item Width: 0
Item Volume: 0
Item Weight: 0
Item Size:

Item Height: 0
Dimension UOM:
Volume UOM:
Weight UOM:
Item Color:

Shipping Information

Schedule: 1
Quantity: 500
Due Date: 05/29/2016
Freight Terms:
Ship Via:

Ship To:

Line: 5 **Item ID:** **Line Qty:** 1320 **UOM:** Box
Description: Medical Records Index Dividers, 250 dividers/box, minimum order 10 boxes or more,

Item Specifications

Manufacturer:
Mfg Item ID:
Item Length: 0
Item Width: 0
Item Volume: 0
Item Weight: 0
Item Size:

Item Height: 0
Dimension UOM:
Volume UOM:
Weight UOM:
Item Color:

Event Details (cont.)

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Bidder: PUBLIC EVENT DETAILS

Submit To: Health
Call for Shipping Information
United States

Contact: Brandon Silby
Phone: 615/532-2440
Email: brandon.silby@tn.gov

Event Currency: US Dollar
Bids allowed in other currency: No

Shipping Information

Schedule: 1
Quantity: 1320
Due Date: 05/29/2016
Freight Terms:
Ship Via:

Ship To:

Event Details (cont.)

PeopleSoft Strategic Sourcing

| Event ID | Format | Type | Page |
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| Event Round | Version | | |
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| Event Name | | | |
| Medical Dividers, Health | | | |
| Start Time | Finish Time | | |
| 05/03/2016 14:02:00 CDT | 05/23/2016 14:00:00 CDT | | |

Bidder: PUBLIC EVENT DETAILS
Submit To: Health
Call for Shipping Information
United States
Contact: Brandon Silby
Phone: 615/532-2440
Email: brandon.silby@tn.gov

Event Currency: US Dollar
Bids allowed in other currency: No

Appendix B - Terms & Conditions

1. The undersigned acknowledges that all submitted information and documentation will become the property of the state of Tennessee. The undersigned also affirms that he/she is a legal citizen of the United States or Permanent Resident Alien and that the information given above is true, accurate, and includes pertinent information necessary to identify and explain the operation of this organization to the best of my knowledge and is in no way misleading.
2. Should any data change in the future, the Supplier agrees to immediately submit the correct information electronically through the State's Supplier Portal. If the information will be submitted in writing please mail to the following address: Department of Finance and Administration 312 Rosa L. Parks Ave. 21st Floor Tennessee Tower ATTN: Supplier Maintenance Nashville, TN 37243
3. No person on the grounds of handicap or disability, age, race, color, religion, sex, national origin, creed, or any other classification protected by Federal and/or Tennessee State constitutional and/or statutory law shall be excluded from participation in, or denied benefits of, or be otherwise subjected to discrimination in the performance of the Contract or in the employment practices of the Contractor. The Contractor shall, upon request, show proof of such non-discrimination, and shall post in conspicuous places, available to employees and applicants, notices of non-discrimination.

Last Updated: 04/30/2016