

# RFI Details

## PeopleSoft Strategic Sourcing

<b>Event ID</b>	<b>Format</b>	<b>Type</b>	<b>Page</b>
34401-000009771	RFI	RFx	1
<b>Event Round</b>	<b>Version</b>		
1	1		
<b>Event Name</b>			
Mobile Dental Clinic RFI			
<b>Start Time</b>		<b>Finish Time</b>	
12/14/2016 07:00:00 CST		12/21/2016 14:00:00 CST	

**Bidder:** PUBLIC EVENT DETAILS

**Submit To:** DIDD  
Call for Shipping Information  
United States

**Contact:** Robert Maurer  
**Phone:** 615/741-1281  
**Email:** robert.maurer@tn.gov

## Event Description

This event is for a Request for Information for Mobile Dental Clinic contract for the Tennessee Department of Intellectual and Developmental Disabilities.

Specifications are attached.

Contact: Robert Maurer at 615-741-1281 and Robert.Maurer@TN.gov.

You may respond to this even via Edison, email or mail.

READ THE ENTIRE EVENT, including the Event Details, Specifications, and any other attachments.

The purpose of this RFI is for a contract to provide: The State of Tennessee, with products and/or services as described in the attached terms, conditions, specifications and price sheet. Please come prepared with questions and comments related to this solicitation.

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

Supplier Portal link: <https://supplier.edison.tn.gov/> (Maintain supplier information)

Central Procurement Office Website:  
<http://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.

## Factor Summary

Question	Response
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Service Experience, Time in Business, Contracts

List the Length of Time Your Company has been in Business. A bidder must have occupied a bona fide place of business for at least one year with suitable equipment, supplies and a trained staff capable of performing the services requested.

List the Description of Services. Please enter the information for three (3) comparable contracts on-going or completed within the last two (2) years.

Comparable Contract

List Name/Address of Comparable Contract

List the Contact Person

List the Phone Number

List the Contact Person's Email Address.

Required: Yes Mandatory ResponseNo

# RFI Details (cont.)

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Event Round	Version		
1	1		
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### Response Comments

Associated Terms:

#### **Service Experience, Time in Business - Contracts**

A bidder must have occupied a bona fide place of business for at least one year with suitable equipment, supplies and a trained staff capable of performing the services requested. A bidder must furnish satisfactory evidence of successful completion of comparable contracts for at least three customers within the past two years and any other evidence required and requested in order to establish evidence of its ability to provide services in accordance with the terms and conditions and specifications. Enter the length of time in business and evidence of completion of three comparable contracts in the space provided below.

Failure to provide at least three comparable contract references with satisfactory quality of service may result in the bid being considered non-responsive and cause for rejection of the bid.

Please list the following for all licenses and permits required by federal and state law.

List the Type of License  
List the Name on the License  
List the License Number  
List the Expiration Date

Required: Yes Mandatory ResponseNo

### Response Comments

Associated Terms:

#### **Licenses (Listings):**

A bidder must have all licenses and permits required by federal, state and local laws for performance of this contract. List the date and description of each in the space provided below.

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

Required: Yes Mandatory ResponseNo

# RFI Details (cont.)

## PeopleSoft Strategic Sourcing

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### 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.

How many years have you been practicing dentistry?

Required: Yes Mandatory ResponseNo

### Response Comments

Do you do sedation dentistry?

Required: Yes Mandatory ResponseNo

### Response Comments

Do you have experience with, and are you comfortable working with, the Intellectually and Developmentally Disabled population?

Required: Yes Mandatory ResponseNo

### Response Comments

Do you have more than one mobile dental unit?

Required: Yes Mandatory ResponseNo

### Response Comments

# RFI Details (cont.)

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Question	Response
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Will there be a single dentist that will see patients or will there be a group that can service the patients? If so, how many?

Required: Yes Mandatory ResponseNo

### Response Comments

# RFI Details (cont.)

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34401-0000009771	RFI	RFx	5
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## Bidder Information

<b>Firm Name:</b>		
<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>Phone #:</b>	<b>Fax #:</b>	
<b>Street Address:</b>		
<b>City &amp; State:</b>	<b>Zip Code:</b>	
<b>Email:</b>		

# RFI Details (cont.)

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## Appendix B - Terms & Conditions

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1. The undersigned acknowledges that all submitted information and documentation will become the property of the state of Tennessee. The undersigned also affirms 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: 08/30/2016