

# PROPOSAL REQUEST

Mechanical CPR Device

For the

## Sumner County Emergency Medical Service



SUMNER COUNTY GOVERNMENT  
SUMNER COUNTY, TENNESSEE

Bid # 20180801-CO

July 2018 -June 2019



## II. Responses

- < Proposal must include point-by-point responses to the RFP.
- < Proposal must include a list of any exceptions to the requirements.
- < Proposal must include the legal name of the vendor and must be signed by a person or persons legally authorized to bind the vendor to a contract.
- < If applicable, proposal must include a copy of the contract(s) the vendor will submit to be signed.
- < Any and all proposal requirements must be met prior to submission.
- < The bidder understands and accepts the non-appropriation of funds provision of the Sumner County Government.
- < provide a reference list of clients that have a current contract for services with their company.

## III. Clarification and Interpretation of RFP

exception to any mandatory requirement shall be grounds for rejection of the proposal. There are other requirements that Sumner County Government considers important but not mandatory. It is important to respond in a concise manner to each section of this document and submit an itemized list of all exceptions.

In the event that any interested vendor finds any part of the listed specifications, terms, or conditions to be discrepant, incomplete, or otherwise questionable in any respect, it shall be the responsibility of the concerned party to notify Sumner County, via email at [purchasing@sumnerschools.org](mailto:purchasing@sumnerschools.org), of such matters immediately upon receipt of this Request for Proposal. All questions must be received a minimum of five

[www.sumnerschools.org](http://www.sumnerschools.org) under

## IV. Proposal Guarantee

Vendors must guarantee that all information included in their proposal will remain valid for a period of 90 days from the date of proposal opening to allow for evaluation of all proposals.

## V.

Sumner County Government is not responsible for any costs incurred by any vendor pursuant to the Request for Proposal. The vendor shall be responsible for all costs incurred in connection with the preparation and submission of its proposal.

## VI. Insurance Requirements and Liability

Each bidder or respondent to the RFP who may have employees, contractors, or agents working on Sumner County properties shall provide copies of current certificates for general and professional liability insurance and for workers' compensation of a minimum of \$250,000. The owner or principal of each respondent must also be insured by workers' compensation if they perform any of the services on Sumner County properties. There will be no exceptions to the insurance requirement.



### XIII.

Discussions may be conducted with the vendors which have submitted proposals determined to be reasonably likely of being considered for selection to assure a full understanding of and responsiveness to the RFP requirements. Every effort shall be afforded to assure fair and equal treatment with respect to the opportunity for discussion and/or revision of their respective proposals. Revisions may be permitted after the submission and prior to the award for the purpose of obtaining the best offers.

### XIV. Open Records

After the bid is awarded, all proposals will be subject to the Tennessee Open Records Act, and the proposals will be available to the public upon written request.





< Is there a cost for the loaner device?

Yes\_\_\_\_\_ No\_\_\_\_\_ Cost\_\_\_\_\_

< After the warranty has expired, what is the service cost? \_\_\_\_\_

< What is the replacement cost of the batteries? \_\_\_\_\_

< What is the cost of the replacement of the therapy bands, suction cups, etc.? \_\_\_\_\_

< Any cost for software updates if applicable? Yes\_\_\_\_\_ No\_\_\_\_\_ Cost \_\_\_\_\_

7. The bidder must provide training on the device at no cost to Sumner County EMS and scheduled at a time/date approved by Sumner County EMS. Yes\_\_\_\_\_ No\_\_\_\_\_



ATTACHMENT 1

STATEMENT OF NON-

ATTACHMENT 2

DRUG-FREE WORKPLACE

DRUG-FREE WORKPLACE AFFIDAVIT

ATTACHMENT 3

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS

or type  
function

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Exempt payee code (if any)

Note: For a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's name.

1. Name (print or type)

Blank area for entering the name of the taxpayer.

Blank area for entering the address of the taxpayer.

Blank area for entering the taxpayer's identification number (TIN).

Blank area for entering the taxpayer's signature and date.

3. If you are a U.S. person, certify that you are not a U.S. person who is a tax-exempt foreign organization, a tax-exempt foreign government, or a tax-exempt foreign international organization. If you are a U.S. person who is a tax-exempt foreign organization, a tax-exempt foreign government, or a tax-exempt foreign international organization, you must also certify that you are not a U.S. person who is a tax-exempt foreign organization, a tax-exempt foreign government, or a tax-exempt foreign international organization. If you are a U.S. person who is a tax-exempt foreign organization, a tax-exempt foreign government, or a tax-exempt foreign international organization, you must also certify that you are not a U.S. person who is a tax-exempt foreign organization, a tax-exempt foreign government, or a tax-exempt foreign international organization.