



Request for Proposal

Personal Protective Equipment

Administration and Finance

June 22, 2020

I. Overview

The Boston Public Health Commission (BPHC) is the local public health department for the City of Boston. BPHC's mission is to protect, preserve, and promote the health and well-being of all Boston residents, particularly the most vulnerable.

In light of COVID-19, BPHC has experienced high demand of Personal Protective Equipment (PPE) to protect not only the residents in the City of Boston, but also first responders and those who are in the public health service across different bureaus within BPHC: Administration; Child, Adolescent and Family Health; Community Initiatives; Emergency Medical Services; Homeless Services; and Infectious Disease

As the pandemic evolves and BPHC responds to urgent PPE needs, BPHC is seeking responsive and reliable vendors that can adapt quickly to changes, offer fair market prices and practices in an open competitive environment.

BPHC's Equitable Procurement Policy encourages Certified Underrepresented Business Enterprises (CUBEs) to participate in the request for proposals. Underrepresented business enterprises include: Minority-owned Business Enterprises (MBE), Women-owned Business Enterprises (WBE), Veteran-owned Business Enterprises (VBE), Service-disabled Veteran-owned Business Enterprises (SDVOBE), Disability-owned Business Enterprise (DOBE), and Lesbian Gay Bisexual Transgender Business Enterprises (LGBTBE).

II. Scope of Work

BPHC is seeking qualified, responsible, and reliable vendors to provide Personal Protective Equipment at competitive market price during the recovery phase of COVID-19. Applicable PPE must adhere to FDA regulations and meet specific performance standards for protection. Vendors will be responsible to deliver PPE to multiple BPHC locations throughout the city of Boston. Vendors shall respond in a timely manner to all requests via email or telephone to provide quotes that includes quote number, prices (per unit), quantities, detailed item description, delivery fees, and estimated time of arrival (ETA) of the following PPE:

- N95 Respirators
- Surgical Masks
- Face Masks
- Gloves (Nitrile and Latex)
- Face Shields (including fog-free)
- Safety Glasses/Goggles
- Isolation Gowns (Level II and III)
- Coveralls (Reusable and Disposable)
- Thermometers (Digital and Disposable)
- Hair Bouffant (Disposable)
- Shoe Covers (Disposable)
- Hand Sanitizers
- Alcohol Wipes (specialized for electronic devices)
- Sprays (specialized for electronic devices)

Additional protective personal equipment may be requested, as COVID-19 changes the demand in the public health sector.

BPHC will request particular samples of personal protective equipment that will be subject to review and approval by Community Initiative Bureau - Biological Safety Department for quality and testing purposes prior to purchasing.

BPHC reserves the right to modify an order, return any item or cancel any order if the following conditions apply:

- The received items do not meet the initial specifications, and technical descriptions initially requested by BPHC
- Estimated Time of Arrival (ETA) exceeds the initial time provided per the quote
- Gas or mileage fees are applied

III. Request For Proposal Timeline

Sunday, June 21, 2020	RFP Legal Notice publication in The Boston Globe
Monday, June 22, 2020	RFP available online at www.BPHC.org/RFP at 11:00 AM EST
Wednesday, July 1, 2020	<p>Questions due in writing via email by 5:00 PM to:</p> <p>Procurement@bphc.org</p> <p>Subject: RFP Personal Protective Equipment</p>
Monday, July 6, 2020	<p>Responses to questions available by 5:00 PM at:</p> <p>www.BPHC.org/RFP</p>
Thursday, July 9, 2020	<p>Proposals due by 5:00 PM</p> <ul style="list-style-type: none"> ▪ Submit <u>one</u> PDF document ▪ PDF file must be titled: “<i>Company Name – RFP PPE</i>” ▪ Do not send hard copies <p style="text-align: center;">NO EXCEPTIONS TO DEADLINE</p>
Friday, July 17, 2020	<p>Notification of Decision</p> <p>Desired date to notify selected vendors however, BPHC has the discretion to extend this date without notice. All proposals shall remain valid and open for a period of one hundred and twenty (120) days from the proposal submission date unless a proposer notifies BPHC of its withdrawal. BPHC reserves the right to accept or reject any or all proposals. BPHC anticipates submitting a Notice of Award to the selected proposer(s) by email provided in the RFP responses. The contract(s) will be awarded to the most responsive and responsible proposer(s) meeting all requirements. BPHC reserves the right to select multiple proposers for award. The contract(s) resulting from this RFP shall be in effect when all necessary contract documentation is fully executed by BPHC and awarded vendor(s).</p>

IV. Minimum Qualifications

Proposer must possess the following qualifications and experience:

1. Business legally registered in USA
2. Verified business experience in USA providing personal protective equipment
3. Experience working with government / municipalities, hospitals, first responders, or other healthcare agencies
4. Possess effective and professional communication skills to provide information through emails and telephone in a timely manner
5. Proactive, detailed oriented and knowledgeable of personal protective equipment offered
6. Offers FDA and CDC recommended products at competitive prices and actively excludes price gouging

V. Proposal Requirements

Submit the following documents:

1. Provide a brief description of the Goods and/or Service and how the vendor will support the needs and requirements of BPHC as described in the Scope of Work (1 page)
2. Request for Taxpayer Identification Number and Certification Form (W-9 Form or W-8BEN Form)
3. Price sheet for masks in Attachment A
4. Price sheet for other products related to personal protective equipment that includes brands, sizes, unit cost, and volume discount pricing in Attachment B
5. Catalog of all personal protective equipment inventory (website or price sheet)
6. Business Profile – Attachment C
7. Reference Form – Attachment D

VI. Period of Performance

The effective date of providing goods is expected to commence by the vendor on or about August 01, 2020 to June 30, 2021 (“Initial Term”) with an annual renewal option for 2 years under the same terms, conditions and cost for each option term. The decision to exercise the option terms will be at BPHC’s sole discretion. No goods shall be requested or delivered until all necessary contract documentation is fully executed by BPHC and awarded vendor(s).

VII. Submission Instructions

Proposals shall be submitted via email in PDF format to Procurement@bphc.org by 5:00 PM on **Thursday, July 9, 2020** with Subject line named: RFP Personal Protective Equipment

Additional Instructions:

1. Proposal must be one PDF file including requirements stated in Section V
2. No information responding to questions or requirements within the RFP should be included in the body of the email
3. Attachments must be a maximum twenty-five megabytes per email and submitted using signed copies
4. Larger attachments will not be accepted (Zip Files may be submitted)
5. No other recipient should be cc or bcc in the email submission

NO EXCEPTIONS TO THIS DEADLINE

APPENDICES

Attachment A – N95 Respirators

Reference	Brand	Price Per Unit
N95, 1860 and 1860S	3M	
N95, 1870+	3M	
N95, 8110S	3M	
N95, 8210	3M	
N95, 8210Plus	3M	
N95, 8210V	3M	
N95, 8211	3M	
N95, 8271	3M	
N95, 8511	3M	
N95 8515/07189	3M	
N95 8516, N95	3M	
N95, 8577	3M	
N95, 9210+/37192	3M	
N95, 9211+/37193	3M	
N95, 46727	Kimberly-Clark	
N95, 46767	Kimberly-Clark	
N95, 46867	Kimberly-Clark	
N95, 62126	Kimberly-Clark	
N95, 62355	Kimberly-Clark	
N95, 1511	Moldex	
N95, 1512	Moldex	
N95, 2200	Moldex	
N95, 4800	Moldex	
N95, N1105	Honeywell	
N95, N1125	Honeywell	
N95, NBW95	Honeywell	
N95, 1730	Gerson	

Attachment B – Personal Protective Equipment

Reference
Surgical Masks
Face Masks
Nitrile Gloves
Latex Gloves
Face Shields
Face Shields (fog-free)
Safety Glasses/Goggles
Isolation Gowns Level II
Isolation Gowns Level III
Coveralls
Thermometers Digital
Thermometers Disposable
Hair Bouffant
Shoe Covers Disposable
Hand Sanitizers
Alcohol Wipes <i>(specialized for computer equipment)</i>
Alcohol Spray <i>(specialized for computer equipment)</i>

Attachment C - Business Profile

Completion and submission of the Business Profile and information below indicates the intention of the vendor to comply with specifications, requirements, and terms of the Boston Public Health Commission's Request for Response.

Company / Entity Information

Company or Entity Name: _____

Address: _____

Telephone: _____

Email: _____

Website: _____

Taxpayer Identification #: _____

Contact Name: _____

Title: _____

Telephone: _____

Email: _____

Business Classification:

Vendor must complete the information requested below. When not applicable please indicate N/A.

If the business is conducted under any title other than the real name of the owner, state the time when, and place where, the certificate required by General Law's c. 110, sec. 5 was filed:

Entity has been under present name for _____ years.

Has the entity or any other principals ever failed to complete any work awarded? _____

If yes, state circumstances: _____

Certified Underrepresented Business Enterprises:

Check all that apply and submit certification(s) in proposal submission.

_____ Minority-owned Business Enterprises (MBE)

_____ Women-owned Business Enterprises (WBE)

_____ Veteran-owned Business Enterprises (VBE)

_____ Service-disabled Veteran-owned Business Enterprises (SDVOBE)

_____ Disability-owned Business Enterprise (DOBE)

_____ Lesbian Gay Bisexual Transgender Business Enterprises (LGBTBE)

The undersigned certifies the accuracy of the information provided herein under the penalties of perjury.

Submitted by: _____
(Contact Name)

(Signature)

Attachment D – Reference Form

Company or Entity Name: _____

Address: _____

Contact Name: _____

Telephone / Email: _____

List three (3) service-related contracts within the past five (5) years.

Business Reference 1

Company or Entity: _____

Contact Name: _____

Contact Telephone or Email: _____

Brief Description of Work: _____

Amount of Contract: _____

Contract Start / End Date: _____

Business Reference 2

Company or Entity: _____

Contact Name: _____

Contact Telephone or Email: _____

Brief Description of Work: _____

Amount of Contract: _____

Contract Start / End Date: _____

Business Reference 3

Company or Entity: _____

Contact Name: _____

Contact Telephone or Email: _____

Brief Description of Work: _____

Amount of Contract: _____

Contract Start / End Date: _____