



TOWN OF HILTON HEAD ISLAND, SC

REQUEST FOR PROPOSAL

(RFP 2015-0020)

POWERED AMBULANCE COTS



**TOWN OF HILTON HEAD ISLAND
REQUEST FOR PROPOSALS
(RFP 2015-0020)**

The Town of Hilton Head Island Fire Rescue Department (Town) is soliciting sealed proposals from qualified vendors for **POWERED AMBULANCE COTS**. Responses are due no later than 2:00 PM, Monday the 27 of July, 2015. Three (3) copies of the sealed proposal(s) should be hand carried or delivered by traceable means (i.e. FedEx) to Tom Fultz, the Director of Procurement for the Town of Hilton Head Island at 1 Town Center Court on Hilton Head Island, SC 29926. Ensure that proposals are labeled on the outside of the envelope or package with the following; **RFP 2015-0020: POWERED AMBULANCE COTS**. Proposals will be opened in the Town of Hilton Head Island Government Center at 2:05 PM the same day.

Inquiries regarding this solicitation should be directed to Deputy Chief Ed Boring, at (843)-682-5100 during normal business hours of 8:00 am through 4:30 pm.

The Town reserves the right to refuse any and all responses and to waive any technicalities and formalities.

This solicitation does not commit the Town to award a contract or to pay for any costs incurred in the preparation or submission of a proposal.

The Town reserves the right to negotiate with all qualified vendors and to cancel in part or in its entirety this request if it is in the best interest of the Town to do so.

The proposal must be firm for a period of at least 120 days from the due date of the proposal. The proposal must be signed by an official of your company authorized to commit to and enter into a formal contract for good or services.

The Town does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or in the provision of goods and services.

BACKGROUND INFORMATION

Hilton Head Island is a barrier island on the Atlantic Ocean located in the southern most portion of South Carolina. Hilton Head Island consists of a total of 54 square miles. It is primarily a vacation and retirement community. According to the 2000 census there is a total permanent population of approximately 33,900. Daily summertime populations may reach 100,000.

Scope of Services

The Town is seeking proposals from qualified vendors to provide (4) **New POWERED AMBULANCE COTS**. They shall be current production models, be fully certified, compliant, and suitable for Emergency Medical Services. They shall be lightweight aluminum and be powder coated and high visibility color.

1. Minimum Requirements

The POWERED AMBULANCE COTS shall include:

- Battery powered hydraulic lift system
- 700 lb unassisted lift capacity.
- Manually operable in the event of battery or electric system failure.
- Battery life indicator
- 1 Primary Battery(s) and back up(s) for each cot supplied
- 1 heavy duty charger 110V for each cot supplied
- Dual controls up and down They shall be color coded and tactile for easy identification
- Heavy duty wheels with a minimum of 2 locks
- The back rest shall be infinitely adjustable from flat to maximum vertical position
- Capability of lifting patient legs (Trendelenburg) and a knee “gatch” to support knee area.
- Fully sealed heavy duty mattress
- 4 point upper and 2 point lower restraints DOT approved
- In order to enter reduced areas such as elevator and hallways the main cot frame shall be “collapsible”. This shall be accomplished by a sliding tube arrangement in lieu of hinges.
- Gear storage pouches behind headrest, gear net, and equipment hook
- Collapsible IV pole
- Oxygen Cylinder mounting bracket in vicinity of head.
- The cot(s) shall be able to be secured by our existing “horn and lock” system or a compatible system shall be provided and included in the final pricing.
- Fully certified by Underwriters Laboratories to operate in a hospital environment, certifications to include; Electromagnetic Compatibility (EMC) and Electromagnetic Interference (EMI) compliance (reference UL IEC-60601.)
- Fully certified by Underwriters Laboratories to be decontaminated with high pressure washing without adverse affection to hydraulic and electrical components (reverence UL IPX6.)

- Automatic shutoff to disable lift and lower power when cot is placed in the ambulance fastening system to prevent accidental operation of cot causing equipment damage or patient injury.

2. Warranty & Service

Please describe in your own words on **separate cover** the product warranty, repair and return policy, applicable service process and services you provide relevant to this Ambulance Cot purchase. It is the intent of the Fire Rescue Department to purchase new Ambulance Cots for some Medic units and this represents a major financial investment. The ease of repair as well as factory and or dealer support is of major importance and will bear on the ultimate purchase decision.

3. Compliance

The vendor, manufacturer, and product shall comply with all applicable regulations, laws, and consensus standards.

4. Insurance

The vendor shall provide proof of the following minimum coverage. General Liability shall be \$1,000,000 each occurrence, Automobile Liability \$1,000,000 each occurrence and, \$5, 000,000 aggregate.

5. References

The vendor shall provide **Three (3)** references of similar entities that the vendor has provided the requested services for. Valid points of contact including phone number shall be included in the Executive Summary.

Selection Criteria

All proposals will be reviewed and evaluated on the following in order of their importance to the Town.

1. **Price** the Town desires to secure Ambulance Cots that are economically feasible however, warranty and total cost of ownership through the products life is of importance and may play a role in final determination
2. **Compliance with minimum requirements.** Your proposal will be measured against the minimum requirements as noted in sections 1, 2, 3, 4.
3. **“Value Added”** Items that are included or considered standard items. Relevant options, additional warranty coverage and services necessary to maintain the equipment are being considered.
4. **References** Prior experience with other entities to include the Town on projects of similar scope and size. Provide valid point of contact including phone number

Proposal Tabulation Sheet

Please fill out the Tabulation Sheet completely and sign

Manufacturer _____ Model _____

Cot Weight in lbs. as specified by the Town _____

Patient Weight Capacity (unassisted lift). _____

Loading Height (maximum) _____

Bed Height (minimum) _____

Bed Height (maximum) _____

Patient Surface Width (minimum) _____

Patient Surface Width (maximum) _____

Patient Surface Length _____

Cot Length (minimum) _____

Cot Length (maximum) _____

Overall Width _____

Caster Wheel Diameter _____

Caster Wheel Width _____

Loading Wheel Diameter _____

Backrest Positions (fowler's position) _____

Foot Elevation (trendelenburg position) _____

Other relevant specifications

Proposal Tabulation Sheet Continued

Does this item comply with the minimum specification in section 1? _____yes/no

Are there additional items included in your proposal above the minimum specifications? If yes provide specifics _____yes/no

Is warranty and service information included? _____yes/no

Do you maintain minimum required insurance coverage? _____yes/no

Are 3 References provided? _____yes/no

Firm Delivery in Days ARO _____

Unit price _____ Group Price _____

SC Sales Tax _____

Shipping _____

Total Price _____

Vendor Name _____

Address _____

Primary Contact _____ Contact Phone _____

Authorized Signature _____ Date _____