**State of Maine**

**Request for Personal Protective Equipment (PPE) Bid**

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| **PPE Item Requested:** | N95 Healthcare Particulate and Surgical Respirators |
| **Deadline to Submit Bid:** | 08/14/2020 12:00 PM EST |

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| **REQUESTING DEPARTMENT** |
| **Department:** | Department of Administrative and Financial Services |
| **Contact Name:** | Laurie Andre, Director Procurement Services |
| **Contact Email:** | Laurie.a.andre@maine,gov  |
| The State of Maine reserves the right to issue multiple awards per bid. All entities are encouraged to apply, even in the event only smaller quantity options are available. |

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| **REQUIREMENTS** |
| **Item Description** | N95 Healthcare Particulate and Surgical Respirator |
| **CDC’s Required Certification** | ***Product must match one of the following descriptions (no substitutions)****:** Moldex 1510 Extra Small N95 Series Healthcare Particulate Respirator & Surgical Mask
* Moldex 1511 Small N95 Series Healthcare Particulate Respirator & Surgical Mask
* Moldex 1512 Medium N95 Series Healthcare Particulate Respirator & Surgical Mask
* 3M 1860S Small N95 Healthcare Particulate and Surgical Respirator
* 3M 1860 Standard N95 Healthcare Particulate and Surgical Respirator
* 3M VFLEX 1804S Small Flat Fold N95 Respirators
* Gerson 1730 Universal Size N95 Particulate Respirator
 |
| **Timeframe for Delivery**  | 2-6 weeks |
| **Number of Items Needed** | 500,000 each size Universal or Standard300,000 each size Small200,000 each size Medium |



**QUESTIONS/AMENDMENTS: Any questions regarding this bid request must be sent via email to the Department contact at least two (2) calendar days prior to the closing date and time listed above. If applicable, the Department will post the Q&A Summary and any Amendments to the bid to the** [**PPE Bid Page**](https://www.maine.gov/dafs/bbm/procurementservices/vendors/ppebids)**.**

**SUBMISSION REQUIREMENTS: Submittals must be completed using the attached Bid Form and sent to the Department contact email listed above, by the date and time listed above, in order to be considered. Supporting item specifications, photos, and descriptions are encouraged in addition to the Bid Form. Any alteration to the Bid Form may be cause for the Department to reject the bid, at the Department’s sole discretion.**

**EVALUATION: Bids submitted on behalf of this bid process will be evaluated based on the Bidder’s proposed cost (*which is to include any duties and shipping costs*), ability to meet minimum specifications, and timeframe for delivery.**

**AWARD: Awards will be posted to the** [**PPE Bid Page**](https://www.maine.gov/dafs/bbm/procurementservices/vendors/ppebids) **and communicated via email. The State of Maine reserves the right to make multiple awards per bid.**

**BID SUBMISSION FORM**

**Request for Personal Protective Equipment (PPE) Bid**

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| **BIDDER CONTACT** |
| **Bidder’s Name:** |  |
| **TIN or Vendor (VC) #:** |  |
| **Facility Name/ Location:** |  |
| **Contact Name:** |  |
| **Phone Number:** |  |
| **Email:** |  |

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| **BID SUBMISSION** |
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| **REQUIRED INFORMATION** | **RESPONDENT INFORMATION** |
| **Item Description** |  |
| **Manufacturer Name**  |  |
| **Manufacturer Part Number** |  |
| **Bidder’s Part Number** |  |
| **Quantity** |  |
| **Unit of Measure** |  |
| **Bid Price – Single Unit** | $ |
| **Bid Price – Bulk Unit** | $ |
| **Quantity Required for Bulk Price** |  |
| **Days to Receive Order (ARO)** |  |
| **Current location of inventory** |  |
| **The State of Maine reserves the right to place additional orders against this bid. Are you willing to accept additional future orders of this item?** |  |

Authorized Printed Name:

Authorized Signature: Date:

**DEBARMENT, PERFORMANCE and NON-COLLUSION CERTIFICATION**

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| **Bidder’s Organization Name:** |  |

*By signing this document, I certify to the best of my knowledge and belief that the aforementioned organization, its principals and any subcontractors named in this proposal:*

1. *Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.*
2. *Have not within three years of submitting the proposal for this contract been convicted of or had a civil judgment rendered against them for:*
	1. *Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state or local government transaction or contract.*
	2. *Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;*
	3. *Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and*
	4. *Have not within a three (3) year period preceding this proposal had one or more federal, state or local government transactions terminated for cause or default*.
3. *Have not entered into a prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and this proposal is in all respects fair and without collusion or fraud. The above-mentioned entities understand and agree that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.*

**Failure to provide this certification may result in the disqualification of the Bid, at the discretion of the Department.**

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| Name (Print): | Title: |
| Authorized Signature: | Date: |