



JEFFERSON COUNTY DEPARTMENT OF HEALTH

401 14th Street South, Birmingham, AL 35233
(205) 930-1961/Fax (205) 930-1060

Hazel Collins Purchasing Agent

May 6, 2020
ITB #20-05-11
INVITATION TO BID

Sealed proposals for **Dental Laboratory Services** will be received by the Purchasing Agent, Jefferson County Department of Health (JCDH), General Service Annex, 401 14th Street South, Birmingham, AL 35233, until 10:00 a.m., Wednesday, May 20, 2020, at which time and place they will be publicly opened and read.

Bidders wishing to bid can download the complete solicitation including the specifications and bid forms via the internet at www.jcdh.org (go to the **ABOUT** header and click on **BIDS**), or by visiting the Purchasing Office at the address shown above, or by calling (205) 930-1961, fax (205) 930-1060 and requesting a copy be mailed to you. Any addenda will be available on the internet. Bidder is responsible for checking for addenda until bid opening date. Addenda will be mailed only to those vendors who were provided a copy in person or by mail.

All proposals must be submitted on Bid Form in a sealed envelope indicating "**SEALED BID – ITB #20-05-11, "Dental Laboratory Services"**" with opening date and bid number printed on outside of envelope.

All bidders **must** complete and return the notarized State of Alabama disclosure form included in the bid package and the Addendum to Bid Agreement Contract; and **must** provide a copy of their E-verify certificate with the assigned number from the U.S. Department of Homeland Security and all other documents listed in the enclosure.

It is required for any contract/purchase exceeding \$10,000.00 that the bidder submits with their bid either certified check, a cashier's check or a bid bond payable to the JCDH in the amount of \$500.00. In order for any bid award to be considered that exceeds \$10,000, it must be accompanied by an acceptable bid bond or check. Bid bonds will be returned to all unsuccessful bidders after the formal award is made and to the successful bidder after acceptance of the award. Should the successful bidder fail to accept the award, the bid bond or check shall be forfeited.

No bid may be withdrawn for a period of sixty (60) days after the date of the bid opening. Jefferson County Department of Health is exempt from all tax. This statement in no way is to be construed as relieving a seller or contractor from paying any tax assessed to him as a seller or contractor.

All bids are to be typewritten or printed in ink. Incomplete bids will not be considered. All provisions of this bid are accepted as part of any contract or purchase resulting there from. The bidder shall assume full responsibility for timely delivery of the bid to the location designated for receipt of bids. Oral, telephonic or faxed bids are invalid and will not receive consideration

Jefferson County Department of Health expressly reserves the right to reject any or all proposals, or parts of proposals and to make the award all or none or per line item on the merit and/or feature of method and quality, delivery, and service availability as the best interest of the JCDH appears.

Jefferson County Department of Health reserves the right to require documentation that each bidder is an established business and is abiding by the ordinances, regulations, and laws of their community and the State of Alabama. If you are required by any regulatory agency to maintain professional license or certification to provide any product and/or service solicited under this (ITB), the JCDH reserves the right to require documentation of current license and/or certification before considering and awarding the bid.

COMMUNICATION DURING BID EVALUATION

There shall be no communication during the evaluation period between any vendor and Jefferson County Department of Health agency requisitioning the goods or services to be procured. Any communications, written, oral, or electronic between the vendor and the requisition agency must come through the Division of Purchasing Buyer administering the ITB.

QUESTION/INQUIRY

Telephone inquiries with questions regarding clarification of all specifications of the ITB will not be accepted. All questions concerning the bid product and/or service specifications must be e-mailed to Glenda Smith at glenda.smith@jcdh.org. Please reference the ITB number and Question/Inquiry in the e-mail subject.

LETTER OF NOTIFICATION

All bidders of this ITB are requested to reply via email to notification of Intent indicating that they intend to submit a proposal. Only those bidders submitting the Notification of Intent will be advised of any clarifications, addendum, and answers to inquiries and/or questions pertaining to this ITB. The email of Notification of Intent can be emailed to glenda.smith@jcdh.org. Please reference the ITB number and Notification of Intent in the e-mail subject.

Hazel Collins, Purchasing Agent

HC/gs

BN: 05-10-20

Enclosures

INVITATION TO BID

STATEMENT OF PURPOSE/OBJECTIVE

The Jefferson County Department of Health is seeking qualified firms to provide professional Dental Laboratory Service as outlined in the requirement section. Successful bidder will be notified of ITB award via JCDH's Notice of Award letter and the approved Standard Addendum to Bid Agreement Contract.

VENDOR CONTACTS

Successful firm will be the only contact with regard to this professional services referenced. Proposals will not be accepted from vendors that sub-contract their work.

TERM

The bid will be valid for a period of a three **(3) year term**. Successful bidder will be notified of ITB award via JCDH's Notice of Award letter and the approved Standard Addendum to Bid Agreement Contract. The contract shall remain in effect for a term of 36 months with no escalation allowed.

AWARD

Award will be made in whole to the lowest and best service capabilities responsible bidder provided the vendor meet all requirements and specifications required by the JCDH.

PRICE

Price will remain firm for the entire duration of the bid period. Price is to include all related fees. Invoice(s) must be itemized and billed after completion.

FREIGHT

Price includes transportation, fuel, handling, service, freight charges and deliveries as specified and JCDH will pay no additional fees.

TAX

JCDH is exempt from all tax. However, bidder shall be responsible for any tax that may be levied or assessed by reason of this transaction.

PRE-PAY

No pre-payments will be made prior to shipment.

INTERPRETATIONS

No modification, deviation, substitution or other such changes will be made without Owner's prior written approval. The Jefferson County Department of Health reserves the right to reject any or all proposals submitted and to make the award in the best interest of the Health Department.

TERMINATION

The bid may be terminated by Jefferson County Department of Health with a thirty (30) day written notice of cancelation to the other party regardless of reason. Any violation of this agreement shall constitute a breach and default of this agreement. Such termination shall not relieve the contractor of any liability to JCDH for damages sustained by virtue of a breach by the contractor.

INSURANCE

Bidder shall furnish to the Board upon execution of this Agreement, a certificate of insurance as evidence of adequate professional and public liability insurance insuring vendor, the Board and Board's agents, servants and employees as additional insured.

REFERENCES

If request, Bidder may provide three (3) client references whose work was performed within the last two (2) years. To include the company's name, address, contact name and number. The client references must be only from companies that provide similar type of scope of work as requested herein.

ADDITIONS TO CONTRACT

The JCDH has attempted to list all components related to ITB for that will be required during the term of the contract. However, JCDH reserves the right to purchase additional services as needed from the successful bidder as it relates to this scope of work for this said project.

ITB proposals will be rejected if there is reason to believe that collusion exists among the bidders. No participants in such collusion will be considered in future proposals for the same work.

Bidder must have all necessary business licenses as required by the State of Alabama and Jefferson County. All items must conform strictly to the specifications and shall be subjected to evaluation upon acceptance. In the event that any item is deemed unacceptable or not in conformity with the specifications, items will be rejected and items of proper quality as set forth in these specifications shall be furnished in place thereof at the expense of the successful bidder.

INCURRING COSTS

The Jefferson County Department of Health will not be liable for any costs incurred in preparing bid responses.

Failure to deliver as specified and in accordance with the ITB submitted, including promised delivery, will constitute sufficient grounds for cancelation of the order and contract at the option of JCDH.

Use of specific names and numbers is not intended to restrict the bidding of any seller and/or manufacturer, but is solely for the purpose of indicating the type, size and quality, material, service, or equipment considered best adapted to the JCDH's intended use.

No bidder shall be allowed to offer more than one proposal for the said project. If said bidder should submit more than one proposal for the said project described therein those proposals shall be rejected.

GUARANTEE

Bidder certifies by bidding that he is fully aware of the conditions of service and purpose for which item(s) included in this ITB are to be purchased, and that their offering will meet these requirements of service and purpose to the satisfaction of the JCDH and its Agent.

REQUIREMENTS

The JCDH Dental Laboratory Services requirements are listed within this section. Bidder will be required to meet all requirements. The bidder's may reference or attach additional materials or documentation with the submission.

- a) To provide dental laboratory services to Jefferson County Health Department Dental Clinics for the following locations:

Jefferson County Dept of Health
Central Health - Dental Clinic
1400 Sixth Avenue South
Birmingham, AL 35233

Jefferson County Dept of Health
Eastern Health – Dental Clinic
601 West Blvd
Birmingham, AL 35206

Jefferson County Dept of Health
Western Health – Dental Clinic
631 Bessemer Super Hwy
Midfield, AL 35228

The portable dental programs for which pick-up/delivery will be at the Central location.

- b) To provide at least two dental laboratory technicians certified in removable prosthetics.
- c) To provide a 2-hr in-service to each department dentist for the purpose of orientation to utilization of the dental laboratory's procedures.
- d) To provide daily courier service to each dental clinic site to pick up/deliver the dental laboratory cases from/to each health center dental clinic. Provide courier service for STAT dental laboratory cases as needed. Dental services at the Board's health centers are provided Monday through Friday from 7:45 a.m. until 4:30 p.m.
- e) To provide a five (5) day turnaround time, including pick-up and delivery, for routine dental laboratory cases; and a ten (10) day turnaround time, including pick-up and delivery, for set ups, processing, partial frameworks, and crown and bridge cases.
- f) To provide supplies necessary for collection, packaging, transportation and pick up of cases, insure compliance of all OSHA and CDC guidelines for infection control in the dental laboratory.
- g) To provide third party billing.
- h) Invoice(s) will be generated for each Dental Clinic location for dental case(s).

**BID FORM FOR ITB #20-05-11
DUE: Wednesday, May 20, 2020
TIME: 10:00 a.m.**

Hazel Collins
Purchasing Agent
Jefferson County Department of Health
General Services Annex Building
401 14th Street South
Birmingham, AL 35233

Submitted below is my firm bid for specified services in accordance with your ITB #20-05-11.

ATTACH THIS SHEET AS COVER SHEET TO YOUR PROPOSAL

PRICING CATEGORY

<u>GROUP 1: PROSTHETIC CASE NAME</u>		1ST YEAR	2ND YEAR	3RD YEAR
1a	FULL DENTURE – COMPLETE (maxillary or mandibular) (wax rims, custom tray with handle, set-up; to include 1 x 14 plastic teeth, try-in, and processing finishing)			
1b	Hard Reline (Complete Denture)			
1c	Soft Reline (New Denture)			
1d	REPAIR: Broken tooth – base cost. Amount to include all charges related to repairing 1 broken tooth, or 1 missing tooth, for an existing complete denture			
1e	REPAIR: Additional cost per tooth (amount in addition to that listed in 1d)			
1f	REPAIR: Repair base (for repairs to only the base, not including a missing or broken tooth)			
GRAND TOTAL				

Name of Company _____

BID FORM FOR ITB #20-05-11 (CONT'D)

<u>GROUP 2: CAST PARTIAL DENTURE</u>		1ST YEAR	2ND YEAR	3RD YEAR
2a	Cast Partial Denture (Maxillary D5213 or Mandibular D5214) – Complete Process (Framework, custom tray with handle, wax rims, set-up; to include up to 4 plastic teeth, try-in and processing and finishing)			
2b	Total cost breakdown of 2a: Maxillary or Mandibular Framework only			
2c	Total cost breakdown of 2a: Wax up and tooth try-in			
2d	Total cost breakdown of 2a: Process and finish			
2e	Any amount in addition to that listed in 2a for an Immediate maxillary or mandibular immediate partial denture (maxillary or mandibular) \$_____per tooth removed from cast or other amount as specified _____			
2f	Set-up; to include teeth plus \$_____per tooth (If over 4 tooth limit)			
2g	Wrought Wire clasp (weld on cast frame)			
2h	Cast Partial Repairs: Welding of new cast clasp			
2i	Cast Partial Repairs: Add wrought wire clasp			
2j	Cast Partial Repairs: Repair of base and up to 1 tooth			
2K	Cast Partial Repairs: additional cost to 2j for each additional tooth			
GRAND TOTAL				

Name of Company _____

BID FORM FOR ITB #20-05-11 (CONT'D)

<u>GROUP 3: ACRYLIC PARTIALS</u>		1ST YEAR	2ND YEAR	3RD YEAR
3a	Acrylic Partial - Complete including 2 wrought wire clasps (custom tray with handle, wax rims, set-up; to include up to 4 plastic teeth, try-in and processing and finishing			
3b	Additional \$_____per tooth for each tooth exceeding the 4 teeth included in 3a.			
3c	Wrought Wire Clasp additional cost if exceeding the 2 WW clasps included in 3a. Also to be used if a WW clasp is added to 3e.			
3d	any amount in addition to that listed in 3a for an Immediate maxillary or mandibular immediate partial denture (maxillary or mandibular) \$_____per tooth removed from model cast. Or other amount as specified: _____			
3e	Flipper Partial (1-2 teeth)			
GRAND TOTAL				

Name of Company _____

BID FORM FOR ITB #20-05-11 (CONT'D)

<u>GROUP 4: FULL CAST CROWNS , PORCELAIN FUSED TO METAL, FULL PORCELAIN</u>		1ST YEAR	2ND YEAR	3RD YEAR
4a	Full Cast Crowns (high noble: D2790)			
4b	Full Cast Crowns (noble: D2792)			
4c	Full Cast Crowns (predominately base metal D2791)			
4d	Full Porcelain to High Noble Metal (noble D2750)			
4e	Full Porcelain to noble Metal (D2752)			
4f	Full Porcelain to predominately base Metal (D2751)			
4g	Full Porcelain to Metal Occlusal (non-precious)			
4h	Full Porcelain to Metal Occlusal (noble)			
4i	Full Porcelain to Metal Occlusal (high noble)			
4j	All Porcelain Crown (Empress) D2740			
4k	All Porcelain Crown (Bruxr) D2740			
4l	All Porcelain Crown (MicroZ) D2740			
4m	All Porcelain Crown (Lava Esthetic) D2740			
4n	All Porcelain Crown (Z16) D2740			
4o	All Porcelain Crown (Emax) D2740			
GRAND TOTAL				

Name of Company _____

BID FORM FOR ITB #20-05-11 (CONT'D)

Classification of Metals	Requirements
High noble alloys	noble metal content \geq 60% (gold + platinum group*) and gold \geq 40%
Noble Alloys	Noble metal content > 25% (gold + platinum group*)
Predominately Base alloys	Noble metal content < 25% (gold + platinum group*)
*metals of the platinum group are platinum, palladium, rhodium, iridium, osmium, and ruthenium	

<u>GROUP 5: SURGICAL TRAY/SPLINT</u>		1ST YEAR	2ND YEAR	3RD YEAR
5a	Surgical Tray/Splint			
GRAND TOTAL				

<u>GROUP 6: MOUTH/NIGHT GUARD</u>		1ST YEAR	2ND YEAR	3RD YEAR
6a	Mouthguard (Soft)			
6b	Nightguard (Hard)			
GRAND TOTAL				

Name of Company _____

BID FORM FOR ITB #20-05-11

<u>GROUP 7: SPACE MAINTAINER</u>		1ST YEAR	2ND YEAR	3RD YEAR
7a	Bilateral space maintainer fixed			
7b	Unilateral space maintainer fixed			
GRAND TOTAL				

Name of Company _____

Please enclose your business card with your bid.

*Bidder acknowledges receipt of _____ addenda. This page must be returned with bid.
(addenda numbers)*

Date of Bid

Name (print legibly or type)

Company

Title

Street Address

Signature

City State Zip

Tax ID Number

Post Office Box (Zip if different from street address)

E-mail Address

Telephone Number

Fax Number

Terms of Payment

Delivery Date

Alabama Law (Section 41-4-116, Code of Alabama 1975) provides that every bid submitted and contract executed shall contain a certification that the vendor, contractor, and all of its affiliates that make sales for delivery into Alabama, or leases for use in Alabama, are registered, collecting, and remitting Alabama state and local sales, use, and/or lease tax on all taxable sales and leases into Alabama.

BY SUBMITTING THIS BID, THE BIDDER IS HEREBY CERTIFYING THAT THEY ARE IN FULL COMPLIANCE WITH ACT NO. 2006-557, THEY ARE NOT BARRED FROM BIDDING OR ENTERING INTO A CONTRACT PURSUANT TO 41-4-116, AND ACKNOWLEDGE THAT THE AWARDING AUTHORITY MAY DECLARE THE CONTRACT VOID IF THE CERTIFICATION IS FALSE.