

**REQUEST FOR QUOTATIONS FOR  
PURCHASE OF TWO (2) MULTI-  
FUNCTIONAL PRODUCTS &  
MAINTENANCE SERVICES  
FOR THE  
CUYAHOGA COUNTY BOARD OF HEALTH**

**Purpose**

The Cuyahoga County Board of Health (CCBH) seeks quotations for the purchase of two (2) new Multi-Functional products (MFP) for copying, scanning, and printing and maintenance services.

**Background**

The CCBH has five (5) departments and each currently have their own MFP's. We are in the process of a space renovation project that will allow for two (2) copy rooms, condensing the need for all the MFP's we have in inventory. The majority of the MFP's are obsolete or too old to keep. We plan to keep the two (2) newest MFP's and one would be located in our Administration area, while the other would be located in one of the copy rooms as a stand-alone copier. We are looking at furnishing the two copy rooms with two (2) new MFP's.

CCBH recently moved to a cloud-based fax server. Therefore, faxing option is not needed if it is an additional cost.

CCBH is on a tight schedule to have the MFP's installed and ready for use. We anticipate the copy rooms ready for use by April 30, 2018. Any vendor submitting a quote, must be able to meet this timeline.

**Specifications**

*Equipment:*

Purchase of two (2) newly manufactured Multi-Functional products (MFP's) with no used or refurbished parts.

MFP minimum specification requirements are as follows:

- Black & White and Full Color (lock option)
- 65 ppm
- Dual Scan Document Processor
- 4,000 sheet external stapler finisher
- 50-sheet Multi-position Stapling
- Scan speed 120 ppm

- Paper capacity (2) 500 sheet adjustable drawers, Dual 1500 sheet paper trays
- Sorting/Collating
- 2 and 3- hole punch
- Paper size 5.5 x 8.5 – 12 x 18
- PDL, PCL 6 & PS Drivers
- Automatic document feeder
- Original size detection
- Automatic duplexing
- Reduction and enlargement capability
- Memory: Dual Hard Drive 250 GB memory
- Account codes capability
- Secured Print and/or control via ID card utilizing CCBH's existing badging system (HID)
  - We currently have a non-server environment. All users must be able to use both MFP's
  - Provide cost to install drivers for approximately 150 users
  - As an alternate, provide a solution(s) to being able to use our existing badging system (HID)
  - Provide all costs including, but not limited to hardware, software, installation, programming, etc.

*Installation:*

- Vendor will provide qualified labor for delivery and installation of equipment
- Vendor will be required to schedule equipment and software installation
- Perform installation in accordance with manufacturer's instructions, unless project conditions require extra precautions to ensure a satisfactory result
- Vendor to conduct work in a manner which is least disruptive to the regular operations of CCBH's offices
- Vendor to provide clean up and disposal of all debris resulting from this project
- All areas should be "ready to use" upon completion
- Vendor will provide a reasonable delivery timeframe

*Maintenance/Service Contract:*

- Cost of maintenance contract that vendor will provide covering all maintenance (parts and labor), supplies (excluding paper & staples) and delivery
  - Contract must include cost per copy program and be locked for at least the first two years of the contract
  - No additional costs for scans
  - Vendor must provide details on the length of the contract
  - A full set of replacement toner cartridges must be available at CCBH office at all times
  - Vendor will guarantee service response time
  - Quotes must specify response times for service calls. This equipment will be used daily (Prompt, reliable service is required)
  - For extended repair needs, vendor agrees to provide loaner equipment of comparable capacity and function until repairs can be made, at no additional charge

*Training:*

- Delivery and installation cost shall include on-site training by a fully qualified representative of the vendor. All user manuals and operating guides shall also be provided with the equipment. The date of the equipment training shall be chosen by CCBH after delivery and installation
- Appropriate training must be provided to CCBH IT personnel and/or system administrators
- Indicate in your quote, specific training for staff and system administrators

*Other:*

- Unless otherwise stated, the submitted quote price or prices will include any costs related transportation, shipping, delivery of the materials, assembly, dealer preparations, and/or installation
- Three (3) existing MFP's will need to be removed from CCBH's office. Cost of removal needs to be stated in the quote
- CCBH IT personnel can assist with installation to reduce costs. Vendor would need to identify cost savings in quote

### **Other Information Requested**

The five items listed below must be included with quotes

1. Business establishment date.
2. Identify if you are a diverse vendor such as an MBE, FBE, SBE, VBE, etc. Provide certification documents if certified.
3. Three references (CCBH form attached)
4. Provide the qualifications and experience of the service technicians that will be assigned to CCBH
5. Provide a detailed timeline showing the ability to meet the installation deadline of April 30, 2018. **Vendors will only be considered if this deadline can be met.**

### **Insurance Requirements**

1. General Liability. The Contractor shall carry comprehensive general liability insurance, occurrence version, in an amount of \$1,000,000 per occurrence with an annual aggregate limit of at least \$3,000,000.
2. Professional Liability. The Contractor shall carry professional liability insurance, occurrence version, providing single limit coverage in an amount of \$1,000,000 per occurrence with an annual aggregate limit of at least \$3,000,000.
3. Workers' Compensation. The Contractor shall provide evidence of proper and current worker's compensation coverage at the time of execution of the contract and at any other time upon further request of the Board.
4. Additional Insured. The Board shall be named as an additional insured for all coverage required under (1) and (2) hereinabove.
5. Employee Dishonesty. It is recommended that the Contractor provide coverage against employee dishonesty, in an amount approved by the Board. In the event that the Contractor elects not to provide coverage for employee dishonesty, the Contractor shall assume all risk for losses arising from employee dishonesty and the Board shall not make any payments to cover losses incurred as a result of employee dishonesty.
6. Evidence of Coverage. At the time of execution of this contract, the Contractor shall provide the Board with a certificate of insurance evidencing each type of coverage required or provided under this section, and shall provide the Board notice of cancellation or non-renewal of any such coverage within thirty (30) days of the time the Contractor receives such notice.

**Submission of Quotes**

Quotation documents are due by Friday, April 13, 2018 at 11:00 a.m.

Documents may be mailed, hand delivered or emailed to the following:

Any questions may be directed to Judy Wirsching (see contact information below)

Cuyahoga County Board of Health  
Attention: Judy V. Wirsching, Chief Financial Officer  
5550 Venture Drive  
Parma, Ohio 44130  
(216)201-2001 ext. 1103  
[jwirsching@ccbh.net](mailto:jwirsching@ccbh.net)

**REFERENCE SHEET**

<b>INSTRUCTIONS:</b> List a minimum of three (3) organizations to whom you have provided like services to that being requested in the specification. Provide all data requested below for each reference listed. Use additional sheets if desired.	
<b>ORGANIZATION'S NAME:</b>	<b>CONTACT PERSON'S NAME:</b>
<b>ORGANIZATION'S FULL ADDRESS:</b>	<b>CONTACT PERSON'S TELEPHONE NUMBER:</b>  <b>DATE SERVICE(S) PROVIDED:</b>
<b>SPECIFY THE SERVICES PROVIDED:</b>	
<b>ORGANIZATION'S NAME:</b>	<b>CONTACT PERSON'S NAME:</b>
<b>ORGANIZATION'S FULL ADDRESS:</b>	<b>CONTACT PERSON'S TELEPHONE NUMBER:</b>  <b>DATE SERVICE(S) PROVIDED:</b>
<b>SPECIFY THE SERVICES PROVIDED:</b>	
<b>ORGANIZATION'S NAME:</b>	<b>CONTACT PERSON'S NAME:</b>
<b>ORGANIZATION'S FULL ADDRESS:</b>	<b>CONTACT PERSON'S TELEPHONE NUMBER:</b>  <b>DATE SERVICE(S) PROVIDED:</b>
<b>SPECIFY THE SERVICES PROVIDED:</b>	

EVALUATION CRITERIA		
1	<p>Timeline:</p> <p>Ability to meet the timeline needed to complete the project. Were adequate details provided to demonstrate the timeline will be met?</p>	<p>Disqualified if unable to meet timeline</p> <p>10 points</p>
2	<p>Ability to Meet Specifications:</p> <p>Evaluate the Respondent's response to requested specification minimums. Consider the value to the organization of any increased specifications, as well as any specifications not met.</p>	<p>30 points</p>
3	<p>Initial and On-going costs:</p> <p>Evaluate the Respondent's cost proposal for purchase of the machine, as well as for the ongoing maintenance contract costs.</p>	<p>30 points</p>
4	<p>Service:</p> <p>Evaluate the Respondent's guarantee of service timing, as well as qualification of the service technicians assigned to the organization.</p>	<p>20 points</p>
5	<p>Training:</p> <p>Consider the ability to meet or exceed the needs of CCBH in providing training for the operation of the machine.</p>	<p>10 points</p>
	TOTAL	100 points