



KC CARE Health Center | 3515 Broadway | Kansas City, MO 64111

REQUEST FOR PROPOSAL (RFP) No. KCCARE-202009-D
for
Dental Mobile Clinic

***** IMPORTANT NOTICE*****
INCOMPLETE OR BIDS RECEIVED AFTER DUE DATE WILL BE REJECTED
PLEASE READ RFP CAREFULLY

Contact Information:

Elizabeth Miles at (573) 632-2700 Ext 2 or email: CAB@cabllc.com
Questions must include the RFP number within the subject line of the email.

RESPONSE MUST BE SUBMITTED ELECTRONICALLY BY:

October 30, 2020, 12 pm Noon (CST)
Email: CAB@cabllc.com

1. SUMMARY AND BACKGROUND

KC CARE Health Center (KC CARE) is currently accepting proposals from qualified Vendors (“Vendors”) to design and build a fully stocked and functional (turn-key) dental mobile clinic (“Vehicle”) to serve the Kansas City community. Vendor shall be responsible for all costs incurred in preparing or responding to this RFP. All materials and documents submitted in response to this RFP become the property of KC CARE and will not be returned after the Proposal Submission Deadline.

The targeted delivery date for the Vehicle is **June 30, 2021**. KC CARE intends to review the proposals submitted with the goal of entering into a purchase agreement with one Vendor. This RFP describes the technical and performance specifications for the Vehicle and contains an overview of the general terms and conditions under which the Vehicle is to be provided.

KC CARE is a Federally Qualified Health Center with the mission to promote health and wellness by providing quality care, access, research, and education to the underserved and all people in the community. KC CARE is exempt from federal income tax under Section 501(c)(3) of the IRS code. The Vehicle will be used to provide outreach dental services to people in the Kansas City Community and surrounding metropolitan and rural areas.

2. GENERAL INFORMATION

KC CARE is an Equal Opportunity Employer and **strongly encourages small businesses and minority-owned businesses to bid**. This RFP will also be publicized per Electronic Code of Federal Regulations §200.320.

3. GENERAL AND SPECIFIC VEHICLE REQUIREMENTS

- a. **General Description:** The Vehicle shall be designed to be utilized easily by preschool/elementary-age children, school-age children, families, the elderly, and persons with disabilities. The Vehicle shall have a minimum passenger capacity of two (2), be utilized up to 2-3 times per week, and typically driven in an urban environment.
- b. **Vehicle:** KC CARE is expecting the Vendor use their knowledge, skill, and expertise to create their proposals. The Vehicle should be the maximum length and design which best meets the price range and requirements (outlined below in sections f, g, and i).
- c. **Parking:** KC CARE will have varied parking locations, which will require all components of the Vehicle to be able to withstand hot and cold temperatures throughout the year.
- d. **Federal Standards:** The Vehicle proposed will **NOT** require a Commercial Driver’s License (CDL) to operate and shall meet all applicable documents, publications, and standards in effect at the time of manufacture. These shall include but are not limited to, all U. S. Dept. of Transportation (DOT) and Federal Motor Vehicle Safety Standards (FMVSS), requirements as applicable.
- e. **Construction and Quality Standards:** The Vehicle shall meet the highest quality standards.
- f. **Pricing:** The total price including all delivery and fees may not exceed \$400,000. The Vehicle must be F.O.B. (Free on Board) destination. Total price must include delivery, warranties, and training – ultimately, a turn-key Vehicle. Additional separate pricing may be provided for any options, upgrades, additional equipment, etc. that the Vendor would like to bring to KC CARE’s attention and can be used for price negotiations.
- g. **Proposals:** KC CARE requires that two (2) versions – one without folding dental chairs and one including 2-3 folding dental chairs - of the Vehicle be submitted. Please keep in mind the budgetary expectations

and itemize the pricing if the budget is exceeded.

- i. **Base Version (without folding dental chairs)**: At a minimum will contain:
 - two (2) dental exam rooms with two (2) dental delivery systems, two (2) each doctor's and assistant's stools, and privacy curtains,
 - a reception area with seating for at least one extra person and one (1) task chair,
 - a lab / staff area with sink and space for a one (1) medical grade refrigerator, staff microwave, workspace, and one (1) task chair,
 - exterior outlet and a 50' shoreline connection for auxiliary power, and an onboard quiet generator for supplying electrical power at stops where an electrical outlet is not available,
 - a restroom (toilet & sink) with handicap accessibility (ADA compliant),
 - standard cabinetry, a wheelchair lift, mounted flat-screen TV,
 - wireless communications for at least four (4) computer/peripheral connections,
 - an external awning, and a full 100% graphics package.
- ii. **Expanded Version (with folding dental chairs)**: In addition to the elements of the base version, this version will include:
 - a storage area that would store 2-3 folding dental chairs and necessary equipment to allow for capacity expansion. The folding chairs would be taken into schools or other indoor facilities for cleanings
 - two to three (2-3) folding dental chairs as will best fit the space.
- h. **Scaled CAD Drawing (or equivalent)**: The Vendor shall prepare and submit a full design drawing package indicating the floor plan, dimensions, equipment placement, side views, and exterior views for each proposed version. Vendor shall also include a description of the layout and explain any advantages.
- i. **Description of Vehicle Type and Proposed Equipment**: Vendor shall also include a list/description of the proposed vehicle type, engine, equipment, features, etc. as it will finally be configured and explain any advantages. Vendor must provide the specifics for all dental equipment (refrigerator, exam chair(s), task chairs, X-ray package, etc.) including manufacturer name and manufacture part number to allow KC CARE dental staff the ability to assess acceptability. This information must be specific.
 - i. **Specific dental equipment to be included in Base Version**
 - Self-contained mobile dental delivery system including chair, light, tray, etc. (2)
 - Doctor's and assistant's stools (2 ea.) and task chair (1)
 - One each: Evacuation system, sterilizer, ultrasonic cleaner, and dental air compressor
 - X-ray package (sensor sizes 1 & 2) including sensors, spare cable kit, sensor holsters, holder kit with sheaths, USB module, USB cable, etc.
 - Multi-user imaging software and on-site training
 - Adult and child x-ray aprons
 - Nomad Pro 2 handheld x-ray (2)
 - ii. **Expanded Version - additional dental equipment**
 - Folding dental chairs (2-3) – example is an A-dec Porta-Chair 3460
- j. **Warranties**: Vendor shall list all warranties for Vehicle from Bidding Vendor, equipment manufacturer pass-through warranties, graphics package, etc.

- k. **Authorized Service Locations:** Vendor shall provide a list with names of authorized service locations and the type of service/equipment they are authorized to maintain and/or repair for each Vehicle key area such as generator, engine, body, graphics, etc. The list must also include the address and number of miles from KC CARE. KC CARE is looking for the closest service facilities.
- l. **Delivery:** Desired delivery is June 30, 2021. Vendor shall provide an overview of the construction timeline, key dates, and decision points to facilitate on-time delivery. Vehicle shall be delivered by a driver/trainer who shall be capable of implementing any minor adjustments to the Vehicle, provide on-the-road driver training, as well as explain the complete operation of the Vehicle.
- m. **Terms and Conditions:** Provide a copy of the Vendors Standard Purchase Agreement which includes payment percentage schedule, change request process/pricing, cancellation, and any other relevant terms and conditions.
- n. **Vendor References:** To illustrate the Vendor has the experience to provide the Vehicle, the Vendor shall provide three to five (3-5) references of clients the Vendor has provided a Vehicle of similar size and scope. References shall include company name, contact name, title, phone number, and email. It is recommended that Vendor notify references that they will be contacted.
- o. **Additional information:** The Vendor may provide any other information that it believes will add to its proposal.

4. PROPOSAL EVALUATION CRITERIA AND PRODUCTION PROCESS

Each qualified proposal will be evaluated based on the response of the submittal or subsequent information gained in the process. Price is important, but price alone will not be the sole determination for an award. The determination for the award is the absolute and complete responsibility of KC CARE personnel.

KC CARE reserves the right to extend timelines if deemed necessary, waive irregularities, and to reject any or all bids in accordance with internal policy. KC CARE or their designee also reserves the right to negotiate with the selected vendor in the event the price exceeds available funds.

The selected Vendor shall work directly with KC CARE or their agent in the final design of the Vehicle to match the services for which it will be used.

Final contract terms and conditions will be negotiated with the selected vendor. All contractual terms and conditions will be subject to review by the KC CARE CEO and/or Board of Directors and will include scope, budget, schedule, and other necessary items pertaining to the project.

By signing your RFP response proposals, you agree to the award criteria and process stated in this section.

5. REQUIRED PROPOSAL FORMAT AND CHECKLIST OF ITEMS TO BE INCLUDED:

****Proposals not conforming to these requirements will not be considered****

Proposals must be submitted electronically to CAB@cabllc.com and are due on/or before 12 pm noon (CST) on October 30, 2020.

Make sure your proposal includes the following (See above Section 2 for details):

- a. Signature and Price Summary – **Exhibit A** to be submitted with the proposals
- b. List of three to five (3-5) references
- c. Detailed Scaled Drawings (CAD drawing) views for each submitted proposal (Base & Expanded Versions). Visualizing the proposal is a key aspect during evaluation. Typical, vague, or incomplete drawings will negatively impact the rating of the proposal.
- d. Detailed list and description of Vehicle type, features, optional equipment, specific dental equipment details, etc.
- e. Overview of the project timeline and major steps/checkpoints necessary to meet the delivery date
- f. Standard Purchase Agreement which includes payment percentage schedule, change request, cancellation, and any other relevant terms and conditions
- g. Warranty Information and Summary
- h. Authorized Service Location(s) – closest to purchaser’s address
- i. Share any additional information, feature, pictures, etc. as desired.

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Exhibit A – Signature Sheet (Submit with Proposal)

The undersigned Vendor acknowledges that I/we have received and thoroughly reviewed the Request for Proposal (RFP). Pursuant to notices given, the undersigned Vendor with complete understanding of the requirements and conditions, shall provide all labor, materials, and shall complete the Vehicle fully in accordance with the requirements of the RFP. If the Vendor’s proposal is accepted, the Vendor certifies that the proposed prices will remain in effect for 60 days after bid closing date.

My signature also certifies that this firm has no business or personal relationships with any other companies or persons that could be considered as a conflict of interest or potential conflict of interest to KC CARE and that there are no principals, officers, agents, employees, or representatives of this firm that have any business or personal relationships with any other companies or persons that could be considered as a conflict of interest or a potential conflict of interest to KC CARE, pertaining to any and all work or services to be performed as a result of this request and any resulting contract with KC CARE.

In accordance with the RFP instructions, terms, conditions, and scope we submit the following proposal to KC CARE.

Proposal 1 – Base Version - Vehicle total proposed cost: \$ _____

Proposal 2 – Expanded Version - Vehicle total proposed cost: \$ _____

ALL PRICES ARE TO BE F.O.B. DESTINATION. ALL FREIGHT/DELIVERY CHARGES ARE TO BE INCLUDED

I hereby certify that I am authorized to sign as a Representative for the Vendor:

Date: _____

Signature: _____

Print or Type - Name / Title: _____

Complete Legal Name of Vendor: _____

Address: _____

Telephone: _____ Email: _____

Federal ID No.: _____ Duns No: _____

Please check any that apply: Minority Business _____ Woman-Owned Business _____

Small Business _____ Labor Surplus Area Firm _____