



# Department of Health

## Invitation for Bids

IFB # 20159

### Digital Data Loggers for Vaccine Temperature Monitoring

Issued: November 28, 2023

#### DESIGNATED CONTACT:

Pursuant to State Finance Law §§ 139-j and 139-k, the New York State Department of Health (hereinafter referred to as the “Department” or as “DOH”) identifies the following designated person to whom all communications attempting to influence the Department’s conduct or decision regarding this procurement must be made.

Sue Mantica  
Bureau of Contracts  
New York State Department of Health  
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Governor Nelson A. Rockefeller Empire State Plaza  
Albany, New York 12237  
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Email Address: [sue.mantica@health.ny.gov](mailto:sue.mantica@health.ny.gov)

#### PERMISSIBLE SUBJECT MATTER CONTACT:

Pursuant to State Finance Law § 139-j(3)(a), the Department ^ identifies the following allowable person to contact for communications related to the submission of written bids, written questions, pre-bid questions, and debriefings.

**Kara Connelly**  
Bureau of Immunization  
New York State Department of Health  
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## 1. CALENDAR OF EVENTS

IFB # - 20159 DIGITAL DATA LOGGERS FOR VACCINE TEMPERATURE MONITORING	
<u>EVENT</u>	<u>DATE</u>
Issuance of Invitation for Bids	November 28, 2023
Deadline for Submission of Written Questions	Questions Due By <b>December 12, 2023, 4:00 p.m. ET</b>
Responses to Written Questions Posted by DOH	Responses to be Posted <b>On or About January 19, 2024</b>
Deadline for Submission of Bids	Bids Due on <b>Or Before Date</b> <b>February 2, 2024, 4:00 p.m. ET</b>
<u>Anticipated</u> Contract Start Date	March 1, 2024

## 2. OVERVIEW

Through this Invitation for Bids (“IFB”), the New York State (“NYS”) Department of Health (the “Department” or “DOH”) is seeking competitive bids from qualified businesses for digital data loggers to be used in the monitoring of vaccine temperatures in storage units as further detailed in [Section 4](#) (DETAILED SPECIFICATIONS). It is the Department’s intent to award one (1) contract from this procurement.

### 2.1 Introductory Background

The State DOH is seeking bids for the provision of new Berlinger FridgeTag2L continuous temperature monitoring devices (digital data loggers or DDLs). The digital data loggers obtained through this procurement will be shipped to healthcare providers statewide. Detailed product requirements are provided below in the section “Detailed Specifications.”

The Department is responsible for the requirements specified herein and for the evaluation of proposals. It is the intention of the State to enter into a contract, for a term of five (5) years, beginning on or about the date specified in the Calendar of Events in [Section 1](#) of this IFB.

### 2.2 Important Information

The Bidder **must** review, and is requested to have its legal counsel review, [Attachment 8](#), the DOH Agreement (Standard Contract), as the successful Bidder must be willing to enter into the Contract awarded pursuant to this IFB in the terms of [Attachment 8](#), **subject only to any amendments to the Standard Contract agreed by the Department during the Question and Answer Phase of this IFB** (see, [Section 5.2](#)). Please note that this IFB and the awarded Bidder’s Bid will become part of the Contract as Appendix B and C, respectively.

It should be noted that Appendix A of [Attachment 8](#), “Standard Clauses for New York State Contracts”, contains important information, terms and conditions related to the Contract to be entered into as a result of this IFB and **will be incorporated, without change or amendment**, into the Contract entered into between DOH and the successful Bidder. By submitting a response to this IFB, the Bidder agrees to comply with all the provisions of the Contract, including all of the provisions of Appendix A.

Note, [Attachment 7](#), the Bidder's Certified Statements, **must** be submitted by each Bidder and includes a statement that the Bidder accepts, **without any added conditions, qualifications or exceptions**, the contract terms and conditions contained in this IFB including any exhibits and attachments, including, without limitation, [Attachment 8](#). It also includes a statement that the Bidder acknowledges that, should any alternative proposals or extraneous terms be submitted with its Bid, such alternate proposals or extraneous terms will not be evaluated by the DOH.

Any qualifications or exceptions proposed by a Bidder to this IFB should be submitted in writing using the process set forth in [Section 5.2](#) (Questions) prior to the deadline for submission of written questions indicated in [Section 1](#). (Calendar of Events). Any such qualifications or exceptions that are not proposed prior to the deadline for the submission of written questions will not be considered by DOH after contract award. Any amendments DOH makes to the IFB as a result of questions and answers will be publicized on the DOH web site and will be available and applicable to all Bidders equally.

### **2.3 Term of the Agreement**

The term of the Contract that will be entered into between the Department and the successful Bidder pursuant to this IFB will be for a period of five years commencing on the date shown on the Calendar of Events in [Section 1](#).

### **3. MINIMUM QUALIFICATIONS TO BID**

The Department will accept bid proposals from Bidders who meet the following minimum eligibility requirements:

- A. Bidder has at least two years' experience as a manufacturer, as an authorized manufacturer representative or as an authorized distributor of the FridgeTag2L; and
- B. Bidder has a minimum of two (2) years of experience providing, coordinating, or overseeing delivery of a high volume (1,000+) of products to multiple locations; and
- C. Bidder has an average annual volume of sales equaling a minimum of \$500,000 within the last three (3) years.

The Department will only accept bid proposals from Bidders who meet all minimum requirements. Failure to meet these Minimum Qualifications will result in a bid proposal being found non-responsive and eliminated from consideration.

For the purposes of this IFB, a prime Contractor is defined as one who has the contract with the owner of a project or job and has full responsibility for its completion.

### **4. DETAILED SPECIFICATIONS**

This Section describes the digital data logger specifications that are required to be provided by the successful Bidder. The selected Bidder must be able to provide all of these products or services throughout the contract term.

**PLEASE NOTE:** To be considered responsive, a Bidder will be required to provide responses that address all of the requirements of this IFB as part of its Bid.

For purposes of this IFB, the terms "shall", "must" and "will" are used interchangeably when describing the requirements for a Bidder's responsive Bid or the Contractor's duties under the Contract to be entered into between the Department and the successful Bidder.

## 4.1 Definitions

Calibration: Professional measurement of the accuracy of a temperature monitoring device's reading against nationally accepted standards.

Digital Data Logger (DDL): An electronic device that records data digitally over time in relation to location either with a built-in or external instrument or temperature sensor.

Defective units: These are units that malfunction due to no fault of the healthcare provider. This includes units that experience battery failure within the two-year warranty period.

## 4.2 Product and Service Requirements

- A. The product will be a new Berlinger Fridge-tag 2L with batteries installed. A unit consists of the following:
  - A digital data logger with DOH-designed sticker affixed and batteries installed
  - One temperature probe
  - One glycol bottle
  - USB connector hardware
  - A copy of installation/use instructions
  - The device calibration certificate
- B. Contractor must print DOH-designed stickers and affix to devices prior to shipment or order devices from the manufacturer with the sticker attached. DOH will provide the digital file to the Contractor for printing. See Appendix F for sticker size and suggested location.
- C. Device must be calibrated by a laboratory with accreditation from the International Laboratory Accreditation Cooperation (ILAC) Mutual Recognition Arrangement (MRA) signatory body OR to the standards set by the International Organization for Standardization/International Electrotechnical Commission (ISO/IEC) 17025.
- D. The device must have a National Institute of Standards and Technology (NIST) Traceable Certificate of Calibration that has the logger's model number, serial number, date of calibration, and measurement results that indicate that the unit has passed the calibration test with accuracy or uncertainty of +/- 1°F (0.5°C) or better and an operating range of -4 to 104°F (-20°C to 40°C) or better.
- E. Calibration for the DDLs must be for a period of at least two years.
- F. Products must be calibrated within one month of scheduled shipping date to ensure longest calibration life upon receipt by the healthcare provider.
- G. Contractor must provide direct personal assistance via a toll-free telephone to support users installing and using the new digital data loggers. Support via the toll-free telephone line must be available Monday through Friday from 8:30am to 5pm Eastern time, excluding Federal holidays. The telephone line must be staffed by employees who are trained and able to accurately provide comprehensive technical assistance on provider questions and issues. These questions include, but are not limited to, device programming, reading and downloading output, and responding to and clearing alarms. At least 95% of all calls must be resolved during the point of initial contact.
- H. Refrigerator tags must be programmed to alarm following a 60-minute interval of temperature greater than 46°F (8°C) AND following an observed temperature value less than 36°F (2°C) for 15 minutes or more. Freezer tags must be programmed to alarm following a 60-minute interval of temperature greater than 5°F (-15°C).

## 4.3 Estimated Quantities and Delivery Requirements

Estimated Quantity: A minimum of 3,000 units and a maximum of 9,600 units will be ordered over a 5-year period. Payment shall be based on actual quantity ordered.

Estimated quantities and time frame:

Year 1: 3200 (1600 refrigerator, 1600 freezer)  
Year 2: 1600 (800 refrigerator, 800 freezer)  
Year 3: 1600 (800 refrigerator, 800 freezer)  
Year 4: 1600 (800 refrigerator, 800 freezer)  
Year 5: 1600 (800 refrigerator, 800 freezer)

Orders will be placed by DOH Central Office staff directly with the contractor. At the time of order, DOH will provide the contractor with a spreadsheet containing the delivery addresses and quantities. Contractor will package and ship orders within five business days of order placement. Any exceptions to this timeframe will require prior approval by DOH.

Delivery:

In Spring 2024, the contractor will ship units directly to 500+ provider sites throughout New York State. Delivery sites will receive a minimum of two (2) units, one refrigerator unit and one freezer unit.

In addition, beginning Summer 2024, units will be shipped each quarter to DOH Regional Offices located in Buffalo, Rochester, Syracuse, Albany, Middletown, Central Islip, and New Rochelle. Each Regional Office will need at least 25 and up to 100 of each unit (refrigerator logger and freezer logger) each quarter.

Units will be shipped with the alarm values, alarm duration, and sample rate of 15 minutes pre-configured and locked. End users will activate the logger and program in the time/date format, time/date, and temperature scale..

Shipping charges must be Free on Board (FOB) destination, inside delivery.

Complete unit(s) will be shipped in a single box and packaged to protect fragility.

Units that are damaged during shipping will be replaced at no charge to the NYS DOH or the healthcare provider, including shipping expenses.

Contractor will maintain tracking information for each shipment and provide this information with invoices and/or upon request.

A sample of city and zip code provider locations may be found in [Attachment E](#). Shipment tracking is required for each shipment

#### **4.4 Security Requirements**

Product Replacement/Warranty

All units purchased must come with a two-year product replacement warranty. The warranty period runs for a minimum of two years from the date the unit is delivered to the healthcare provider. During the warranty period, the contractor will replace defective units at no charge to the NYS DOH or the healthcare provider, including shipping expenses (e.g., by means of prepaid postage). The contractor must have a method in place to arrange for return shipping for defective devices at no cost to the NYS DOH or the healthcare provider. The contractor must also provide a replacement for any DDL delivered with less than 23 months remaining on the calibration date. Any exceptions to the 23-month calibration requirement upon delivery will require prior approval by

DOH. Replacements in this scenario would be at no charge to the NYS DOH or healthcare provider.

#### Product Substitution

If the Berlinger Fridge Tag2L becomes unavailable during the contract term, within 10 business days of contractor becoming aware of its unavailability, the contractor must provide specifications for a comparable substitute. Substitute devices are subject to DOH review and approval.

#### Product Testing

For product testing purposes, within 10 business days of contract execution, the Contractor will be required to provide the NYS DOH one digital data logger unit packaged and labeled as required by the specifications described in Sections 4.2 and 4.3 above as the final product would be when delivered. Contractor will bill NYSDOH for the sample data logger.

#### Serial Numbers

For tracking purposes, the Contractor will be required to provide the NYS DOH a list of digital data logger serial numbers and the corresponding healthcare provider "PIN" number with each invoice.

#### Copies of Calibration Certificates

The Contractor must provide the NYS DOH copies of device-specific calibration certificates with each invoice.

### **4.5 Payment**

The Contractor shall submit invoices and/or vouchers to the State's designated payment office. The Preferred Method is to Email a .pdf copy of your signed voucher to the Business Services Center (BSC) at:

AccountsPayable@ogs.ny.gov with a subject field; Subject: Unit ID: 3450249 Contract # TBD

The Alternate Method is to Mail vouchers to BSC at the following U.S. postal address:

NYS Department of Health  
Unit ID 3450249  
c/o NYS OGS BSC Accounts Payable  
Building 5, 5th Floor  
1220 Washington Ave.  
Albany, NY 12226-1900

Payment for invoices and/or vouchers submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The CONTRACTOR shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at State Vendors | Office of the New York State Comptroller, by email at Helpdesk@sfs.ny.gov or by telephone at 518-457-7717 or toll free at 855-233-8363. CONTRACTOR acknowledges that it will not receive payment on any invoices and/or vouchers submitted under this Contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

In addition to the Electronic Payment Authorization Form, a Substitute Form W-9 must be on file with the Office of the State Comptroller, Bureau of Accounting Operations. Additional information

and procedures for enrollment can be found at State Vendors | Office of the New York State Comptroller. Completed W-9 forms should be submitted to the following address:

NYS Office of the State Comptroller  
Bureau of Accounting Operations  
Warrant & Payment Control Unit  
110 State Street, 9th Floor  
Albany, NY 12236

Payment of such invoices and/or vouchers by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be:

The Contractor will submit monthly invoices, due 30 days after the end of each month, and must be accompanied by a New York State Claim for Payment (form AC3253-S) to ensure payment. The Claim for Payment must be accompanied by an electronic spreadsheet containing sufficient documentation data, including, but not limited to, the following:

- Provider "Pin" number
- Total units shipped and cost
- Serial numbers of the units that were shipped
- Delivery Date
- Tracking Number Information per shipment
- Copies of calibration certificates for shipped units

Delivery will be Free on Board (FOB) destination, inside delivery.

Claims for Payment received without the required documents will be held for payment until the documents are received and reviewed for accuracy and completeness.

#### **4.6 Subcontracting**

Bidders may propose the use of a subcontractor. The Contractor shall obtain prior written approval from NYSDOH before entering into an agreement for services to be provided by a subcontractor. The Contractor is solely responsible for assuring that all the requirements of the IFB is met. All subcontracts shall contain provisions specifying that the work performed by the subcontractor must be in accordance with the terms of the prime contract, and that the subcontractor specifically agrees to be bound by the confidentiality provisions set forth in the agreement between the DOH and the Contractor. DOH reserves the right to request removal of any Bidder's staff or subcontractor's staff if, in DOH's discretion, such staff is not performing in accordance with the Agreement.

NOTE: Subcontractors whose contracts are valued at or above \$100,000 will be required to submit the Vendor Responsibility Questionnaire upon selection of the prime Contractor.

#### **4.7 Contract Insurance Requirements**

Prior to the start of work under this Contract, the Contractor shall procure, at its sole cost and expense, and shall maintain in force at all times during the term of this Contract, insurance of the types and in the amounts set forth in [Attachment 8](#), the New York State Department of Health Contract, Section IV.

Sections 57 and 220 of the New York State Workers' Compensation Law (WCL) provide that DOH shall not enter into any contract unless proof of workers' compensation and disability benefits insurance coverage is produced. Prior to entering into a contract with DOH, successful Bidders will



be required to verify for DOH, on forms authorized by the New York State Workers' Compensation Board, the fact that they are properly insured or are otherwise in compliance with the insurance provisions of the WCL. The forms to be used to show compliance with the WCL are listed below. Any questions relating to either workers' compensation or disability benefits coverage should be directed to the State of New York Workers' Compensation Board, Bureau of Compliance at (518) 486-6307. Failure to provide verification of either of these types of insurance coverage by the time contracts are ready to be executed will be grounds for disqualification of an otherwise successful Bid.

The successful Bidder must submit the following documentation to the Department within 10 calendar days of notification of award:

Proof of Workers' Compensation Coverage:

ONE of the following forms as Workers' Compensation documentation:

- Form C-105.2 – Certificate of Workers' Compensation Insurance issued by private insurance carrier (or Form U-26.3 issued by the State Insurance Fund); or
- Form SI-12 – Certificate of Workers' Compensation Self-Insurance (or Form GSI-105.2 Certificate of Participation in Workers' Compensation Group Self-Insurance); or
- Form CE-200 – Certificate of Attestation of Exemption from New York State Workers' Compensation and/or Disability Benefits Coverage.

Proof of Disability Benefits Coverage:

ONE of the following forms as Disability documentation:

- Form DB-120.1 – Certificate of Disability Benefits Insurance; or
- Form DB-155 – Certificate of Disability Benefits Self-Insurance; or
- Form CE-200 – Certificate of Attestation of Exemption from New York State Workers' Compensation and/or Disability Benefits Coverage.

Further information is available at the Workers' Compensation Board's website, which can be accessed through this link: <http://www.wcb.ny.gov>.

#### **4.8 Equal Employment Opportunity ("EEO") Reporting**

By submission of a bid in response to this solicitation, the Bidder agrees with all of the terms and conditions of [Attachment 8](#), Appendix A, including Clause 12 - Equal Employment Opportunities for Minorities and Women. Additionally, the successful bidder will be required to certify they have an acceptable Equal Employment Opportunity ("EEO") policy statement in accordance with Section III of Appendix M in [Attachment 8](#).

Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the Contractor, undertake or continue programs to ensure that minority group

members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

To ensure compliance with this Section, the Bidder should submit, with the bid or proposal, an Equal Employment Opportunity Staffing Plan ([Attachment 5](#), Form #4) identifying the anticipated work force to be utilized on the Contract. Additionally, the Bidder should submit a Minority and Women-Owned Business Enterprises and Equal Employment Opportunity Policy Statement ([Attachment 5](#), Form # 5), to DOH with their bid.

## 5. ADMINISTRATIVE INFORMATION

The following administrative requirements, terms and information will apply to this IFB. Failure to comply fully with any of these requirements or terms, or this information, may result in disqualification of a Bidder's Bid.

### 5.1 Restricted Period

"Restricted Period" means the period of time (a) commencing with the earliest written notice, advertisement, or solicitation of this Invitation for Bids, soliciting a response from Bidders and intending to result in a procurement contract with DOH and (b) ending with the final Contract award and approval by the Office of the State Comptroller.

Pursuant to State Finance Law Sections 139-j and 139-k, the Department has identified a "Designated Contact" and a "Permissible Subject Matter Contact" on the Face Page of this IFB to whom all communications with regard to this procurement during the Restricted Period must be made.

During the Restricted Period of this IFB, any oral, written, or electronic communication between a potential Bidder and the Department, except communications between a potential Bidder and the Designated Contact or the Permissible Subject Matter Contact specified on the Cover Page of this IFB, under circumstances where a reasonable person would infer that the communication was intended to influence this procurement, is prohibited by law. The violation of the requirements described in this Section may be grounds for a determination that a Bidder is non-responsible and therefore ineligible for a contract award pursuant to this IFB. Two violations within four years of the rules against impermissible contacts during a "Restricted Period" may result in the violator being debarred from participating in all procurements by New York State agencies and authorities for a period of four years.

### 5.2 Questions

Potential Bidders may submit written questions and requests for clarification pertaining to this IFB between the issuance of this IFB and the deadline for the submission of written questions specified in [Section 1](#) (Calendar of Events). All questions and requests for clarification of this IFB should cite the relevant IFB, including the IFB number and title (IFB # - 20159, Digital Data Loggers for Vaccine Temperature Monitoring), the section and paragraph number of this IFB or of the Attachment to this IFB to which the question relates, where applicable, and must be submitted via email to [ImmAdmin@health.ny.gov](mailto:ImmAdmin@health.ny.gov) no later than the Deadline for Submission of Written Questions specified in [Section 1](#). (Calendar of Events). Questions received after the deadline **may not** be answered.

If a potential Bidder discovers any ambiguity, conflict, discrepancy, omission, or other apparent error in this IFB, the Bidder shall immediately notify DOH of such error in writing at [ImmAdmin@health.ny.gov](mailto:ImmAdmin@health.ny.gov) and request that DOH clarify or modify the Terms of this IFB. If, prior to the deadline for the Submission of Bids, a Bidder fails to notify DOH of a known error or an error that reasonably should have been known, the Bidder shall assume the risk of bidding notwithstanding such apparent ambiguity, conflict, discrepancy, omission or other error. If awarded the Contract pursuant to the terms of this IFB, the Bidder shall not be entitled to an amendment to the terms of the Contract to correct or clarify any such ambiguity, conflict, discrepancy, omission or other error nor to any additional compensation by reason of the error or its correction.

### 5.3 Right to Modify IFB

DOH reserves the right to modify any part of this IFB, including, but not limited to, the date and time by which Bids must be submitted and received by DOH, at any time prior to the Deadline for Submission of Bids specified in [Section 1](#). (Calendar of Events). Modifications to this IFB shall be made by the issuance of amendments and/or addenda, which will be posted to the DOH website.

### 5.4 DOH's Reserved Rights

The Department reserves the right to:

1. Reject any or all bids received in response to the IFB.
2. Withdraw the IFB at any time, at the Department's sole discretion.
3. Make an award under the IFB in whole or in part.
4. Disqualify any Bidder whose conduct and/or Bid fails to conform to the requirements of the IFB.
5. Seek clarifications and revisions of Bids.
6. Use Bid information obtained through site visits, management interviews and the State's investigation of a Bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the Bidder in response to the Department's or any other State agency's request for clarifying information in the course of evaluation and/or selection under the IFB.
7. Prior to the bid opening, amend the IFB specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to the bid opening, direct Bidders to submit bid modifications addressing subsequent IFB amendments.
9. Change any of the scheduled dates set forth in [Section 1](#). (Calendar of Events).
10. Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective Bidders.
11. Waive any requirements that are not material.
12. Negotiate with the successful Bidder within the terms of the IFB, including the attachments and exhibits, if any, to this IFB, and any amendments or addenda to the IFB, and the Questions and Answers, if any, posted by the Department in accordance with [Section 5.2](#) (Questions), in the best interests of the State.
13. Conduct contract negotiations with the next responsible Bidder, should the Department be unsuccessful in negotiating with the selected Bidder.
14. Utilize any and all ideas submitted in the bids received.
15. Every offer made by a Bidder pursuant to the terms of the Bid it submits shall be firm and not revocable for a period of three hundred and sixty-five days (365) from the bid opening to the extent not inconsistent with Section 2-205 of the uniform commercial code. Subsequent to such three hundred and sixty- five days (365), any offer is subject to withdrawal communicated in a writing signed by the Bidder.
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of a Bidder's Bid and/or to determine a Bidder's compliance with the requirements of the solicitation.

### 5.5 Freedom of Information Law ("FOIL")

All Bids may be disclosed or used by the Department to the extent permitted by law. The Department may disclose a Bid to any person for the purpose of assisting in evaluating the Bid or for any other lawful purpose. All Bids will become State agency records, which will be available to the public in accordance with the New York State Freedom of Information Law. **Any portion of the Bid that a Bidder believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and**

**specifically designated in the Bid as specified in the paragraph immediately following this paragraph.** If the Department agrees with the proprietary claim, the designated portion of the Bidder's Bid will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

## **5.6 Debriefing**

Once an award has been made, a Bidder may request a debriefing of their Bid. The debriefing will be limited solely to the Bidder's own Bid and will not include any discussion of other bids. A Bidder's request for a debriefing must be received by the Department no later than fifteen (15) calendar days after the date of the award notification to the successful Bidder or non-award announcement to the unsuccessful Bidder, depending upon whether the Bidder requesting the debriefing is the successful Bidder or an unsuccessful Bidder.

## **5.7 Protest Procedures**

In the event an unsuccessful Bidder wishes to protest the award resulting from this IFB, the protesting Bidder must follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found in Chapter XI Section 17 of the OSC's Guide to Financial Operations, which is available on-line at: <http://www.osc.state.ny.us/agencies/guide/MyWebHelp/>

## **5.8 Piggybacking**

New York State Finance Law Section 163(10)(e) (see, also, <https://ogs.ny.gov/procurement/piggybacking-using-other-existing-contracts-0>) allows the Commissioner of the NYS Office of General Services (OGS) to consent to the use of a Contract entered into pursuant to this IFB by other New York State Agencies, and other authorized purchasers, subject to conditions and the consent of the successful Bidder/Contractor.

## 6. BID FORMAT AND CONTENT

Bidders responding to this IFB must satisfy all requirements stated in this IFB. A Bidder must submit a complete Bid package. A Bid that is incomplete in any material respect must be rejected.

To expedite the review by the Department of the Bids submitted in response to this IFB, Bidders are requested to submit their Bids as summarized in [Attachment A](#), Bid Package Checklist. This separation of information will facilitate the review of the material requested. No information beyond that specifically requested is required, and Bidders are requested to keep their Bid submissions to the shortest length consistent with making a complete presentation of qualifications and a complete and concise response to each component of the IFB.

**The Department will not be responsible for expenses incurred in preparing and submitting the Bid Packages. Such costs should not be included in the Bid.**

### 6.1 Mandatory Bid Requirements

The purpose of the Mandatory Bid Requirements is to demonstrate the qualifications, competence, and capacity of the Bidder to provide the commodity or services sought to be procured by the Department pursuant to this IFB. The following outlines the required information to be provided by each **responsive** Bidder. The information requested must be provided in the prescribed format. Responses that do not follow the prescribed format will be eliminated from consideration. All responses included in a Bid submitted pursuant to this IFB by a Bidder are subject to verification for accuracy.

#### 6.1.1 Bidder's Minimum Qualifications to Bid

A responsive Bidder must be able to meet all the requirements stated in [Section 3](#) of this IFB. The Bidder must submit documentation that provides sufficient evidence of meeting the minimum qualifications to bid.

The Department will accept bid proposals from Bidders who meet the following minimum eligibility requirements:

- A. Bidder has at least two years' experience as a manufacturer, as an authorized manufacturer representative or as an authorized distributor of the FridgeTag2L; and
- B. A minimum of two (2) years of experience providing, coordinating, or overseeing delivery of a high volume (1,000+) of products to multiple locations; and
- C. Bidder has an average annual volume of sales equaling a minimum of \$500,000 within the last three (3) years.

The Department will only accept bid proposals from Bidders who meet all minimum requirements. Failure to meet these Minimum Qualifications will result in a bid proposal being found non-responsive and eliminated from consideration.

For the purposes of this IFB, a prime Contractor is defined as one who has the contract with the owner of a project or job and has full responsibility for its completion.

#### 6.1.2 Bid Specification Response Submission

- A. Bidders must submit the Technical Response Form ([Attachment C](#)) indicating and attesting to meeting the product and services specifications, and
- B. Bidders must submit a sample of a certificate of calibration for the Berlinger Fridge Tag2L;

- and  
C. Bidders must submit the Manufacturer Attestation Form ([Attachment D](#)).

**FAILURE TO SUBMIT A SAMPLE CALIBRATION CERTIFICATE WITH BID WILL RESULT IN REJECTION OF THE BID.**

### **6.1.3 Bid Form**

A responsive Bidder must submit a completed and signed [Attachment B – Bid Form](#). The Bid Form must comply with the format and content requirements as detailed in this IFB and in [Attachment B](#). Failure to comply with the format and content requirements will result in disqualification.

The prices bid must cover the cost of furnishing all of the said products and services specified in this IFB, including, but not limited to, materials, equipment, profit and labor to the satisfaction of the Department and the performance of all work set forth in the specifications for this procurement set forth in this IFB and in the Contract to be awarded pursuant to this IFB to the successful Bidder.

Bidders must provide a price for all products in sizes and quantities exactly as listed in **Bid Form - Attachment B**. Bids which do not include a price for all products may be disqualified. Bids which add alternative products, quantities or sizes will be disqualified.

### **6.1.4 Bidder’s Certified Statements**

Complete, sign and submit [Attachment 7](#), “Bidder’s Certified Statements”, which includes information regarding the Bidder. [Attachment 7](#) must be signed by an individual authorized to bind the Bidder contractually. Please indicate the title or position that the signer holds with the Bidder.

**Note: THE DEPARTMENT WILL REJECT AND FIND UNRESPONSIVE ANY BID THAT CONTAINS AN INCOMPLETE, UNSIGNED OR IS MISSING [Attachment 7](#).**

## **6.2 Other Bid Documents**

### **6.2.1 Bidder’s Disclosure of Prior Non-Responsibility Determinations**

Submit a completed and signed [Attachment 1](#), “Bidder’s Disclosure of Prior Non-Responsibility Determinations”.

### **6.2.2 Vendor Responsibility Questionnaire**

Complete, certify, and file a New York State Vendor Responsibility Questionnaire. The Department recommends that Bidders file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions at [http://www.osc.state.ny.us/vendrep/info\\_vrsystem.htm](http://www.osc.state.ny.us/vendrep/info_vrsystem.htm) or go directly to the VendRep System online at [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep).

Bidders must provide their New York State Vendor Identification Number (Vendor ID) when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller (OSC)’s Help Desk at 866-370-4672 or 518-408-4672 or by email at [ciohelpdesk@osc.state.ny.us](mailto:ciohelpdesk@osc.state.ny.us).

Bidders opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website, [www.osc.state.ny.us/vendrep](http://www.osc.state.ny.us/vendrep), or may contact the OSC’s

Help Desk for a copy of the paper form. Bidder's should complete and submit the Vendor Responsibility Attestation, [Attachment 3](#).

### **6.2.3 Vendor Assurance of No Conflict of Interest or Detrimental Effect**

Submit [Attachment 4](#), Vendor's Assurance of No Conflict of Interest or Detrimental Effect, which includes information regarding the Bidder, members, shareholders, parents, affiliates and subcontractors. [Attachment 4](#) must be signed by an individual authorized to bind the Bidder contractually.

### **6.2.4 EO 177 Prohibiting Contracts with Entities that Support Discrimination**

Submit [Attachment 11](#), certifying that Bidder does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the New York State Human Rights Law.

### **6.2.5 Executive Order 16 Prohibiting Contracting with Businesses Conducting Business in Russia**

Submit [Attachment 12](#), certifying the status of the Bidder's business operations in Russia, if any, as mandated by Executive Order 16.

### **6.2.6 M/WBE Forms**

Submit completed Form #4 and Form #5 as directed in [Attachment 5](#), "New York State DOH M/WBE IFB Required Forms".

### **6.2.7 Encouraging Use of New York Businesses in Contract Performance**

Submit [Attachment 6](#) "Encouraging Use of New York State Businesses in Contract Performance" to indicate which New York State Businesses, if any, the Bidder will use in the performance of the Contract to be awarded to the successful Bidder.

### **6.2.8 Sales and Compensating Use Tax Certification (Tax Law, § 5-a)**

Section 5-a of the Tax Law, as amended, effective April 26, 2006, requires certain Contractors awarded state contracts for commodities, services and technology valued at more than \$100,000 to certify to the Department of Tax and Finance (DTF) that they are registered to collect New York State and local sales and compensating use taxes. The law applies to contracts where the total amount of such contractors' sales delivered into New York State are in excess of \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made, and with respect to any affiliates and subcontractors whose sales delivered into New York State exceeded \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made.

This law imposes upon certain contractors the obligation to certify whether or not the contractor, its affiliates, and its subcontractors are required to register to collect state sales and compensating use tax and contractors must certify to DTF that each affiliate and subcontractor exceeding such sales threshold is registered with DTF to collect New York State and local sales and compensating use taxes. The law prohibits the State Comptroller, or other approving agencies, from approving a contract awarded to an offeror meeting the registration requirements but who is not so registered in accordance with the law.



The successful Bidder must file a properly completed Form ST-220-CA with the Department of Health and Form ST-220-TD with the DTF. These requirements must be met before a contract may take effect. Further information can be found at the New York State Department of Taxation and Finance's website, available through this link:

<http://www.tax.ny.gov/pdf/publications/sales/pub223.pdf>.

Submit these Forms, available through these links:

- ST-220 CA: [http://www.tax.ny.gov/pdf/current\\_forms/st/st220ca\\_fill\\_in.pdf](http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf)
- ST-220 TD: [http://www.tax.ny.gov/pdf/current\\_forms/st/st220td\\_fill\\_in.pdf](http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf)

## **6.2.9 Freedom of Information Law – Bid Redactions**

A Bidder must clearly and specifically identify any portion of their Bid that the Bidder believes constitutes proprietary information entitled to confidential handling as an exception to the Freedom of Information Law.

### **6.2.10 References**

Provide references using [Attachment 9](#), (References) for three current and/or former (within the last 3 years) customers to whom bidders has provided high volume (1000+) products to multiple locations. Provide firm names, addresses, contact names, telephone numbers, and email addresses.

## 7. BID SUBMISSION

The table below outlines the requested format and volume for submission of each part. Bids should be submitted in all formats as prescribed below.

	<b>Electronic Submission</b>
<b>Bid Package</b>	Electronic package must be sent to <a href="mailto:immadmin@health.ny.gov">immadmin@health.ny.gov</a> .

Submit a complete bid via email to [immadmin@health.ny.gov](mailto:immadmin@health.ny.gov), with the subject: IFB #20159 – Digital Data Loggers for Vaccine Temperature Monitoring.

Instructions for electronic bid submissions:

1. Bid submission must contain all information required in this document.
2. Electronic bid submissions must be in one or a combination of the following formats: Adobe Acrobat (needs to be searchable OCR), Microsoft Word and/or Microsoft Excel.
3. All pages of electronic bid submissions should be clearly numbered on the bottom of each page with appropriate header and footer information. A type size of eleven (11) points or larger should be used.
4. Submission should be one (1) email that contains one (1) zipped folder labeled with bidder name and IFB #20159 – Digital Data Loggers for Vaccine Temperature Monitoring, and should include two (2) subfolders (distinctly labeled “Mandatory Bid Requirements”, and “Other Bid Documents”). Zipped folder needs to be password protected. Bidders should submit a separate email containing the password labeled with the same subject above.
5. Where signatures are required, the forms should have a handwritten signature (wet ink) and be signed in blue ink. A scan of the handwritten (wet ink) signature can be used for electronic submission in the PDF. The Department reserves the right to request hardcopy originals of all signature pages at any time.
6. The DOH discourages overly lengthy bids. Therefore, marketing brochures, user manuals or other materials, beyond that sufficient to present a complete bid, are not desired. Elaborate artwork or expensive paper is not necessary or desired. In order for the DOH to evaluate bids fairly and completely, bids should follow the format described in this IFB and provide all required information.

In the event an electronic submission cannot be read by the DOH, the DOH reserves the right to request a hard copy and/or electronic resubmission of any unreadable files. A Bidder shall have two (2) business days to respond to such requests and must certify the resubmission is identical to the original submission.

**The complete Bid must be received by the Department no later than the Deadline for Submission of Bids specified in [Section 1.0](#) (Calendar of Events). Late bids will not be considered.**

### 7.1 No Bid Form

A prospective Bidder choosing not to bid is requested to complete and submit the No-Bid form [Attachment 2](#), by the Deadline for Submission of Bids specified in [Section 1.0](#) (Calendar of Events). This information helps to enhance future mailing lists for the Department.

## **8. METHOD OF AWARD**

At the discretion of the Department, all Bids may be rejected. The Department will award one contract as described in this IFB to the responsible and responsive Bidder who offers the lowest price per unit.

In the event of a tie, the tied bidders will be given the opportunity to provide their best and final bid price to the Department, and, after evaluation of these revised bids, the award will then be made to the lowest bidder.

### **8.1 General Information**

Once a successful Bidder is selected, the Department will issue a Contract to the successful Bidder, substantially in the form of [Attachment 8](#). In order to be considered responsible and responsive, the Bid must include all Invitation for Bid (IFB) required documents and meet the minimum qualifications as stated in the IFB.

Bidders may be requested by the Department to clarify the details of their Bid. Unless requested by the Department to do so, no Bidder will be allowed to alter its Bid after the Deadline for Submission of Proposals listed in [Section 1.0](#) (Calendar of Events).

### **8.2 Submission Review**

The Department will examine all Bids that are received in a proper and timely manner. The Bid containing the lowest price per unit will be further evaluated to determine if it meets all bid submission requirements, as described in [Section 6.0](#) (Bid Format and Content) and [Section 7.0](#) (Bid Submission) for award. That process will be followed until an award is made.

### **8.3 Reference Checks**

The Bidder must submit references using [Attachment 9](#) (References). At the discretion of the Department, references may be checked at any point during the process to verify a Bidder's qualifications to propose ([Section 3](#)).

### **8.4 Award Recommendation**

The Evaluation Committee will submit a recommendation for award to the responsible and responsive Bidder with the lowest total bid.

The Department will notify the awarded Bidder and Bidders not awarded. The awarded Bidder will enter into a written Agreement substantially in accordance with the terms of [Attachment 8](#), DOH Agreement, to provide the required services or commodities as specified in this IFB. The resultant contract shall not be binding until fully executed and approved by the New York State Office of the Attorney General and the Office of the State Comptroller.

## ATTACHMENTS

The following attachments are included in this IFB and are available via hyperlink or can be found at: <https://www.health.ny.gov/funding/forms/>.

1. [Bidder's Disclosure of Prior Non-Responsibility Determinations](#)
2. [No-Bid Form](#)
3. [Vendor Responsibility Attestation](#)
4. [Vendor Assurance of No Conflict of Interest or Detrimental Effect](#)
5. [Guide to New York State DOH M/WBE IFB Required Forms](#)
6. [Encouraging Use of New York Businesses in Contract Performance](#)
7. [Bidder's Certified Statements](#)
8. [DOH Agreement](#) (Standard Contract)
9. [References](#)
10. [Diversity Practices Questionnaire](#)
11. [Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination](#)
12. [Executive Order 16 Prohibiting Contracting with Businesses Conducting Business in Russia](#)

The following attachments are attached and included in this IFB:

- A. [Bid Package Checklist](#)
- B. [Bid Form](#)
- C. [Technical Response Form](#)
- D. [Manufacturer Attestation](#)
- E. [Sample List of Shipping Cities and Zip Codes](#)
- F. [Sticker Size and Suggested Location](#)

## ATTACHMENT A - Bid Package Checklist

Please reference [Section 7.0](#) for the appropriate format and quantities for proposal submission.

<b>IFB # - 20159 Digital Data Loggers for Vaccine Temperature Monitoring</b>		
<b>FOR THE MANDATORY BID REQUIREMENTS</b>		
<b>IFB §</b>	<b>REQUIREMENTS</b>	<b>INCLUDED</b>
§ 6.1.2	Technical Response Form (Attachment C)	<input type="checkbox"/>
§ 6.1.2	Manufacturer Attestation (Attachment D)	<input type="checkbox"/>
§ 6.1.3	Bid Form (Attachment B)	<input type="checkbox"/>
§ 6.1.4	Bidder's Certified Statements (Attachment 7)	<input type="checkbox"/>
<b>OTHER BID DOCUMENTS</b>		
§ 6.2.1	Disclosure of Prior Non-Responsibility Determinations (Attachment 1)	<input type="checkbox"/>
§ 6.2.2	Vendor Responsibility Attestation (Attachment 3)	<input type="checkbox"/>
§ 6.2.3	Vendor Assurance of No Conflict of Interest or Detrimental Effect (Attachment 4)	<input type="checkbox"/>
§ 6.2.4	EO 177 Prohibiting Contracts with Entities that Support Discrimination (Attachment 11)	<input type="checkbox"/>
§ 6.2.5	EO 16 Prohibiting Contracts with Entities Conducting Business in Russia (Attachment 12)	<input type="checkbox"/>
§ 6.2.6	Attachment 5 - M/WBE Participation Requirements:	<input type="checkbox"/>
	Attachment 5 - Form 4	<input type="checkbox"/>
	Attachment 5 - Form 5	<input type="checkbox"/>
§ 6.2.7	Encouraging Use of New York Businesses (Attachment 6)	<input type="checkbox"/>
§ 6.2.8	Sales and Compensating Use Tax Certification	<input type="checkbox"/>
§ 6.2.9	FOIL	<input type="checkbox"/>
§ 6.2.10	Attachment 9 – References	<input type="checkbox"/>

**ATTACHMENT B - Bid Form**  
**IFB #20159 – Digital Data Loggers for Vaccine Temperature Monitoring**

Bidder: \_\_\_\_\_

Bidder must submit a completed and signed Attachment B – **Bid Form**. The Bid Form must comply with the format and content requirements as detailed in this document and in Attachment B. Failure to comply with the format and content requirements will result in disqualification.

The Bid price will be per unit and will include shipping, service support, and defective product replacement for a two-year period, upon acceptance of the equipment. Shipping will be Free on Board (FOB) destination, including all customs duties and charges. Shipment includes delivery to approximately 2,000+ sites throughout New York State. The bid price must also cover the cost of furnishing all of the said products and services specified in this IFB, including but not limited to materials, equipment, profit and labor to the satisfaction of the Department of Health and the performance of all work set forth in said specifications.

Bidders must provide a price for all products in sizes and quantities exactly as listed in this **Bid Form** - Attachment B. Bids which do not include a price for all products will be disqualified. Bids which add alternative products, quantities or sizes will be disqualified.

Item	Price Per Unit
*Berlinger Fridge Tag2L Digital Data Logger Unit	

**\* One Berlinger Fridge Tag2L Digital Data Logger unit consists of the following:**

- A. A digital data logger with sticker affixed and batteries installed
- B. One temperature probe
- C. One glycol bottle
- D. USB connector hardware
- E. A copy of installation/use instructions
- F. A copy of the device calibration certificate

There is no guarantee of actual order quantities. Payment shall be based upon the actual amount ordered. Failure to complete and submit this Cost Proposal Form with the Bid will result in disqualification.

\_\_\_\_\_  
**Signature of Bidder’s Authorized Representative** **Date**

**Printed Name of Signatory:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**ATTACHMENT C - Technical Response Form for Bidders Specification Response  
IFB # 20159 – Digital Data Loggers for Vaccine Temperature Monitoring**

**Bidder's  
Name** \_\_\_\_\_

**An answer of "No" to any of the following questions will result in a disqualification of your bid proposal.**

Please answer the following questions (attach extra sheets as necessary):

**A. Minimum Bidder Eligibility Qualifications:**

Does your company have at least two years' experience as either **a)** a manufacturer of the FridgeTag2L **OR b)** an authorized manufacturer representative of the FridgeTag2L **OR c)** an authorized distributor? **Submit a completed and signed copy of the Manufacturer Attestation Form with the bid proposal – Attachment D.**

Yes  No

Does your company have a minimum of two (2) years of experience providing delivery of a high volume (1,000+) of products to multiple locations?

Yes  No

Does your company have documentation showing an average annual volume of sales equaling a minimum of \$500,000 within the last three (3) years? **Submit documentation with the bid proposal.**

Yes  No

By signing below, the Bidder agrees to **all** the specifications and attests to the accuracy of the information included in this Technical Response Form.

\_\_\_\_\_  
**Signature of Bidder's Authorized Representative**

\_\_\_\_\_  
**Date**

**Printed Name of Signatory:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**ATTACHMENT D - Manufacturer Attestation Form  
IFB # 20159 – Digital Data Loggers for Vaccine Temperature Monitoring**

**NOTE TO BIDDERS:**

**This form is to be completed and returned to you (the Bidder) by the product manufacturer and submitted with your bid proposal. This form is ONLY required if the Bidder is an authorized manufacturer representative or an authorized distributor.**

BIDDER'S COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

The manufacturer signing this form does hereby attest to the accuracy and validity of the responses to the following questions:

1. Is the Bidder listed above the **manufacturer** of the product offered?

\_\_\_\_\_ Yes \_\_\_\_\_ No

2. Is the Bidder listed above an **authorized manufacturer representative or an authorized distributor** for your products?

\_\_\_\_\_ Yes \_\_\_\_\_ No

3. Has the Bidder been an authorized manufacturer representative or the manufacturer for at least two (2) years?

\_\_\_\_\_ Yes \_\_\_\_\_ No

4. Do you as a manufacturer agree to supply the Bidder with the FridgeTag2L as specified within IFB Number 20159?

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
NAME OF MANUFACTURER'S AUTHORIZED SIGNATORY

\_\_\_\_\_  
SIGNATURE OF MANUFACTURER'S AUTHORIZED SIGNATORY

\_\_\_\_\_  
DATE



**ATTACHMENT E - Sample List of Shipping Cities and Zip Codes  
IFB # 20159 – Digital Data Loggers for Vaccine Temperature Monitoring**

*# = number of estimated healthcare provider sites for initial direct shipment*

City	Zip Code	#
Akron	14001	1
Albany	12203	5
Albany	12206	3
Albany	12208	2
Albion	14411	2
Alden	14004	1
Alexander	14005	1
Amherst	14226	2
Amityville	11701	1
Amsterdam	12010	4
Apalachin	13732	1
Arcade	14009	2
Ardsley	10502	1
Auburn	13021	2
Babylon	11702	3
Baldwin	11510	2
Ballston Lake	12019	1
Ballston Spa	12020	1
Barneveld	13504	1
Batavia	14020	1
Bath	14810	2
Bay Shore	11706	3
Beacon	12508	1
Beaver Falls	13305	2
Bedford Hills	10507	1
Bellmore	11710	2
Belmont	14813	1
Bergen	14416	1
Big Flats	14814	2
Binghamton	13901	3
Binghamton	13903	2
Binghamton	13905	5
Boonville	13309	2
Brentwood	11717	2
Brewerton	13029	1
Brewster	10509	1
Broadalbin	12025	2

City	Zip Code	#
Brockport	14420	1
Buffalo	14201	2
Buffalo	14203	3
Buffalo	14206	1
Buffalo	14210	2
Buffalo	14211	1
Buffalo	14212	1
Buffalo	14213	2
Buffalo	14214	1
Buffalo	14215	2
Buffalo	14216	1
Cairo	12413	1
Caledonia	14423	1
Cambridge	12816	1
Camillus	13031	3
Canandaigua	14424	3
Canastota	13032	1
Canton	13617	1
Carthage	13619	1
Castleton On Hudson	12033	1
Catskill	12414	2
Cazenovia	13035	1
Cedarhurst	11516	3
Central Islip	11722	2
Cheektowaga	14225	1
Cheektowaga	14227	1
Clayton	13624	1
Clifton Park	12065	1
Clifton Springs	14432	1
Clinton	13323	1
Cohocton	14826	1
Cohoes	12047	1
Commack	11725	1
Cooperstown	13326	2
Copenhagen	13626	1
Corfu	14036	1
Corinth	12822	1

City	Zip Code	#
Corning	14830	1
Cortland	13045	1
COXSACKIE	12051	1
Dansville	14437	2
Deer Park	11729	1
Delhi	13753	1
Depew	14043	1
Dobbs Ferry	10522	1
Dolgeville	13329	1
Downsville	13755	1
Dunkirk	14048	2
East Islip	11730	1
East Meadow	11554	2
East Northport	11731	1
East Setauket	11733	2
Eastchester	10709	1
Elizabethtown	12932	1
Elka Park	12427	1
Elmira	14901	2
Elmira	14904	1
Elmont	11003	1
Endicott	13760	1
Endwell	13760	1
Fallsburg	12733	1
Farmingdale	11735	1
Farmington	14425	1
Farmingville	11738	1
Fayetteville	13066	1
Fishkill	12524	2
Floral Park	11001	2
Fonda	12068	2
Franklin Square	11010	1
Fredonia	14063	1
Freeport	11520	3
Fulton	13069	1
Galway	12074	1
Garden City	11530	3
Geneseo	14454	3
Geneva	14456	2
Glen Cove	11542	1
Glens Falls	12801	3
Glenville	12302	1

City	Zip Code	#
Gloversville	12078	3
Goshen	10924	1
Gowanda	14070	2
Grand Island	14072	1
Granville	12832	1
Great Neck	11021	4
Green Island	12183	1
Greene	13778	1
Greenlawn	11740	1
Groton	13073	1
Hamburg	14075	1
Hamilton	13346	1
Haverstraw	10927	3
Hawthorne	10532	1
Hempstead	11550	2
Hensonville	12439	1
Herkimer	13350	3
Hewlett	11557	1
Hicksville	11801	2
Highland	12528	2
Hogansburg	13655	1
Homer	13077	1
Honeoye Falls	14472	1
Hopewell Junction	12533	1
Hornell	14843	3
Horseheads	14845	2
Houghton	14744	1
Hudson	12534	2
Hudson Falls	12839	2
Huntington	11743	2
Huntington Station	11746	1
Hyde Park	12538	1
Ilion	13357	1
Indian Lake	12842	1
Inwood	11096	1
Ithaca	14850	3
Jefferson Valley	10535	1
Jericho	11753	1
Johnson City	13790	1
Johnstown	12095	1
Kingston	12401	2
Lake Placid	12946	1

City	Zip Code	#
Lake Ronkonkoma	11779	1
Lake Success	11042	1
Lakeville	14480	1
Larchmont	10538	1
Latham	12110	1
Le Roy	14482	2
Lewiston	14092	3
Liberty	12754	1
Lima	14485	1
Lindenhurst	11704	1
Lindenhurst	11757	1
Little Falls	13365	2
Liverpool	13088	1
Lockport	14094	1
Lowville	13367	2
Lyons Falls	13368	1
Macedon	14502	2
Madrid	13660	1
Mahopac	10541	1
Malone	12953	2
Mamaroneck	10543	1
Marcellus	13108	1
Margaretville	12455	1
Marion	14505	1
Massapequa	11758	1
Massapequa Park	11762	1
Mattituck	11952	1
Mayfield	12117	1
Mechanicville	12118	1
Mendon	14506	1
Merrick	11566	2
Middle Island	11953	1
Mineola	11501	2
Modena	12528	1
Mohawk	13407	1
Monroe	10950	4
Monsey	10952	4
Monticello	12701	1
Moravia	13118	1
Morris	13808	1
Mount Kisco	10549	1
Mount Morris	14510	1

City	Zip Code	#
Mount Sinai	11766	2
Mount Vernon	10550	4
Nedrow	13120	1
New Berlin	13411	1
New City	10956	2
New Hartford	13413	3
New Hyde Park	11040	2
New Paltz	12561	1
New Rochelle	10801	3
New Windsor	12553	1
Newark	14513	2
Newburgh	12550	7
Newburgh	12566	1
Niagara Falls	14304	1
North Babylon	11703	1
North Chili	14514	1
North Syracuse	13212	1
Nunda	14517	1
Oceanside	11572	1
Ogdensburg	13669	1
Old Forge	13420	1
Old Westbury	11568	1
Olean	14760	1
Orchard Park	14127	6
Oriskany Falls	13425	1
Ossining	10562	2
Oswego	13126	3
Owego	13827	1
Oxford	13830	1
Painted Post	14870	2
Parish	13131	2
Patchogue	11772	3
Peekskill	10566	1
Penfield	14526	1
Penn Yan	14527	1
Perry	14530	2
Pittsford	14534	1
Plainview	11803	2
Plattsburgh	12901	2
Pleasantville	10570	1
Pomona	10970	1
Port Chester	10573	3

City	Zip Code	#
Port Jervis	12771	1
Port Washington	11050	2
Potsdam	13676	1
Poughkeepsie	12601	2
Purchase	10577	1
Rensselaer	12144	1
Rhinebeck	12572	1
Richfield Springs	13439	1
Richford	13835	1
Riverhead	11901	2
Rochester	14605	1
Rochester	14606	1
Rochester	14609	3
Rochester	14611	3
Rochester	14612	3
Rochester	14618	5
Rochester	14620	1
Rochester	14621	3
Rochester	14622	1
Rochester	14623	3
Rochester	14624	2
Rochester	14625	1
Rochester	14626	4
Rochester	14642	1
Rockville Centre	11570	3
Rocky Point	11778	1
Rome	13440	1
Roosevelt	11575	1
Roscoe	12776	1
Rush	14543	1
Saint Johnsville	13452	1
Salamanca	14779	1
Sanborn	14132	1
Saranac Lake	12983	1
Saratoga Springs	12866	4
Scarsdale	10583	1
Schenectady	12309	2
Schoharie	12157	1
Sea Cliff	11579	1
Seaford	11783	1
Sherburne	13460	2
Sherman	14781	1

City	Zip Code	#
Shirley	11967	1
Shortsville	14548	1
Sidney	13838	2
Silver Creek	14136	1
Smithtown	11787	4
Snyder	14226	1
South Kortright	13842	1
Southampton	11968	2
Southold	11971	1
Speculator	12164	1
Spencerport	14559	1
Spring Valley	10977	1
Stamford	12167	1
Stony Brook	11790	1
Suffern	10901	1
Syosset	11791	2
Syracuse	13203	3
Syracuse	13204	2
Syracuse	13207	1
Syracuse	13208	1
Syracuse	13215	1
Syracuse	13224	2
Tarrytown	10591	2
Troy	12180	1
Troy	12182	2
Tully	13159	2
Tupper Lake	12986	1
Utica	13501	4
Utica	13502	4
Valatie	12184	1
Valley Stream	11580	2
Valley Stream	11581	1
Verona	13478	1
Vestal	13850	3
Victor	14450	1
Victor	14564	2
Waddington	13694	1
Wainscott	11975	1
Walden	12586	2
Walton	13856	1
Wappingers Falls	12590	1
Warwick	10990	2

City	Zip Code	#
Waterloo	13165	1
Watertown	13601	5
Waterville	13480	2
Watervliet	12189	1
Wayland	14572	1
Webster	14580	3
West Islip	11795	4
West Sayville	11796	1
West Seneca	14224	1
West Winfield	13491	1
Westbury	11590	2
Westfield	14787	2
Westport	12993	1
White Plains	10601	2
White Plains	10607	1

City	Zip Code	#
Whitehall	12887	1
Whitesboro	13492	1
Whitney Point	13862	1
Williamson	14589	1
Williamsville	14221	4
Wilmington	12997	1
Wolcott	14590	1
Woodbury	11797	1
Woodmere	11598	1
Woodstock	12498	1
Worcester	12197	1
Wyandanch	11798	1
Yonkers	10701	5
Yonkers	10703	1

## **Regional Office Delivery Sites**

Western Regional Office – Buffalo  
295 Main Street, Suite 300  
Buffalo, NY 14203

Western Regional Office – Rochester  
1565 Jefferson Road  
Rochester, NY 14623

Central New York Regional Office  
217 South Salina Street  
Syracuse, NY 13202

Capital District Regional Office  
Empire State Plaza  
Corning Tower, Room 678  
Albany, NY 12237

Middletown Regional Office  
90 Crystal Run Rd, Suite 200  
Middletown, NY 10941

New Rochelle Office  
145 Huguenot Street, 6th floor  
New Rochelle, NY 10801-5291

Central Islip Office  
Court House Corporate Center  
320 Carlton Avenue, Suite 500 - 5th Floor  
Central Islip, NY 11722

## ATTACHMENT F - Sticker Size and Suggested Location



This image is for illustrative purposes only, regarding placement of the sticker on the DDL. The image does accurately reflect the size and design of the sticker. Sticker will be black and white.