Invitation for Bids for

Blood Collection Device

IFB #20227

Issued: February 14, 2023

DESIGNATED CONTACT:

Pursuant to State Finance Law §§ 139-j and 139-k, the DOH identifies the following designated contact to whom all communications attempting to influence the DOH's conduct or decision regarding this procurement must be made.

Sue Mantica
Bureau of Contracts
New York State Department of Health
Corning Tower, Room 2827
Albany, New York 12237
Telephone: 518-474-7896
Email Address: sue.mantica@health.ny.gov

PERMISSIBLE SUBJECT MATTER CONTACT:

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

Krystal Benninger
Newborn Screening Program
New York State Department of Health
Wadsworth Center, David Axelrod Institute
120 New Scotland Avenue
Albany, New York, 12208
Telephone: 518-486-6463
Email Address: krystal.benninger@health.ny.gov

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1.0 CALENDAR OF EVENTS

EVENT	DATE
Issuance of Invitation for Bids	2/14/23
Written Questions Due	Due By 3/2/23 at 3:00 p.m. ET
Responses to Written Questions Posted by DOH	On or About 3/9/23
Deadline for Submission of Bids	Due on Or Before 4/3/23 at 3:00 p.m. ET
Anticipated Contract Start Date	10/1/23

2.0 OVERVIEW

Through this Invitation For Bids ("IFB"), the New York State ("State") Department of Health ("DOH") is seeking competitive bids from ll qualified organizations for redesign services and production of an existing Blood Collection Device, which will be used for the collection, drying, and shipping of newborn blood specimens as further detailed in Section 4, Detailed Specifications. It is the Department's intent to award a five-year Purchase Authorization ("PA") contract agreement from this procurement.

2.1 Introductory Background

The Newborn Screening ("NBS") Program is mandated to test all infants born in New York State for various diseases. New York State Public Health Law § 2500(a-f) requires the Program to test and identify infants with serious but treatable neonatal conditions and refer those infants for immediate medical intervention. The NBS Program tests an average of 260,000 specimens for 53 different conditions annually. Failure to complete testing protocols accurately and timely can result in catastrophic health consequences, including death of affected infants. By providing early detection of disease and immediate follow-up of abnormal results, the NBS Program helps to ensure that affected infants receive the appropriate confirmatory diagnoses and treatment.

2.2 Important Information

The bidder is required to review, and is requested to have legal counsel review Attachment C (Sample Notice of Contract Award) as the Bidder must be willing to enter into an Agreement substantially in accordance with the terms of Attachment C should the bidder be selected for contract award. Please note that this IFB and the awarded bidder's proposal will become part of the contract as Appendix B and C, respectively.

It should be noted that Appendix A (Standard Clauses for New York State Contracts) of Attachment 8 contains important information 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 the IFB, the Bidder agrees to comply with all the

provisions of Appendix A.

Note, Attachment 7 (the Bidder's Certified Statements), should be submitted 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. It also includes a statement that the bidder acknowledges that, should any alternative proposals or extraneous terms be submitted with the proposal, 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 1.0 (Calendar of Events). Any amendments DOH makes to the IFB as a result of questions and answers will be publicized on the DOH web site.

2.3 Term of the Agreement

Thecontract term is expected to be for a period of five years commencing on the date shown on the Calendar of Events in Section 1, subject to the availability of sufficient funding, successful contractor performance, and approvals from the New York State Attorney General ("AG") and the Office of the State Comptroller ("OSC").

3.0 MINIMUM QUALIFICATIONS TO BID

DOH will accept bids from vendors with the following type and level of experience as a prime Contractor.

- Bidder must have a minimum of three (3) years of experience working with a public health laboratory to design, produce and deliver blood collection devices used for the drying and shipping of neonatal blood specimens.

- Bidder must submit three (3) references using Attachment 9 (References), that can confirm the bidder possesses the experience listed above. Bidders must provide firm names, addresses, contact names, telephone numbers, and email addresses.

Failure to meet the Minimum Qualifications will result in a bid being found non-responsive and eliminated from consideration.

4.0 DETAILED SPECIFICATIONS AND DEFINITIONS

This Section describes the Blood Collection Device that is required to be provided by the selected bidder. The selected bidder must be able to provide all requested service and product throughout the five-year contract term.

The following specifications refer to the first year of the contract. Quantity and design for all subsequent years is estimated to be largely the same. However, DOH reserves the right to make design changes for subsequent years of the contract. Basic design of the form, form size, and filter paper position of the Blood Collection Device may change.

Newborn screening relies on collection of dried blood taken from the baby via a heel stick. The device is currently a 4-part form with a tear-off tab, the pink copy contains information about the screening and is given to the mother to keep with her baby's records at home. The green copy is for the hospital to maintain in the infant's medical record as evidence the screen was collected. The form has 2 white copies, one to write demographic information necessary for testing, identification of the baby's physician and hospital of birth. This form has a carbon for the second white form, which contains 5 10-mm circles for placement of the infant's blood. This card with a specifically manufactured filter paper becomes the

"specimen". The lab identification number is printed on all copies of the form to establish and maintain chain of custody.

1. **Redesign:** The Contractor must assist the DOH in redesigning the blood collection device, Attachment D (Sample Collection Form), with input from DOH program staff. The redesign will include revisions to copy only that are detailed below. Additional changes may be proposed "upon request" by DOH and the successful bidder must submit a unit price in the event the DOH exercises their option to request additional changes. All design changes will be the property of DOH.

2. **Size of the blood collection device**:

   Note: Parts 1-4 and Part 6 may need to be enlarged to no larger than 6" X 9" upon request of DOH. See Attachment B - Bid Form.

   - Part 1 - 7-1/2" x 4" (overall size)
   - Part 1b - 7-1/2" x 4" (overall size; upon request by DOH)
   - Part 2 - 7-5/8" x 4" (overall size)
   - Part 3 - 8-7/8" x 4" (overall size)
   - Part 4 - 7-5/8" x 4" (overall size)
   - Part 5 - 2-1/4" strip of filter paper glued to the right edge of Part 4. Visible strip from right edge of Part 4 to right edge of filter paper 1.25". Perforation to right edge of filter paper 1-7/32".
   - Part 6 - 11-1/2" x 4" (overall size)

   Overall sizes listed above include ½" stubs at left.

   Overall size is to allow placement of collection instrument into a standard legal-size envelope and is not to exceed above measurements.

3. **Production:** Working with the existing design and with either **WHATMAN 903** or **AHLSTROM 226 U.S. Food and Drug Administration ("FDA") Approved Filter Paper**, **Blood Collection Device**, the contractor will produce an estimated 400,000 blood collection forms annually (an estimated 2,000,000 devices over the contract period).

4. **Stock**:
   - Part 1 - 15 lb. - pink sulphite bond
   - Part 1b - 15 lb. - blue carbonless sulphite bond (upon request by DOH)
   - Part 2 - 15 lb. - white CB, carbonless bond.
   - Part 3 – 14.5 lb. - green CFB, carbonless bond.
   - Part 4 - 105 lb. - white tag CF
   - Part 5 – 2-1/4" strip of white filter paper glued to the right edge of Part 4 **(Whatman 903 Filter Paper or Ahlstrom 226 Filter Paper)**. A single lot must be used for each annual print run, no more than one lot per year.
   - Part 6 – 28 lb. white ledger paper.

5. **Composition**: **Include all required regulatory copy and graphics:**

   Contractor to set all type. All parts print two sides.

   Fronts:
   - Part 1, copy different, about 30 lines of type.
   - Part 1b, copy different (upon request by DOH).
   - Parts 2 and 3 prints alike and there is printing on the extra 1.25" of part 3 on the right-hand

side.
- Part 4 is different.
- Part 5 is different.
- Part 6 (2 lines of copy).

Backs:
- Parts 1 & 3 (5 lines of copy).
- Part 1b (5 lines of copy); (upon request by DOH)
- Part 2 (6 lines of copy).
- Part 4 (2 lines of copy & 1 line of required regulatory information).
- Part 5 (blank)**.**
- Part 6 - different (about 50 lines of vertical copy & about 15 lines of horizontal copy & military time conversion chart (vertical). Blood spot instruction graphics and required regulatory information included. Address to be sent included.

Data boxes on the front of all parts are to be maintained approximately 3/16" wide and 1/4" high, open-ended format, unless indicated otherwise on dummy.

6. **Layout:** The layout is to be maintained as indicated and is not to be repositioned by the contractor except as approved in writing by DOH program staff. Any questions regarding placement and possible repositioning must be directed to the Newborn Screening Program prior to contractor's preparation of first proof.

7. **Presswork and Ink**:

   Front All parts - Black ink plus instructions in Red.

   Back
   - Parts 1, 2, 3 & 4 - Gray or screened black to prevent show thru.
   - Part 5 – Black
   - Part 6 - Black and Red.

   All lithographic inks used in the production of State printing requirements must contain the following minimum percentages of vegetable oil: News Inks - 40%; Sheet Fed Inks - 20%; Forms Inks - 20%; Heat Set Inks - 10%.

8. **Fold**: Part 6 - Folds 2-3/8" from right side to form a wraparound flap over form.

9. **Corner cut**: Upper right-hand corner of part 1 only.

10. **Perforations**: Part 5 - Perforated 1-7/32" from right hand side.

11. **Stub perforation**: All parts individually glued and vertically perforated at the left-hand side. Perforation should not come apart under normal handling.

12. **Numbering**: Consecutively pre-numbered with a check digit feature (MOD 7). Start number shall be supplied by the DOH after contract award with the accompanying check - digit generated by the contractor in the ninth position. Crash imprinting is optional.

    The 8-digit sequence number with check digit feature shall be increased by +1 on each successive form and shall be printed in human-readable form to conform to the dimensions in #13a below. The 8-digit sequence number with check digit feature in human-readable form shall be printed on all parts of the instrument, **INCLUDING ON THE STRIP OF FILTER PAPER**. There shall be no duplication of the pre-printed 8-digit sequence number.

    Note: Check digit feature cannot calculate to 0 (zero).

With each shipment, contractor is to furnish DOH with a shipping manifest indicating the number of cartons in shipment, listing each carton and the form numbers contained therein, and specifically listing any missing numbers. Vendor will submit the last 9-digit sequence number printed to the Agency in writing as soon as printing is completed.

Range of Lab ID#s shall be hand-written in upper corner of each box of 600 devices and carton of 8 boxes for identification of contents.

Agency will supply the vendor with the beginning number once the contract has been awarded.

13. **Bar code**: The barcode to be printed on the blood collection device instruments MCH-3 must follow the following standards:

    a. The barcode shall be 2-3/8" wide by 3/8" high with a concentration of not greater than 8 characters per inch. The barcode plus human-readable digits shall be about 16-point font, no greater than 2-3/16" wide x 9/16" high.

    b. The barcode shall be produced by mechanical head transfer and follow the format of Code 39 Barcode (also known as Code 3 of 9).

    c. The barcode shall be printed on the front side on white background on Part 4 only to give maximum contrast. Printing ink is to be of the best quality and color shall be black only. Density of print is to be checked to assure density equivalent to other 100% black print densities.

    d. The barcode shall consist of 3 fields as follows:
        1) Start character (*).
        2) User defined data field of 9 characters in length: 8-digit sequence number to be provided by Agency; increment 1 (NOTE: The eighth position check digit MUST be replicated in bar code).
        3) Stop character (*).

4.1 Bid Requirements

Bidder must provide a per unit price, inclusive of each part number listed in Section 4.0 (Detailed Specifications and Definitions), including all shipping, handling and freight charges as defined in Section 4.3 (Estimated Quantities and Delivery Requirements), and all other un-defined costs associated with the manufacturing and delivery of the Blood Collection Device. To be completed using Attachment B (Bid Form) of this IFB and submitted according to Section 6 (Bid Format and Content).

4.2 Product or Service Requirement

Prior to a full production run, a minimum of three sample devices shall be provided to the DOH Newborn Screening Program staff as proof of quality and accuracy of the device features. **No full production of devices shall be initiated until the Newborn Screening Program approves the proofs in writing.**

4.3 Estimated Quantities and Delivery Requirements

The Blood Collection Devices will be required to be delivered in shipments of 100,000 to 200,000, an estimated two to four times annually in accordance with the instructions listed within the State issued Purchase Order.

The quantities referred to in the immediately-preceding paragraph are estimates only and are based upon the quantities required for a five-year period. However, the contract shall be for the amount ordered during the contract period. The DOH reserves the right to increase or decrease quantities as it

deems necessary.

The delivery of Blood Collection Devices will be called for as needed and delivered to either Location 1 OR Location 2 as instructed within each Purchase Order.

Location 1:
NYS DOH Wadsworth Center
c/o Distribution Management
Northeastern Industrial Park
Bldg. 11, Bay 5
Guilderland, NY 12242

Location 2:
NYS DOH Wadsworth Center
David Axelrod Institute
120 New Scotland Avenue
Albany, NY 12208

Upon contractor's receipt of a DOH-issued Purchase Order, the contractor shall be prepared to ship and deliver the requested number of devices within 16 weeks from date of the Purchase Order. Dock hours for delivery are Monday-Friday, 8am-2pm. Devices are to be packaged in sealed, see-through packs of 100, then 600 devices (or 6 packs) per box, and 8 boxes per carton. Cartons should be stacked on pallets not more than 3 cartons high. The vendor will provide a shipping manifest indicating number of cartons in the shipment, listing each carton and the device numbers contained therein, and specifically listing any missing numbers. Vendor will submit the last 9-digit sequence number printed to the DOH in writing as soon as printing is completed. The range of Lab ID#s shall be hand-written in upper corner of each box of 600 devices and carton of 8 boxes for identification of contents.

4.4 Minimum Order

There is no minimum order.

4.5 Payment

Payment of invoices and/or vouchers submitted by the successful Bidder pursuant to the terms of the Contract entered into pursuant to this IFB by the DOH shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be: The Contractor will submit invoices within 30 days of a delivery, accompanied by a New York State Claim for Payment (Form AC3253-S) to ensure payment. Claims for Payment received without the required documents will be held until the required documents are received and reviewed for accuracy and completeness. Once approved by the DOH, payment will be issued accordingly.

4.6 Subcontracting

No subcontracting is allowed.

4.7 Contract Insurance Requirements

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

4.8 Minority & Woman-Owned Business Enterprise Requirements

Pursuant to NYS Executive Law Article 15-A, the DOH recognizes its obligation to promote opportunities for maximum feasible participation of certified minority- and women-owned business enterprises and the employment of minority group members and women in the performance of DOH contracts.

For purposes of this IFB, DOH hereby establishes an overall goal of 0% for Minority- and Women-Owned Businesses ("MWBEs") participation, 0% for Minority-Owned Business Enterprises ("MBE") participation and 0% for Women-Owned Business Enterprises ("WBE"), based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms.

NYS-certified MWBEs may request that their firm's contact information be included on a list of MWBE firms interested in serving as a subcontractor for this procurement. The listing will be publicly posted on the DOH's website for reference by the bidding community. A firm requesting inclusion on this list should send contact information and a copy of its NYS M/WBE certification to amgrp@health.ny.gov before the Deadline for Questions as specified in Section 1 (Calendar of Events). Nothing prohibits an MWBE Vendor from proposing as a prime contractor.

Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

4.9 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.

5.0 ADMINISTRATIVE INFORMATION

The following administrative information will apply to this IFB. Failure to comply fully with this information may result in disqualification of your bid.

5.1 Restricted Period

"Restricted period" means the period of time commencing with the earliest written notice, advertisement, or solicitation of a Request for Proposals ("RFP"), Invitation for Bids ("IFB"), or solicitation of proposals, or any other method for soliciting a response from Bidders intending to result in a procurement contract with DOH and ending with the final contract award and approval by DOH, and, where applicable, final contract approval by the OSC.

This prohibition applies to any oral, written, or electronic communication under circumstances where a reasonable person would infer that the communication was intended to influence this procurement. Violation of any of the requirements described in this Section may be grounds for a determination that the Bidder is non-responsible and therefore ineligible for this contract award. Two violations within four years of the rules against impermissible contacts during the "restricted period" may result in the violator being debarred from participating in DOH procurements for a period of four years.

Pursuant to State Finance Law §§ 139-j and 139-k, the DOH identifies a designated contact on face page of this IFB to whom all communications attempting to influence this procurement must be made.

5.2 Questions

There will be an opportunity available for submission of written questions and requests for clarification pertaining to this IFB. All questions and requests for clarification of this IFB should cite the relevant IFB, IFB number, section, and paragraph number where applicable and must be submitted via email to krystal.benninger@health.ny.gov. It is the Bidder's responsibility to ensure that email containing written questions and/or requests for clarification is received at the above address no later than the Deadline for Submission of Written Questions as specified in Section 1.0 (Calendar of Events). Questions received after the deadline may **not** be answered.

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 listed in Section 1.0 (Calendar of Events). Modifications to this IFB shall be made by issuance of amendments and/or addenda.

Prior to the Deadline for Submission of Bids, any such clarifications or modifications as deemed necessary by DOH will be posted to the DOH website.

If the Bidder discovers any ambiguity, conflict, discrepancy, omission, or other error in this IFB, the Bidder shall immediately notify DOH of such error in writing at amgrp@health.ny.gov and request clarification or modification of the document.

If, prior to the Deadline for 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. If awarded the contract, the Bidder shall not be entitled to additional compensation by reason of the error or its correction.

5.4 DOH's Reserved Rights

The DOH 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 DOH'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 DOH'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 1.0 (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 DOH 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 DOH 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 DOH to the extent permitted by law. DOH 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 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 directed in Section 6.2.10 of this IFB.** If DOH agrees with the proprietary claim, the designated portion of the 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, bidders may request a debriefing of their bid. Please note the debriefing will be limited only to the vendor's bid and will not include any discussion of other bids. Requests must be received no later than fifteen (15) business days from date of award or non-award announcement.

5.7 Protest Procedures

In the event unsuccessful bidders wish to protest the award resulting from this IFB, bidders should follow the protest procedures established by the OSC. These procedures can be found in Chapter XI Section 17 of the

Guide to Financial Operations ("GFO"). Available on-line at: http://www.osc.state.ny.us/agencies/guide/MyWebHelp/

5.8 Piggybacking

NYS 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 to consent to the use of this contract by other StateAgencies, and other authorized purchasers, subject to conditions and the Contractor's consent.

6.0 BID FORMAT AND CONTENT

The following includes the requested format and information that should be provided by each Bidder. Bidders responding to this IFB must satisfy all requirements stated in this IFB. All Bidders are requested to submit complete Bid packages. A bid that is incomplete in any material respect may be rejected.

To expedite review of the bids, Bidders are requested to submit 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 submissions to the shortest length consistent with making a complete presentation of qualifications.

DOH 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 Bid Package is to demonstrate the qualifications, competence, and capacity of the Bidder to provide the commodity or services contained in this IFB. A Bid Package that is incomplete in any material respect will be eliminated from consideration. The following outlines the required information to be provided, in the following order, by Bidders. The information requested should be provided in the prescribed format. Responses that do not follow the prescribed format may be eliminated from consideration. All responses to the IFB are subject to verification for accuracy.

6.1.1 Bidder's Minimum Qualifications to Propose

Bidders must submit a narrative describing how they meet the Minimum Qualifications as described in Section 3.0 and listed below. The narrative should not exceed five (5) single-spaced pages.

- Bidder must have a minimum of three (3) years of experience working with a public health laboratory to design, produce and deliver blood collection devices used for the drying and shipping of neonatal blood specimens.

- Bidder must submit three (3) references using Attachment 9 (References), that can confirm the bidder possess the experience listed above. Bidders must provide firm names, addresses, contact names, telephone numbers, and email addresses. The DOH will verify references.

6.1.2 Bid Form – Attachment B

Bidder must submit a completed and signed 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 may result in disqualification.

Bidder must propose an all-inclusive Total bid price, comprised of each unit yearly price that will cover the costs related to furnishing all of the services or products specified in this IFB as mentioned in Section 4.1 (Bid Requirements).

6.1.3 Bidder's Certified Statements

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. DOH reserves the right to reject a bid that contains an incomplete, unsigned or no 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. DOH recommends that vendors 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 https://www.osc.state.ny.us/state-vendors/vendrep/vendrep-system.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the OSC Help Desk at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us.

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website, www.osc.state.ny.us/vendrep, or may contact the OSC's Help Desk for a copy of the paper form. Bidders should complete and submit the Vendor Responsibility Attestation.

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 Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination

Submit Attachment 11 (New York State Department of Health Executive Order 177 Certification) certifying that it 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 Human Rights Law.

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

Submit Attachment 12 certifying the status of their business operations in Russia, if any, pursuant to 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 MWBE IFB Required Forms).

6.2.7 Encourage Use of New York Businesses in Contract Performance

Submit Attachment 6 (Encouraging Use of NYS Businesses in Contract Performance) to indicate which NYS Businesses you will use in the performance of the contract.

6.2.8 State Finance Law Consultant Disclosure Provisions

In accordance with NYS Finance Law Section 163(4)(g), State agencies must require all contractors, including subcontractors, that provide consulting services for State purposes pursuant to a contract to submit an annual employment report for each such contract.

The successful bidder for procurements involving consultant services must complete a "State Consultant Services Form A, Contractor's Planned Employment From Contract Start Date through End of Contract Term", in order to be eligible for a contract.

The successful winning bidder must also agree to complete a "State Consultant Services Form B, Contractor's Annual Employment Report" for each state fiscal year included in the resulting contract. This report must be submitted annually to the DOH, the OSC, and Department of Civil Service.

State Consultant Services Form A: Contractor's Planned Employment and Form B: Contractor's Annual Employment Report may be accessed electronically at: http://www.osc.state.ny.us/agencies/forms/ac3271s.doc and http://www.osc.state.ny.us/agencies/forms/ac3272s.doc.

6.2.9 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 State and local sales and compensating use taxes. The law applies to contracts where the total amount of a contractor's sales delivered into the 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 the 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 Stateand 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 DOH 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 NYS Department of Taxation and Finance's website, available through this link: http://www.tax.ny.gov/pdf/publications/sales/pub223.pdf.

Forms are available through these links:

- ST-220 CA: 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

6.2.10 Freedom of Information Law – Bid Redactions

Bidders must clearly and specifically identify any portion of their bid that a Bidder believes constitutes proprietary information entitled to confidential handling as an exception to the Freedom of Information Law, Section 5.5 (Freedom of Information Law).

6.2.11 References

Provide references using Attachment 9 (References) for three customers who can speak to Bidder's experience length of time and depth of experience working with a public health laboratory to design, produce and deliver blood collection devices used for the drying and shipping of neonatal blood specimens. Provide firm names, addresses, contact names, telephone numbers, and email addresses.

7.0 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.

	Electronic Submission
Bid Package	Electronic package may be sent to nbsinfo@health.ny.gov

Submit a complete bid via email to nbsinfo@health.ny.gov, with the subject: "Bid Proposal, Blood Collection Device, IFB #20227." Attn: Krystal Benninger Forms Bid.

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 #20227, 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 be signed and scanned or digitally signed.
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 DOH, 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

Bidders choosing not to bid are requested to complete the No-Bid Form, Attachment 2, and submit 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 DOH.

8.0 METHOD OF AWARD

At the discretion of the DOH, all bids may be rejected. The DOH will award one contract as described in this IFB to the responsible and responsive Bidder who offers the lowest total bid price.

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

A completed final version of Attachment C (Sample Notice of Contract Award) will accompany the winning bidder's letter of award notification and will apply to each subsequent state purchase order placed against the approved contract.

8.1 General Information

Once a Bidder is selected, the DOH will issue a contract to the vendor. In order to be considered responsible and responsive, the bid must include all documents, and meet the minimum qualifications, as stated in and required by this IFB.

Bidders may be requested by DOH to clarify the contents of their bids. Other than to provide such information as may be requested by DOH, 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

DOH will examine all bids that are received in a proper and timely manner. The bid containing the lowest total price offered 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). The Department will verify references prior to award, as stated in the Minimum Qualifications to Bid (Section 3.0).

8.4 Award Recommendation

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

DOH 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 C (Sample Notice of Contract Award), to provide the required services as specified in this IFB. The resultant contract shall not be binding until fully executed and approved by the NYS AG and OSC.

9.0 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 Determination
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 Required Forms & 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 Contracts with Businesses Conducting Business in Russia

The following Attachments are included in this IFB:

A Bid Submittal Document Checklist
B Bid Form
C Sample Purchase Agreement Contract Notice of Award
D Sample Collection Form

ATTACHMENT A - BID PACKAGE CHECKLIST

Please reference Section 7.0 for the appropriate format and quantities for proposal submission.

IFB # 20227 – BLOOD COLLECTION DEVICE		
FOR THE MANDATORY BID REQUIREMENTS		
IFB §	**REQUIREMENTS**	**INCLUDED**
§ 6.1.1	Documentation of Bidder's Eligibility – narrative and references	☐
§ 6.1.2	Bid Form (Attachment B)	☐
§ 6.1.3	Bidder's Certified Statements (Attachment 7)	☐
OTHER BID DOCUMENTS		
§ 6.2.1	Disclosure of Prior Non-Responsibility Determinations (Attachment 1)	☐
§ 6.2.2	Vendor Responsibility Attestation (Attachment 3)	☐
§ 6.2.3	Vendor Assurance of No Conflict of Interest or Detrimental Effect (Attachment 4)	☐
§ 6.2.4	EO 177 Prohibiting Contracts with Entities that Support Discrimination (Attachment 11)	☐
§ 6.2.5	EO 16 Prohibiting Contracts with Entities Conducting Business in Russia (Attachment 12)	☐
§ 6.2.6	Attachment 5 - M/WBE Participation Requirements:	☐
	Attachment 5 - Form 1	☐
	Attachment 5 - Form 2 (If Applicable)	☐
	Attachment 5 - Form 4	☐
	Attachment 5 - Form 5 (If Applicable)	☐
§ 6.2.7	Encouraging Use of New York Businesses (Attachment 6)	☐
§ 6.2.8	State Finance Law Consultant Disclosure	☐
§ 6.2.9	Sales and Compensating Use Tax Certification	☐
§ 6.2.10	FOIL	☐
§ 6.2.11	Attachment 9 – References	☐

ATTACHMENT B – BID FORM

PROCUREMENT TITLE: Blood Collection Device

IFB #20227

	NEWBORN SCREENING BLOOD COLLECTION DEVICE Estimated Devices Per Year 400,000. Estimated Total Devices Over 5 Years 2,000,000.	
	Item Description	**Unit Price**
1	Blood Collection Device with revisions to copy only (Part 1, Part 2, Part 3, Part 4, Part 5, and Part 6; all Parts are the sizes listed in 4.0 Detailed Specifications and Definitions)	**$**
2	Blood Collection Device with a new Part 1b – 15 lb. - blue CFB, carbonless bond to document parental consent. (Part 1, Part 1b [not yet designed], Part 2, Part 3, Part 4, Part 5, and Part 6; all Parts are the sizes listed in 4.0 Detailed Specifications and Definitions)	**$**
3	Blood Collection Device enlarged to no larger than 6" x 9" to allow for an additional circle(s) to apply blood (Part 1, Part 2, Part 3, Part 4, Part 5, and Part 6, but each Part is enlarged to no larger than 6" X 9" to accommodate additional circles)	**$**
4	Blood Collection Device incorporating the extra page of 15 lb.-blue CFB, carbonless bond (Part 1b) to document parental consent and enlargement to no larger than 6" x 9" to allow for an additional circle(s) to apply blood (Part 1, Part 1b [not yet designed], Part 2, Part 3, Part 4, Part 5, and Part 6, but each Part is enlarged to no larger than 6 "X 9" to accommodate additional circles)	**$**
	Total Bid Price equals all Unit Prices combined	**Total Bid Price: $**

Bidder is to provide a Blood Collection Device unit price inclusive of all components, including shipping, handling and freight charges as defined within Section 4.0 – 4.3 Bid Requirements.

There is no guarantee of actual order quantities.
Payment shall be based upon the actual amount ordered.

Failure to complete and submit this Bid Form with the Bid will result in disqualification.

_____

Signature of Bidder's Authorized Representative **Date**

Printed Name of Signatory:

_____

Title:

_____

Company Name:

_____

Email Address:

_____

Telephone Number:

_____

ATTACHMENT C – NOTICE OF CONTRACT AWARD PURCHASE AGREEMENT

Contract Number	Title	Commodity Group	
PA	**BLOOD COLLECTION DEVICE**	**34104**	**Page 1 of 6**

Vendor Information

Contractor Name	Web Address	NYS Vendor ID Number	
TBD			
Address	City	State	Zip Code

Contract Information

Contract Period	Total Contract Value	Contract Approval Date
TBD	TBD	TBD

Vendor Contact for Placing NYS Contract Orders

Name	Title	E-Mail
Telephone Number	Alternate Telephone	Fax Number

Vendor Contact for Contract Issues

Name	Title	E-Mail
Telephone Number	Alternate Telephone	Fax Number

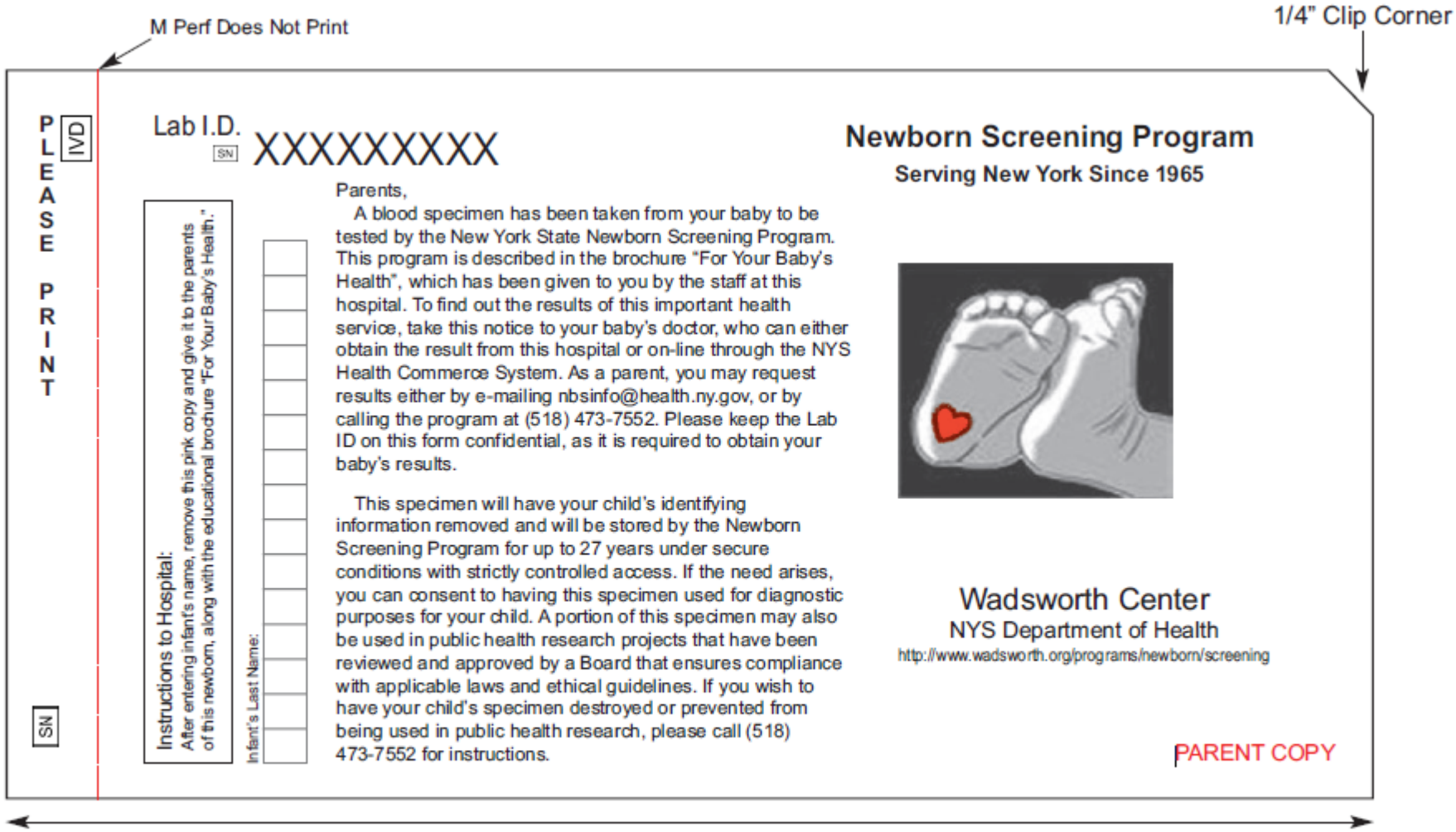
DOH Contract Contact Information

Name	Title	E-Mail	
TBD			
Telephone Number	Fax Number	Alternate E-Mail	
(518)	**(518)**		
Address	City	State	Zip Code
Wadsworth Center, PO Box 509	**Albany**	**NY**	**12237**

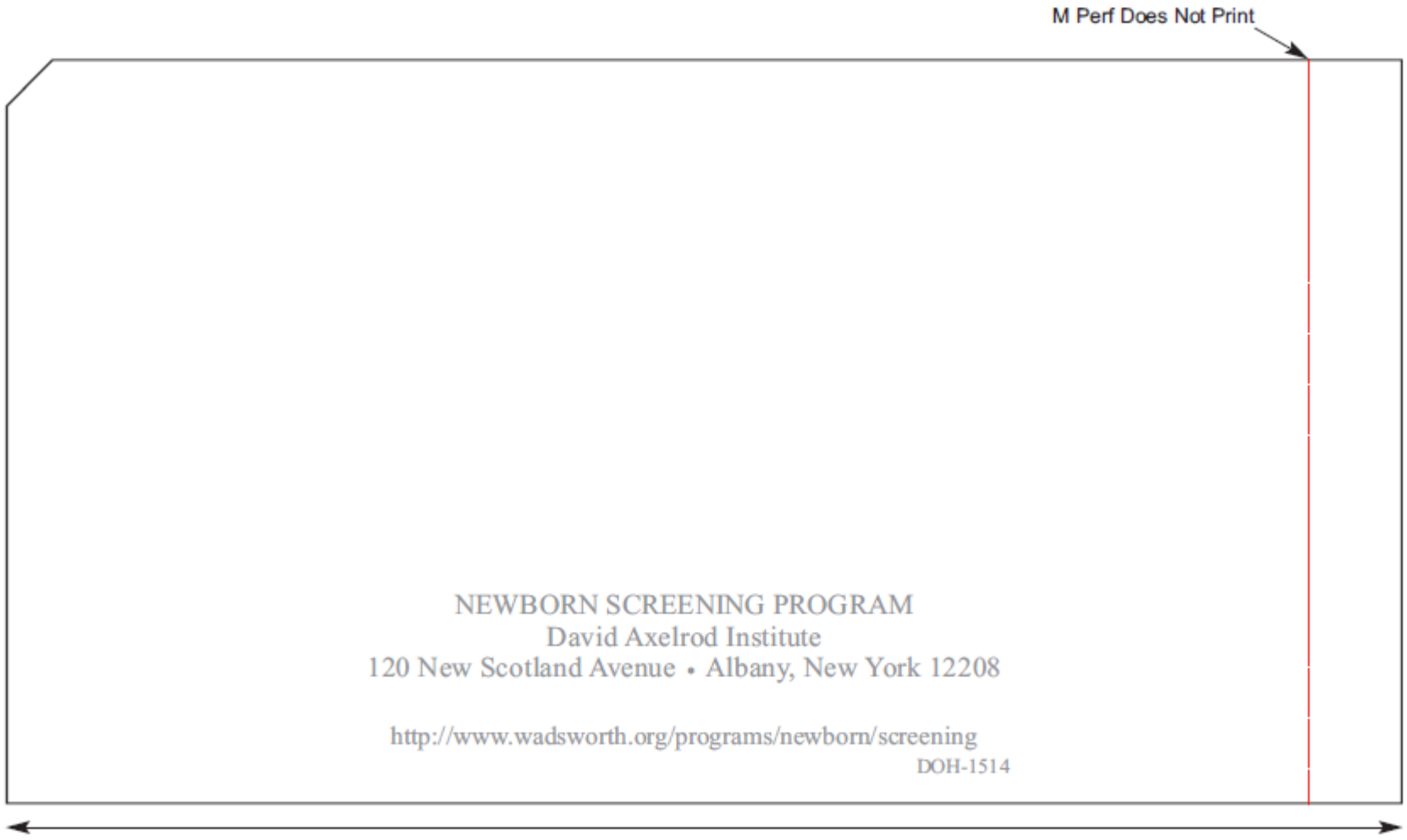
Contract Items				
Catalog Number	**Estimated Quantity [1]**	**Item Description**	**Unit of Measure**	**Price**
TBD	2,000,000	Newborn Screening Blood Collection Device	Each	TBD

[1] **Estimated Quantities are based on a 5-year contract term**

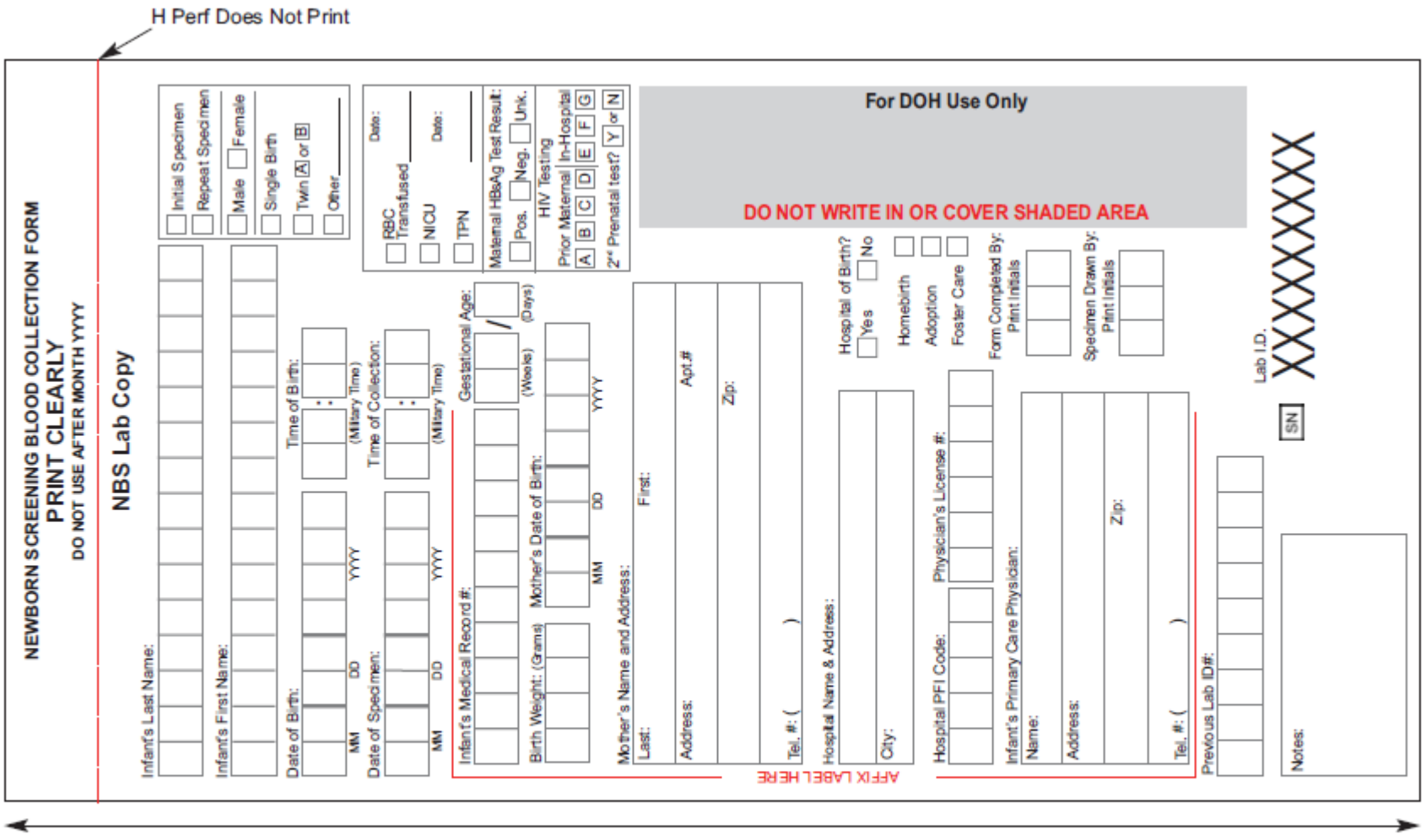
ATTACHMENT D – SAMPLE COLLECTION FORM



Part 1 - 15# Pink Bond - 4" x 7 1/2" (±1/16") - 101.6mm x 190.5mm
Prints Black & Red 185 Inks & Consecutive press numbers with Mod 7 DSR check digit
demographic boxes & lines 60% black

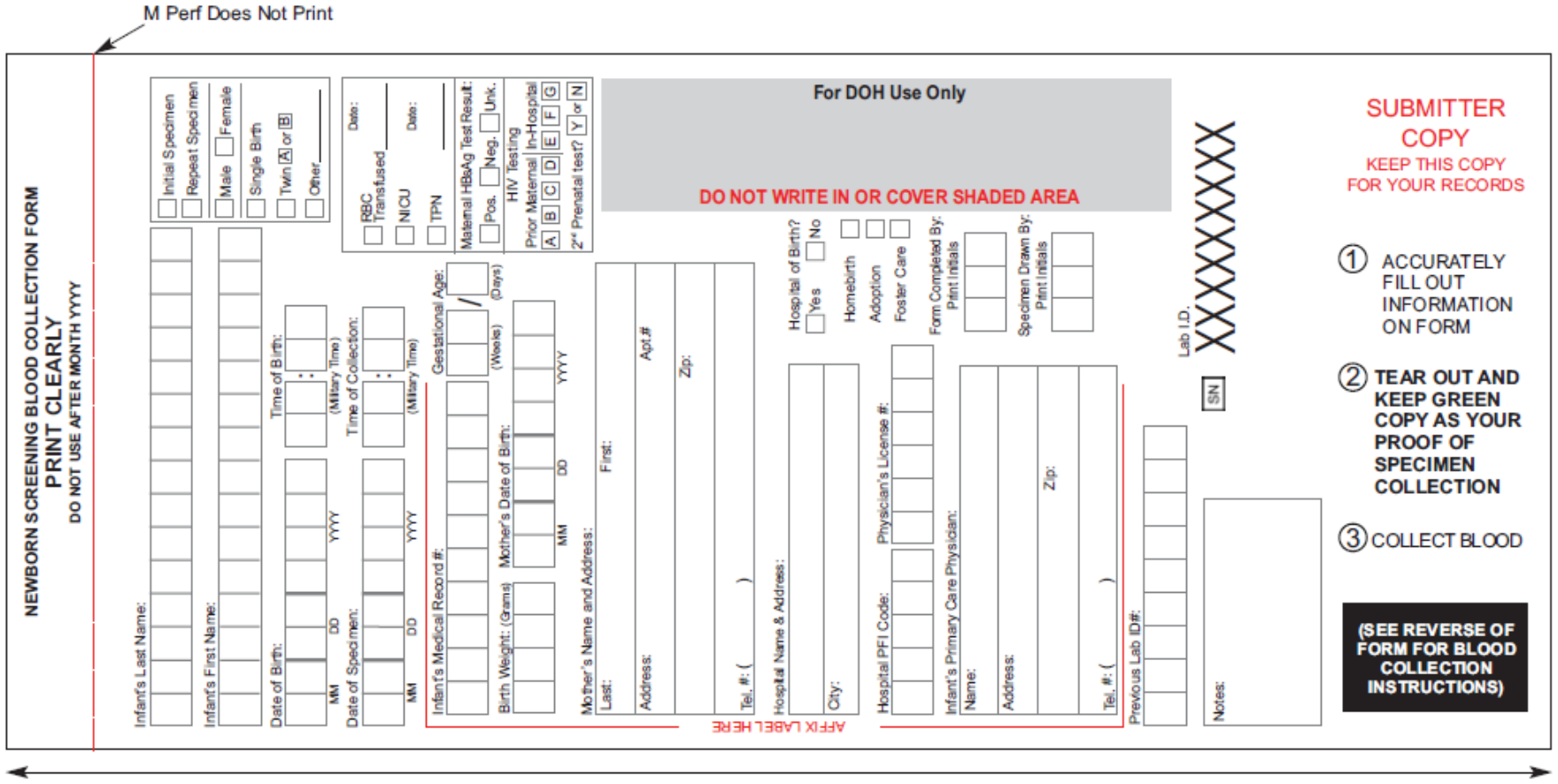


Part 1 Backer - Prints Black Ink - Screened 50%

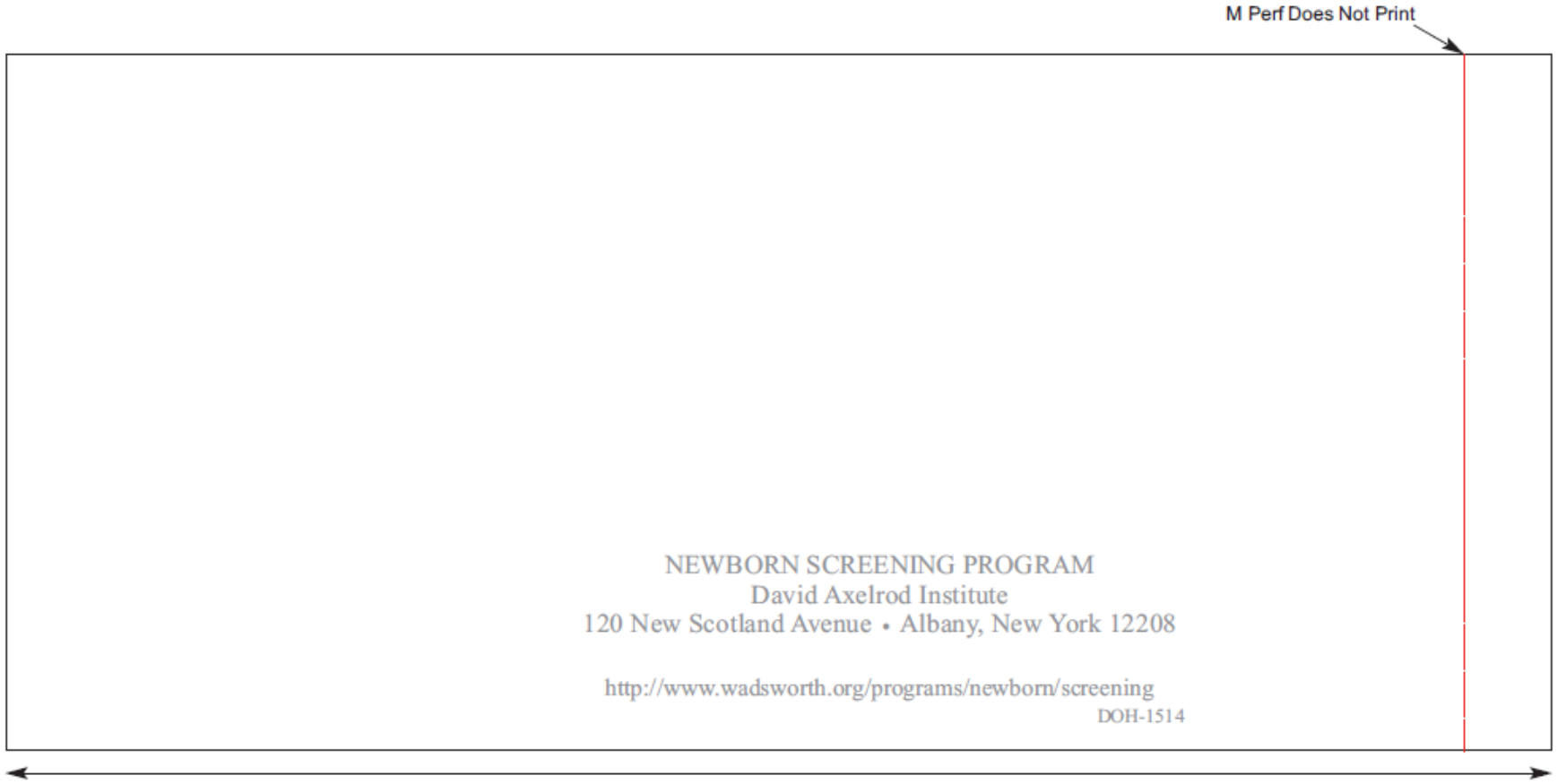


Part 2 - 16# White CB - 4" x 7 5/8" (±1/16") - 101.6mm x 193.7mm
Prints Black & Red 185 Inks & Consecutive press numbers with Mod 7 DSR check digit
Demographic boxes & lines 60% black, shaded area 20% black

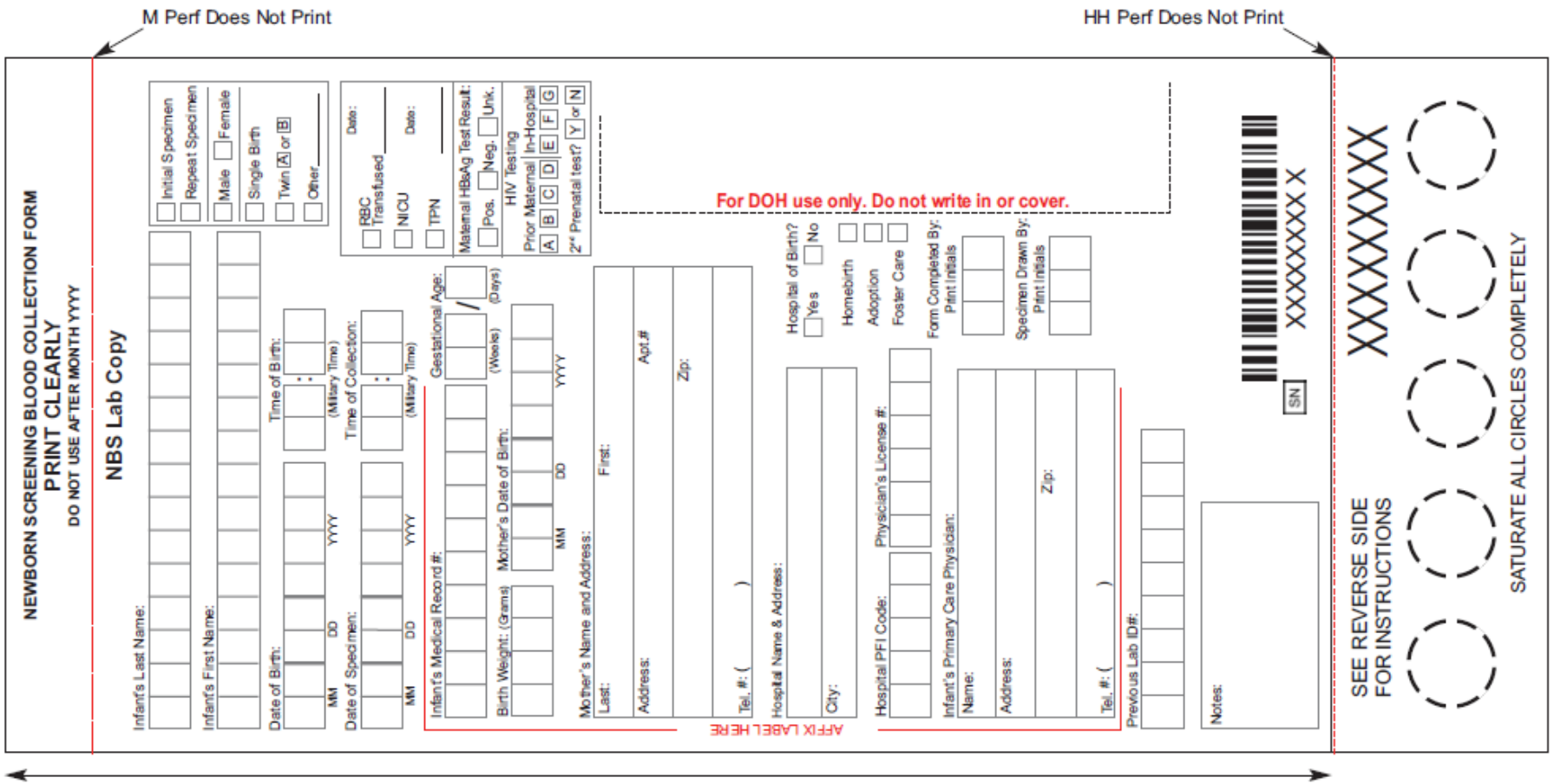
Part 2 Backer - Prints Black Ink - Screened 50%, shaded area 5%



Part 3 - 14.5# Green CFB - 4" x 8 7/8" (±1/16") - 101.6mm x 225.4mm
Prints Black & Red 185 Inks & Consecutive press numbers with Mod 7 DSR check digit
Demographic boxes & lines 60% black, shaded area 20% black

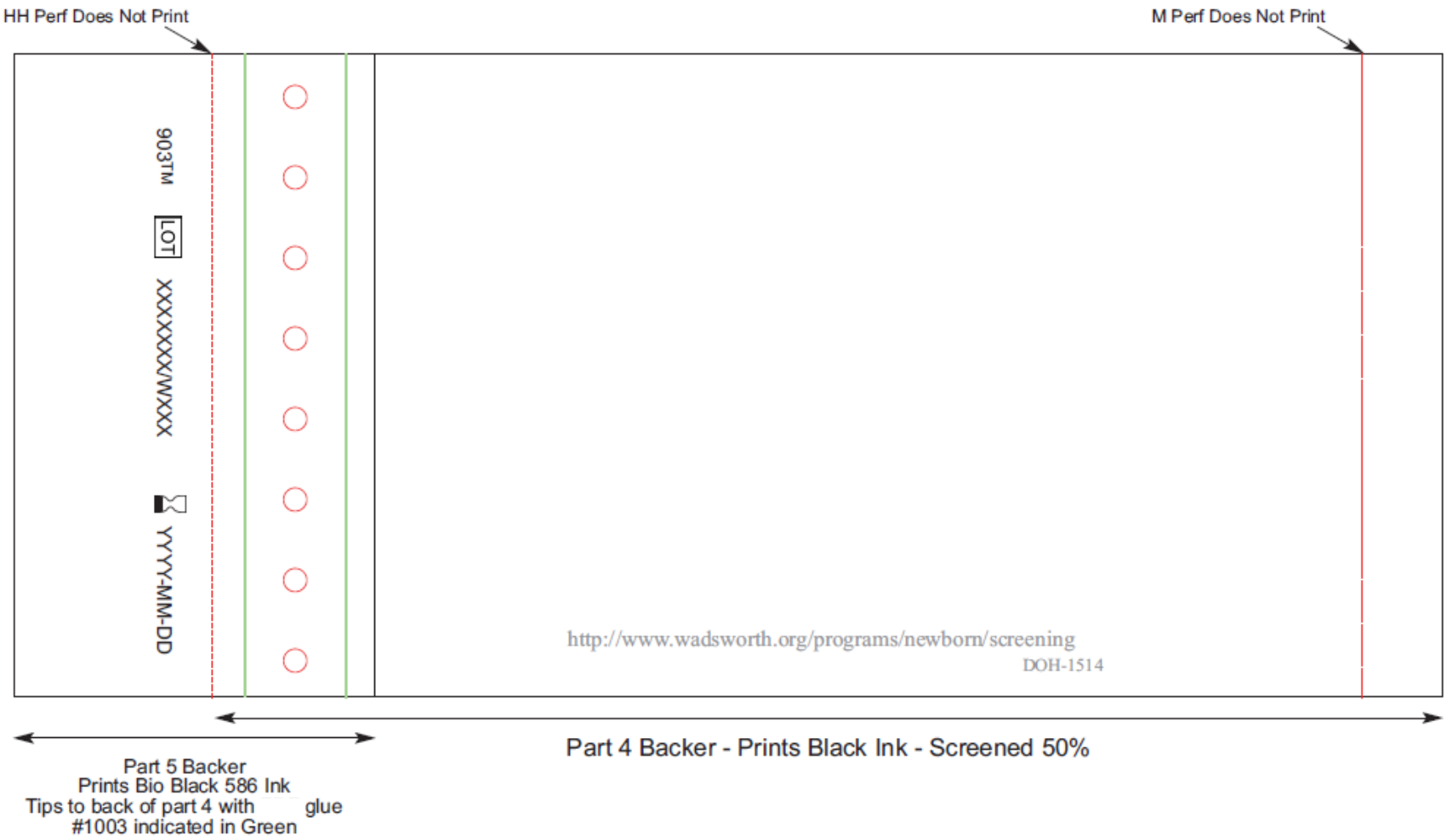


Part 3 Backer - Prints Black Ink - Screened 50%



Part 4 - 105# White CF - 4" x 7 5/8" (±1/16") - 101.6mm x 193.7mm
Prints Black & Red 185 Inks
Laser Barcode 128 with mod 7 DSR check digit
Demographic boxes & lines 60% black, shaded area 20% black

Part 5 - 903 Lot WXXX
4" x 2 1/4" (±1/16") - 101.6mm x 57.1mm
Prints Bio Black 586 Ink - Tips to back of Part 4 - Circle size: 12mm ID
Consecutive press numbers with Mod 7 DSR check digit


HH Perf Does Not Print
M Perf Does Not Print
903™
LOT
XXXXXXXWXXX
YYYY-MM-DD
http://www.wadsworth.org/programs/newborn/screening
DOH-1514
Part 4 Backer - Prints Black Ink - Screened 50%
Part 5 Backer
Prints Bio Black 586 Ink
Tips to back of part 4 with glue
#1003 indicated in Green


H Perf Does Not Print
Fold Part 6 over all Parts at Fold Perf Does Not Print
E Perf Does Not Print
ALLOW BLOOD SPOTS TO DRY THOROUGHLY BEFORE COVERING WITH PROTECTIVE FLAP.
Part 6 - 28# White Ledger - 4” x 11 1/2” (±1/16”) - 101.6mm x 292.1mm - Prints Black Ink

Part 6 Backer - Prints Black and Red 185 Inks