

Event Details

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
33912-0000013274	Sell	RFx	1
Event Round	Version		
1	1		
Event Name			
WMHI Plexiglass			
Start Time		Finish Time	
03/19/2024 14:17:58 CDT		04/19/2024 14:00:00 CDT	

Bidder: PUBLIC EVENT DETAILS

Submit To: Western Mental Health Inst.
Call for Shipping Information
United States

Contact: Nancy M Ternes
Phone: 615/253-4008
Email: Nancy.M.Ternes@tn.gov

Event Currency: US Dollar
Bids allowed in other currency: No

Event Description

This event is to bid for a one-time purchase for Plexiglass installation for agency: Tennessee Department of Mental Health Substance Abuse Services Western Mental Health Institute.

Specifications and terms & conditions are attached.

Agency Contact: Nancy Ternes at Nancy.M.Ternes@tn.gov

READ THE ENTIRE BID, including the Event Details, Specifications, and Terms and Conditions and any other attachments.

If the Review and bid on this event link included in the e-mail notification does not work, please go to https://sso.edison.tn.gov/psp/paprd/SUPPLIER/SUPP/h/?tab=PAPP_GUEST
Log in with your vendor ID and password in order to search bid opportunities.

NOTE: Need help with EDISON? Call the Edison HELP Desk at 866-376-0104 or 615-741-4357

Please do not wait until the last day to POST YOUR BID. The Edison system will sign you out after 30 minutes of inactivity. Your password expires EVERY 90 DAYS. It is the responsibility of the Edison User (bidder/vendor) to maintain their own profile information (Email address, phone numbers, address or contacts) and to continue to keep it current by logging into the Supplier Portal and making changes as needed.

Supplier Portal link: https://sso.edison.tn.gov/oaam_server/oaamLoginPage.jsp (Maintain supplier information)

Central Procurement Office Website:
<http://www.tn.gov/generalservices/section/central-procurement-office>

The website is constantly being updated with information to assist the agencies and vendors; you are encouraged to visit the website frequently.

General Questions

Question	UOM	Best	Worst	Response
I (we) agree to strictly abide by all the statutes and terms contained in the rules of the Department of General Services, Central Procurement Office, which are by reference made a part hereof, in addition to the special terms, conditions and specifications embodied in the invitation to bid.				
IMPORTANT: By Selecting YES, the bidder certifies compliance with the above and further certifies that this bid is made without collusion or fraud.		Yes		<input type="text"/>

Required: Yes Mandatory Response:Yes

Response Comments

Event Details (cont.)

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Question	UOM	Best	Worst	Response
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In preparing bid(s), all respondents shall comply with the requirements of Tenn. Code Ann. § 62-6-119 in providing the specified information within the sealed bids. Any bid not in strict compliance with the requirement of Tenn. Code Ann. § 62-6-119 shall be rejected.

Note: Submit additional subcontractor's information as an attachment to the bid comments.

For bids over \$25,000 requiring a contractor's license, Respondent shall provide the following for contractor and any subcontractors, if applicable:
Company's Tennessee State Contractor License Number
License Classification(s) Applicable to Bid
License Expiration Date

Required: Yes Mandatory ResponseNo

Response Comments

Please list your company's contractor's license number and expiration date.

Required: Yes Mandatory ResponseNo

Response Comments

We ask that you take a few short minutes to complete this survey. The purpose of this survey is to capture Respondents' assessments of CPO procurement processes. Your responses will remain anonymous, and will have no bearing or consideration on contract award.

<https://www.surveymonkey.com/r/stateoftncpocustomer>

Required: No Mandatory ResponseNo

Response Comments

Event Details (cont.)

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Question	UOM	Best	Worst	Response
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Please complete the attached form, included with the Terms and Conditions document, and attach all pertinent documentation regarding your company's efforts to achieve diversity business participation. This information must be submitted with the bid document and monthly thereafter until a reasonable level of diversity business participation is achieved. Confirm below that you have completed this attached form by choosing, "Yes."

Required: Yes Mandatory ResponseNo

Response Comments

The Respondent affirms the following statement, as required by the Iran Divestment Act Tenn. Code Ann. § 12-12-111: "By submission of this response, each Respondent and each person signing on behalf of any Respondent certifies, and in the case of a joint response each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each Respondent is not on the list created pursuant to Tenn. Code Ann. § 12-12-106." For reference purposes, the list is currently available online at:
<https://www.tn.gov/generalservices/procurement/central-procurement-office--cpo-/library-public-information-library.html>

Required: Yes Mandatory ResponseNo

Response Comments

Respondent shall list their company's Contact Person. The Contact Person shall be the contact person for all questions regarding the Purchase Order. Note: respondent may attach a list of alternate contact personnel to the bid comments.

Please enter the supplier contact person's information for this purchase order:
Contact Name
Address
Phone Number
Toll-Free Number
Mobile Phone Number
Email Address
Website URL

Required: Yes Mandatory ResponseNo

Event Details (cont.)

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Response Comments

Question	UOM	Best	Worst	Response
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Please attach documentation that reflects you are registered with the Department of Revenue for sales and use tax, as stated in the Terms and Conditions. If you are exempt, please provide a copy of the communication from the Department of Revenue supporting this exemption.

Required: Yes Mandatory ResponseNo

Response Comments

Please list the following information:

- List the Contract Administrator's Name
- List the Contract Administrator's Address
- List the Contract Administrator's Phone Number
- List the Respondent's Toll Free Phone Number
- List the Contract Administrator's Pager or Cell Number
- List the Contract Administrator's Email Address
- List the Respondent's Website

Required: Yes Mandatory ResponseNo

Response Comments

Please answer yes or no to the following. If YES, describe using additional pages and attach to the Response including any relevant details:

(a) is the Respondent presently debarred, suspended, proposed for debarment, or voluntarily excluded from covered transactions by any federal or state department or agency;

(b) has the Respondent within the past three (3) years, been convicted of, or had a civil judgment rendered against the contracting party from commission of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) is the Respondent presently indicted or otherwise criminally or civilly charged by a government entity

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(federal, state, or local) with commission of any of the offenses detailed above; and

(d) has the Respondent within a three (3) year period preceding the contract had one or more public transactions (federal, state, or local) terminated for cause or default.

Required: Yes Mandatory Response: No

Response Comments

The respondent shall indicate the standard warranty period.

List the Standard Warranty Period:

Required: Yes Mandatory Response: No

Response Comments

The respondent shall indicate whether or not they plan to sub-contract:

No: The respondent does not anticipate using a sub-contractor at this time and agrees to submit a request to subcontract during the contract period prior to using a subcontractor.

Yes: The bidder shall list the subcontractor(s):

Attach list of additional subcontractors to the bid, including the following for each subcontractor.

List the Sub-Contractor's Name
List the Sub-Contractor's Address
List the Sub-Contractor's Contact Person
List the Sub-Contractor's Phone Number

Required: Yes Mandatory Response: No

Response Comments

Associated Terms:

The Contractor shall not assign this Contract or enter into a subcontract for any of the goods or services provided under this Contract without obtaining the prior written approval of the Central Procurement Office. Notwithstanding any use of approved subcontractors, the Contractor shall be the prime contractor and shall be responsible for all work provided.

Event Details (cont.)

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Event Details (cont.)

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Event Currency: US Dollar
Bids allowed in other currency: No

Line Details

Line: 1 **Item ID:** **Line Qty:** 1 **UOM:** Each **Bid Qty:**

Required: Yes **Reserve Price:** No

Description: Installation of Plexiglass on six Nursing station Units

Question	UOM	Best	Worst	Response
What is the unit price of this item?				<input type="text"/>

Required: Yes **Mandatory Response:** No

Response Comments

Event Details (cont.)

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Bids allowed in other currency: No

Bidder Information

Firm Name:		
Name:	Signature:	Date:
Phone #:	Fax #:	
Street Address:		
City & State:	Zip Code:	
Email:		

Event Details (cont.)

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Appendix A - Line Specifications

Line: 1 **Item ID:** **Line Qty:** 1 **UOM:** Each

Description: Installation of Plexiglass on six Nursing station Units

Item Specifications

Manufacturer:			
Mfg Item ID:			
Item Length:	0	Item Height:	0
Item Width:	0	Dimension UOM:	
Item Volume:	0	Volume UOM:	
Item Weight:	0	Weight UOM:	
Item Size:		Item Color:	

Shipping Information

Schedule:	1	Ship To:	WESTERN MHI
Quantity:	1		11100 HIGHWAY 64
Due Date:	05/06/2024		BOLIVAR TN 38008
Freight Terms:			United States
Ship Via:	Best Option Available		

Event Details (cont.)

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Appendix B - Terms & Conditions

1. The undersigned acknowledges that all submitted information and documentation will become the property of the state of Tennessee. The undersigned also affirms that the information given above is true, accurate, and includes pertinent information necessary to identify and explain the operation of this organization to the best of my knowledge and is in no way misleading.
2. Should any data change in the future, the Supplier agrees to immediately submit the correct information electronically through the State's Supplier Portal.

If the information will be submitted in writing please mail to the following address:

Department of Finance and Administration
312 Rosa L. Parks Ave.
21st Floor Tennessee Tower
ATTN: Supplier Maintenance
Nashville, TN 37243

3. No person on the grounds of handicap or disability, age, race, color, religion, sex, national origin, creed, or any other classification protected by Federal and/or Tennessee State constitutional and/or statutory law shall be excluded from participation in, or denied benefits of, or be otherwise subjected to discrimination in the performance of the Contract or in the employment practices of the Contractor. The Contractor shall, upon request, show proof of such non-discrimination, and shall post in conspicuous places, available to employees and applicants, notices of non-discrimination.

Last Updated: 08/30/2016