



STATE OF TENNESSEE
DEPARTMENT OF TRANSPORTATION

REQUEST FOR INFORMATION
FOR
PRESCRIPTION PROTECTIVE EYEWEAR PROGRAM

RFI # 40100-51040
04/03/2023

1. STATEMENT OF PURPOSE:

The State of Tennessee, Department of Transportation issues this Request for Information ("RFI") for the purpose of obtaining information regarding the development of a prescription protective safety eyewear program. We appreciate your input and participation in this process.

2. BACKGROUND:

Numerous positions within the Department of Transportation require protective safety eyewear to perform certain tasks. For employees that already wear prescription lenses, over the glasses protective eyewear options are currently being utilized. However, we wish to move away from this approach and procure prescription protective safety eyewear so that these employees will have improved safety and comfort, especially during times of continued usage. This program will be statewide and cover each of the four regions to service approximately between 750-1,000 employees.

3. COMMUNICATIONS:

3.1. Please submit your response to this RFI to:
Lauren Shirey, Transportation Program Monitor 2
Tennessee Department of Transportation
James K. Polk Building, 5th Floor
505 Deaderick St., Nashville, TN 37243
TDOT.RFP@TN.GOV

3.2. Please feel free to contact the Department of Transportation with any questions regarding this RFI. The main point of contact will be:

Lauren Shirey, Transportation Program Monitor 2
Tennessee Department of Transportation
James K. Polk Building, 5th Floor
505 Deaderick St., Nashville, TN 37243
TDOT.RFP@TN.GOV

3.3. Please reference RFI # 40100-51040 with all communications to this RFI.

4. RFI SCHEDULE OF EVENTS:

EVENT		TIME (Central Time Zone)	DATE (all dates are State business days)
1.	RFI Issued		04/03/2023
2.	Questions & Comments Due	2:00 PM	04/10/2023
3.	State Responds to Questions & Comments		04/17/2023
4.	RFI Response Deadline	2:00 PM	04/28/2023

5. GENERAL INFORMATION:

5.1. Please note that responding to this RFI is not a prerequisite for responding to any future solicitations related to this project and a response to this RFI will not create any contract rights. Responses to this RFI will become property of the State.

5.2. The information gathered during this RFI is part of an ongoing procurement. In order to prevent an unfair advantage among potential respondents, the RFI responses will not be available until after the completion of evaluation of any responses, proposals, or bids resulting from a Request for Qualifications, Request for Proposals, Invitation to Bid or other procurement method. In the event that the state chooses not to go further in the procurement process and responses are never evaluated, the responses to the procurement including the responses to the RFI, will be considered confidential by the State.

5.3. The State will not pay for any costs associated with responding to this RFI.

6. INFORMATIONAL FORMS:

The State is requesting the following information from all interested parties. Please fill out the following forms:

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1. RESPONDENT LEGAL ENTITY NAME:

2. RESPONDENT CONTACT PERSON:

Name, Title:

Address:

Phone Number:

Email:

3. BRIEF DESCRIPTION OF EXPERIENCE PROVIDING SIMILAR SCOPE OF SERVICES/PRODUCTS

4. What styles of prescription protective safety eyewear do you offer that meet ANSI Z-87 standards? Frames, lenses, side shields, etc.

5. What experience, if any, do you have working with public entities such as State agencies or local governments?

6. What types of prescription protective safety eyewear programs do you currently offer?

7. How are prescriptions verified before processing?

8. How are the employees fitted for their choice of frames?

9. What is the typical replenishment cycle? How often should employees be eligible for new eyewear?

10. What is your replacement policy for damaged eyewear? Do you offer any warranties?

11. What is the typical turnaround time between ordering and receiving eyewear?

12. Explain your billing and payment process.

13. Explain the level of support that is provided from starting the program to managing the program throughout the life of the contract.

COST INFORMATIONAL FORM

1. Describe what pricing units you typically utilize for similar services or goods (e.g., per hour, each, etc.):

2. Describe the typical price range for similar services or goods

ADDITIONAL CONSIDERATIONS

1. Please provide input on alternative approaches or additional things to consider that might benefit the State: