



SEDGWICK COUNTY, KANSAS
DIVISION OF FINANCE

PURCHASING DEPARTMENT

525 N. Main, Suite 823 ~ Wichita, KS 67203

Phone: 316 660-7255 Fax: 316 383-7055

<http://sedgwickcounty.org/finance/purchasing.asp>

REQUEST FOR BID
#16-0006
DENTAL SUPPLIES

March 8, 2016

PURPOSE

Sedgwick County, Kansas, will be accepting proposals for Dental Supplies. It is anticipated that an official contract or purchase order will be issued after Board of County Commission approval of the recommended proposal. It should be noted, however, that the County cannot guarantee the purchase of services/products described herein.

SUBMITTALS

Carefully review this Request for Proposal. It provides specific technical information necessary to aid participating firms in formulating a thorough response. Should you elect to participate, submit one (1) complete original and one (1) electronic copy (CD or USB) of the Bid Response Form with any supplementary materials to:

ATTN: Kara Kingsley
Sedgwick County Purchasing Department
525 N. Main St., Suite 823
Wichita, KS 67203

SUBMITTALS are due **NO LATER THAN 1:45 p.m., CDT, Tuesday March 29, 2016.** Responses must be sealed and marked on the lower left-hand corner with the firm name and address, bid number, and bid due date. Late or incomplete responses will not be accepted and will not receive consideration for final award.

Bid responses will be acknowledged and read into record at bid opening which will occur at 2:00 p.m., on the due date.

QUESTIONS AND CLARIFICATIONS

All requests for clarifications of the RFB process and document content should be directed to Kara Kingsley at email kara.kingsley@sedgwick.gov. Questions are due **in writing** no later than 5 p.m. on March 15, 2016. Any questions of a substantive nature will be responded to in addendum form to be sent to all vendors no later than 5 p.m. on March 18, 2016.

Kara Kingsley
Purchasing Agent

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Proposal Response Form

A. **Background**

Sedgwick County, located in south-central Kansas, is the most populous of Kansas' 105 counties with a population estimated at more than 504,000 persons. It is the sixteenth largest in area, with 1,008 square miles, and reportedly has the second highest per capita wealth among Kansas' counties. Organizationally, the County is a Commission/Manager entity, employs nearly 2,800 persons, and provides a full range of municipal services; e.g., public safety, public works, criminal justice, recreation, entertainment, cultural, human/social, and education.

Sedgwick County's dental program is a full functioning, comprehensive dental office. Sedgwick County provides services for low-income, uninsured children ages 5-15 years old who do not qualify for state managed insurance and parents meet the poverty guidelines. Volunteer dentists provide all restorative work and Wichita State University dental hygiene students provide all preventive services. The estimated yearly spend, for dental supplies, will be \$25,000.00. That figure is purely an estimate and is not guaranteed. Overall low bid will be recommended for award.

B. **Scope Of Service and Pricing**

The specifications outlined in this document are based on Goetze Dental brands; they are intended to serve as minimum specifications and guidelines. Bidders responding to this document shall meet or exceed the specifications outlined. Bidders may bid any product/brand they choose. Pricing shall include shipping, delivery, handling, fuel and any additional charges. It is the goal to have one firm price. Provide information and specifications on all items bid if different than the listed item. The county reserves the right to add and remove items from this contract. If an item is added, a quote for the item will be obtained and a request to have that item added to the existing contract.

	Description	Part Number	UOM	Extended Cost
1	Optim 33TB Ready to use wipes SC			\$
2	Optim 33TB SC			\$
3	Procide D Glut 28qt MT			\$
4	Purevac 5 Liter (Suction Line Cleaner)			\$
5	Biopure 14oz Evac Restore/Maint Ket			\$
6	Septoderm Hand Soap			\$
7	Evac U Trap Disp (Suction)			\$
8	Quala Pouch 2.75x9			\$
9	Quala Pouch 3.5x5.25			\$
10	Quala Pouch 3.5x9			\$
11	Film Insight IP01 Polysoft			\$
12	Film Insight IP02 Polysoft			\$
13	Film Insight IP21 Polysoft			\$
14	Film Insight IP22 Polysoft			\$
15	Film Insight IP11 Paper			\$
16	Film Insight IP12 Paper			\$
17	Film Clean up 8x10			\$
18	Film Panorex T Mat G 5x12			\$
19	Developer & Fixer Air Techniques			\$
20	Formula 2000 Plus Air Techniques			\$
21	Adper Prompt L pop (giant pk)			\$
22	Clinpro Sealant Syringe Intro kt 3M			\$
23	Clinpro Sealant Syringe Refill w/tips 3M			\$
24	Quala Prebent Disp Tip 25ga Blue			\$
25	Fuji Triage Caps White RFL GC			\$
26	Applier III for Fuji Caps GC			\$

27	Cavity Conditioner GC			\$
28	Mixing Well for Cav Cond			\$
29	Fuji IX GP Caps Shade A2 Fast GC			\$
30	TPH3 Flow Compule Shade A2			\$
31	TPH3 Compule Shade A3.5			\$
32	TPH Spectra LV Compule Shade A2			\$
33	TPH Spectra LV Compule Shade A3			\$
34	Quala Applicator Tip Disp Reg (Bl/Gn)			\$
35	Quala Sponge Gauze 2x2			\$
36	Quala Sponge Gauze 4x4			\$
37	Cup Plastic 5oz Lavender			\$
38	Quala Towel Econoback Green (bibs)			\$
39	Quala Towel Econoback Blue (bibs)			\$
40	Bibeze Disp Bib Holder			\$
41	Dri Angle Small Plain			\$
42	Quala Saliva Ejector White			\$
43	Prophy Paste M Fun Pk Asst			\$
44	Hurriview Plaque Disclosing (Snapngo)			\$
45	Hurriview II 2tone unit dose Swab			\$
46	Platypus Ortho Flosser Pt 3pk			\$
47	Mirror Disposable Flecta			\$
48	Amalgam Carrier Milton			\$
49	Syringe Aspirating 1.8cc Milton			\$
50	Explorer 11/12			\$
51	Scaler Nevi #2 H/F Posterior			\$
52	Scaler Barnhart 1-2 #6HDL Quala			\$
53	Quala Chair Sleeve			\$
54	Quala Light Sleeve T Style			\$
55	Sanitip Gap A/W Tips (Bulk)			\$
56	Syringe Sleeve w/Opening (Air/Water)			\$
57	Septocaine 4% 1:200,000			\$
58	Polocaine 3%			\$
59	Lidocaine 2% 1:100,00			\$
60	Quala Topical Gel Anes Cherry 1oz			\$
61	Quala Topical Gel Anes Mint 1oz			\$
62	Quala Topical Gel Anes Bubblegum 1oz			\$
63	Aurelia Perform Nitrile PF Teal S Glove			\$
64	Aurelia Perform Nitrile PF Teal M Glove			\$
65	Aurelia Perform Nitrile PF Teal L Glove			\$
66	Aurelia Quest Nitrile PF M			\$
67	Quala Mask Cone Blue			\$
68	Quala Mask Earloop Blue			\$
69	Quala Prophy Paste M Bubblegum			\$
70	M1 Varnish Strawberry GC			\$

71	Nupro Neutral Sod Fluoride Rinse 64oz			\$
72	Act Anticavity Rinse Bubblegum 1oz			\$
73	Crest Toothpaste Kids Sparkle .85oz			\$
74	Floss Wild Flosser unit dose JJ			\$
75	SPS EMS Mail in Monitor (Autoclave)			\$
76	Door Gasket & Spacer PC (Autoclave)			\$
77	Omni Cleaner Plus 16oz (Autoclave)			\$
78	O Ring Vac Lid (Chairside Trap) 10pk			\$
79	ICX Water Tablets .7L			\$
80	Prophy Jet Nozzle (3pk)			\$
81	Prophy Jet Handpiece Sheath (3pk)			\$
82	Mirrorlite Intro Kit			\$
83	Diagnodent Type A Tip Kavo 4/pk			\$
84	Kavo Spray Cleaner Lube			\$
85	Midwest Plus Handpiece Lube 2oz			\$
86	Lip Essentials Nat Lip Balm			\$
87	Blue Etch Tips			\$
88	Black Flow Tips			\$
89	Prime & Bond NT Introductory Kit			\$
90	Needle 30 ga Short Plastic			\$
91	Trace Disclosing Tablets, Red			\$
92	Clinpro Sealant Refill w/tips			\$

C. **Contract Period, Termination and Payment Terms**

A one (1) year contractual period will begin after Board of County Commission approval of the recommended vendor with options to renew for two (2) additional one (1) year terms. The County reserves the right to cancel the contract and discontinue services with a thirty (30) day written notice as a result of the failure of the contracted proposer to provide acceptable services and reports as delineated in the response to this document, or if determined that services can be provided by County or other sources. In the event of termination of this agreement as a result of a breach by contractor hereunder, the County will not be liable for any fees and may, at its sole option, award an agreement for the same services to another qualified firm to provide services.

Payments for all specified service(s) and/or products to the successful proposer can be made with the following criteria taken into consideration:

- Successful completion or delivery of the service(s) or product(s) requested;
- Completion of any necessary forms and/or service results;
- Receipt of a detailed invoice, emailed to ap_invoices@sedgwick.gov or faxed to 316-941-5127. All Payment and invoice provisions can be found at: http://www.sedgwickcounty.org/purchasing/payment_and_invoice_provisions.pdf

D. **Request for Bid Timeline**

The following dates are provided for information purposes and are subject to change without notice. Contact Kara Kingsley, kara.kingsley@sedgwick.gov, to confirm any and all dates.

Distribution of Request for Proposal to interested parties	March 8, 2016
Clarification, Information and Questions submitted in writing by 5:00 p.m. CDT	March 15, 2016
Addendum Issued	March 18, 2016
Sealed Proposal due before 1:45pm CDT	March 29, 2016
Evaluation Period	March 29, 2016 – March 31, 2016
Board of Bids and Contracts Recommendation	March 31, 2016
Board of County Commission Award	April 6, 2016

E. **Confidential Matters and data Ownership**

The successful proposer agrees all data, records and information of The Counties, which the proposer, its agents and employees, which is the subject of this proposal, obtain access, remains at all times exclusively the property of The Counties. The successful proposer agrees all such data, records, plans and information of The Counties constitutes at all times proprietary information of The Counties. The successful proposer agrees that it will not disclose, provide, or make available any of such proprietary information in any form to any person or entity. In addition, the successful proposer agrees it will not use any names or addresses contained in such data, records, plans and information for the purpose of selling or offering for sale any property or service to any person or entity who resides at any address in such data. In addition, the successful proposer agrees it will not sell, give or otherwise make available to any person or entity any names or addresses contained in or derived from such data, records and information for the purpose of allowing such person to sell or offer for sale any property or service to any person or entity named in such data. Successful proposer agrees it will take all reasonable steps and the same protective precautions to protect The Counties' proprietary information from disclosure to third parties as with successful proposer's own proprietary and confidential information. **Proposer agrees that all data, regardless of form that is generated as a result of this Request for Proposal is the property of Sedgwick County.**

F. **Bid Conditions**

All times indicated in this solicitation document are central standard/central daylight as applicable. In submitting a response to this Request for Proposal, vendors hereby understand the following as applicable: http://www.sedgwickcounty.org/purchasing/pdf_files/Proposal%20Terms%20%20Conditions.pdf

G. **General Contract Provisions**

In submitting a response to this Request for Proposal, vendors hereby understand the following as applicable: http://www.sedgwickcounty.org/purchasing/pdf_files/General%20Contractual%20Provisions.pdf

BID RESPONSE FORM

RFB# 16-0006

DENTAL SUPPLIES

The undersigned, on behalf of the Proposer, certifies that: (1) this offer is made without previous understanding, agreement or connection with any person, firm, or corporation submitting a proposal on the same project; (2) is in all respects fair and without collusion or fraud; (3) the person whose signature appears below is legally empowered to bind the firm in whose name the Proposer is entered; (4) they have read the complete Request for Proposal and understands all provisions; (5) if accepted by the County, this proposal is guaranteed as written and amended and will be implemented as stated; and (6) mistakes in writing of the submitted proposal will be their responsibility.

NAME _____

DBA/SAME _____

CONTACT _____

ADDRESS _____ CITY/STATE _____ ZIP _____

PHONE _____ FAX _____ HOURS _____

STATE OF INCORPORATION or ORGANIZATION _____

COMPANY WEBSITE ADDRESS _____ E-MAIL _____

NUMBER OF LOCATIONS _____ NUMBER OF PERSONS EMPLOYED _____

TYPE OF ORGANIZATION: Public Corporation _____ Private Corporation _____ Sole Proprietorship _____

LLC _____ LLP _____ Not For Profit Corporation _____ Partnership _____ Other (Describe): _____

BUSINESS MODEL: Small Business _____ Manufacturer _____ Distributor _____ Retail _____

Dealer _____ Other (Describe): _____

Not a Minority Owned Business: _____ Minority-Owned Business: _____ Certification # _____

African American _____ Asian _____ Hispanic _____ Native American _____ Other _____ Woman-Owned Business _____

Not a Woman-Owned Business: _____ Woman-Owned Business: _____

ARE YOU REGISTERED TO DO BUSINESS IN THE STATE OF KS: _____ Yes _____ No

(Please see item 15 in the Request for Proposal Terms and Conditions)

ACKNOWLEDGE RECEIPT OF ADDENDA: All addendum(s) are posted to our RFQ/RFP web page and it is the vendor's responsibility to check and confirm all addendum(s) related to this document by going to www.sedgwickcounty.org/finance/purchasing.asp.

NO. _____, DATED _____; NO. _____, DATED _____; NO. _____, DATED _____

Yes, I would like to be on the emergency vendor list.

No, I would not like to be on the emergency vendor list.

After Hours Phone #: _____ Emergency Contact Name: _____

After Hours Fax #: _____

In submitting a response to this document, vendor acknowledges acceptance of all sections of the entire document and has clearly delineated and detailed any exceptions.

Signature _____ Title _____

Print Name _____ Dated _____