

State of Oklahoma Oklahoma State Department of Health

Amendment of Solicitation

Date of Issuance: May 16, 2016	S	Solicitation No. <u>3400001430</u>		
Requisition No.	Aı	mendment No. 1		
Hour and date specified for receipt of offers is change	d: X No	Yes, to:	CST	
Pursuant to OAC 260:115-7-30(d), this document shall above. Such notice is being provided to all suppliers to Suppliers submitting bids or quotations shall acknowled date specified in the solicitation as follows: (1) Sign and return a copy of this amendment with (2) If the supplier has already submitted a responsh the solicitation deadline. All amendment acknowledges and bid opening date printed clearly of the supplier and bid opening date printed clearly of the supplier and bid opening date printed clearly of the supplier and bid opening date printed clearly of the supplier and bid opening date printed clearly of the supplier and bid opening date printed clearly of the supplier and bid opening date printed clearly of the suppliers to all supp	o which the condition which the solicitance, this ackrowledgement	original solicitation was sent. of this solicitation amendment getion response being submitted; nowledgement must be signed a ts submitted separately shall ha	orior to the hour and or, and returned prior to	
U.S. Postal Delivery: 1000 NE 10 th street Procurement Oklahoma City, OK 73117 - or Personal or Common Carrier Delivery: 1000 NE 10 th street	Susan Wies Contracting 405 - 271 - 4 Phone Num susanw@he E-Mail Add	Officer 4042 nber ealth.ok.gov		

Description of Amendment:

Oklahoma City, OK 73117 -

Q & A:

Procurement

1. Regarding letters of support, who needs to submit them?

Answer: The applicant submits the letters of support with the application. The letters of support can come from City or County officials, or department heads of City or County government or other entities that the applicant feels is appropriate. There is not a limit to the number of support letters submitted with the application. Be aware of the max page limit of the proposals.

2. At risk vs. capital improvement grants, which is better?

Answer: The Department cannot provide guidance on which is better. Only that if an applicant wants to submit a proposal limited to capital improvement, they can do so. They will need to assert that the capital equipment is needed, and the panel will review the assertions for scoring. If an applicant wants to submit a proposal that is broader than capital equipment, then the proposal will need to include the appropriate assertions to be validated.

3. If you have a project with multiple jurisdictions, how is the population density scored?

Answer: The score for this part of the application shall be that associated with the zip code in the proposed project area with the lowest population density.

4. At risk designation, how is that determined?

Answer: The definition of at-risk is not included in the regulations. There is not a set criteria for being at-risk.

At risk is determined by the respondent asserting they are at risk in their proposal. The reviewers will then validate the assertion through any supporting documents that the respondent is at risk. If five of the nine reviewers agree/validate the assertion the respondent is at risk, then award of the points for that criteria are allowed. The designation means that their previous proposal was for the stabilization of an at-risk EMS and will not have points deducted for their current proposal. 5. The benchmark award is for the overall project not the individual parts of the contract? Answer: Yes 6. Has there been any discussion of this fund going away due to the budget crisis? Answer: Not to the responder's knowledge. 7. If the proposed cigarette tax were to be passed, would it affect this fund? Answer: Not to the responder's knowledge. 8. I have not been able to complete the following forms electronically: OMES-FORM-CP- 070SA(10/2014), OMES-FORM-CP-076SA(10/2014), and OMES-FORM-CP-004SA(08/2014). Can you provide a way to do so? Answer: There is nothing to fill out on the Form 070SA and fill-able copies of the other two forms have been added to the RFP webpage with this Amendment for your use. b. All other terms and conditions remain unchanged. Supplier Company Name (PRINT) Date Authorized Representative Name (**PRINT**) Authorized Representative Signature



Certification for Competitive Bid and/or Contract (Non-Collusion Certification)

NOTE: A certification shall be included with any competitive bid and/or contract exceeding \$5,000.00 submitted to the State for goods or services. Solicitation or Purchase Order #: Supplier Legal Name: **SECTION I [74 O.S. § 85.22]:** A. For purposes of competitive bid, 1. I am the duly authorized agent of the above named bidder submitting the competitive bid herewith, for the purpose of certifying the facts pertaining to the existence of collusion among bidders and between bidders and state officials or employees, as well as facts pertaining to the giving or offering of things of value to government personnel in return for special consideration in the letting of any contract pursuant to said bid; 2. I am fully aware of the facts and circumstances surrounding the making of the bid to which this statement is attached and have been personally and directly involved in the proceedings leading to the submission of such bid; and 3. Neither the bidder nor anyone subject to the bidder's direction or control has been a party: a. to any collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding, b. to any collusion with any state official or employee as to quantity, quality or price in the prospective contract, or as to any other terms of such prospective contract, nor c. in any discussions between bidders and any state official concerning exchange of money or other thing of value for special consideration in the letting of a contract, nor d. to any collusion with any state agency or political subdivision official or employee as to create a sole-source acquisition in contradiction to Section 85.45j.1 of this title. B. I certify, if awarded the contract, whether competitively bid or not, neither the contractor nor anyone subject to the contractor's direction or control has paid, given or donated or agreed to pay, give or donate to any officer or employee of the State of Oklahoma any money or other thing of value, either directly or indirectly, in procuring this contract herein. **SECTION II [74 O.S. § 85.42]:** For the purpose of a contract for services, the supplier also certifies that no person who has been involved in any manner in the development of this contract while employed by the State of Oklahoma shall be employed by the supplier to fulfill any of the services provided for under said contract. The undersigned, duly authorized agent for the above named supplier, by signing below acknowledges this certification statement is executed for the purposes of: the competitive bid attached herewith and contract, if awarded to said supplier; the contract attached herewith, which was not competitively bid and awarded by the agency pursuant to applicable Oklahoma statutes. Supplier Authorized Signature Certified This Date Printed Name Title Phone Number Email

Fax Number



Responding Bidder Information

"Certification for Competitive Bid and Contract" MUST be submitted along with the response to the Solicitation.

1.	RE: Solicitation #			
2.	Bidder General Information:			
	FEI / SSN :	VEN ID:		
3.	Bidder Contact Information:			
	Address:			
		State: Zip Code:		
		FAX#:		
		Website:		
4.	Oklahoma Sales Tax Permit ¹ :			
	YES – Permit #:			
	□ NO – Exempt pursuant to Oklahoma Laws	or Rules		
5.	egistration with the Oklahoma Secretary of State:			
	YES - Filing Number:			
	☐ NO - Prior to the contract award, the succe	essful bidder will be required to register with the Secretary of at provides specific details supporting the exemption the		
6.	Workers' Compensation Insurance Covera	ge:		
	Bidder is required to provide with the bid a cer Oklahoma Workers' Compensation Act.	rtificate of insurance showing proof of compliance with the		
	☐ YES – include a certificate of insurance with the bid			
	NO - attach a signed statement that provides specific details supporting the exemption you are claiming from the Workers' Compensation Act (Note: Pursuant to Attorney General Opinion #07-8, the exemption from 85 O.S. 2011, § 311 applies only to employers who are natural persons, such as sole proprietors, and does not apply to employers who are entities created by law, including but not limited to corporations partnerships and limited liability companies.) ²			
	Authorized Signature	Date		
	Printed Name	Title		

¹ For frequently asked questions concerning Oklahoma Sales Tax Permit, see http://www.tax.ok.gov/faq/faqbussales.html
² For frequently asked questions concerning workers' compensation insurance, see http://www.ok.gov/oid/faqs.html#c221