

Amendment of Solicitation

| Date of Issuance: 03/31/2017 | Solicitation No. 3400001495 | |
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| Requisition No. 3400018593 | Amendment No. 1 | |
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| 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 serve as official notice of amendment to the solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent. Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment <u>prior</u> to the hour and date specified in the solicitation as follows: (1) Sign and return a copy of this amendment with the solicitation response being submitted; or, (2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date printed clearly on the front of the envelope. | | |
| ISSUED BY and RETURN TO: | | |
| U.S. Postal Delivery: | Donna Dodson | |
| OSDH 1000 NE 10 th St. | Contracting Officer | |
| | 405 - 271 - 4042 | |
| | Phone Number | |
| | donnad@health.ok.gov | |
| | E-Mail Address | |
| SAME ,OK - | | |
| Description of Amendment: | | |
| a. This is to incorporate the following: QUESTION 1: The HT-70 unit 24 month service also includes the replacement of the O2 sensor. I did not see this noted in your bid request, should I add it in under additional services required? | | |
| ANSWER 1: Yes. Line 2 quoted price should include labor and parts for the O2 sensor. | | |
| QUESTION 2: Also for the HT-50, this also has an internal NiMh batter which is replaced every 2-3 years or as needed. If these vents have been in storage for some time, even with periodical charging, this battery will most likely need replacing. Is there any way to check any records of this battery change? It is more expensive than the standard SLA battery and will require additional labor since it is an internal component. Since we are combining it with the Annual PM, I can save you some labor cost by performing both in conjunction with each other. If you are not sure, I will quote with this battery cost on the bid as well. | | |
| ANSWER 2: Include service and labor costs to replace both batteries as required in the 24-month PM service. | | |
| QUESTION 3: I noticed there is no line item for any type of travel expenditure, should this be included in the overall cost? We will be coming from California so obviously lodging and transportation are an issue. | | |
| ANSWER 3: Yes | | |

QUESTION 4: The bid document says that all work must be done in the local warehouse in Oklahoma City. Would you consider any bids for doing this work offsite in a service depot out of state in Florida? ANSWER 4: OSDH will not ship ventilators off-site. A workstation with necessary utilities will be provided. QUESTION 5: There are two items that we cannot fill out as follows: 1. Agency Number: Supplier ID: 2. I believe the agency name is Oklahoma State Dept. of Health but I do not know their number. Can you please help clarify what a supplier ID is and how we can get one? Do we need to have this supplier ID prior to submitting this bid? How do we go about getting this? We are a Florida company. ANSWER 5: 1. ODSH Agency Number 340 2. Supplier ID: Supplied upon registration at https://www.ok.gov/DCS/Central Purchasing/Vendor Registration/index.html **QUESTION 6:** Have the 112 HT50's listed on the quote been updated with the dual battery pack option? If they have the dual battery pack will also need to be quoted in the PM. To submit an accurate and responsible bid I need to have this information. Please advise. If the units have the dual battery pack upgrade installed there should be a small sticker on the back of the ventilator that states, "DUAL PAC internal battery". ANSWER 6: Please see answer to question #2

| b. All other terms and conditions remain unchanged. | |
|---|-------------------------------------|
| Supplier Company Name (PRINT) | Date |
| Authorized Representative Name (PRINT) Title | Authorized Representative Signature |