



REQUEST FOR PROPOSAL

Dental Supplies

MyCare Health Center



Mount Clemens, Michigan

July 27, 2022

ABSTRACT

The purpose of this Request for Proposal (RFP) is for MyCare Health Center to receive proposals from qualified Dental Supply vendors for two dental clinics located in Mt. Clemens, and Center Line, MI.

MyCare Health Center is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,878,869 with 69% financed with non-governmental sources. The dental supplies for MyCare's dental expansion is supported by grant number H8FCS41277 from the Public Health Service Act, Title III, Section 330 for \$1,159,125 with 34% financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

This health center is a Health Center Program grantee under 42 U.S.C. 254b, and a deemed Public Health Service employee under 42 U.S.C. 233(g)-(n).

PROJECT DESCRIPTION:

MyCare Health Center is issuing this Request for Proposals (“RFP”) in an effort to receive Proposals from qualified Vendors (“Vendors”) to provide Dental Supplies according to specifications listed in Appendix A: 2022 Dental Supplies Bid Form.

MyCare Health Center currently operates a 6-chair dental clinic at 6900 E 10 Mile Road in Center Line, MI and is opening a new 6-chair dental clinic at 18 Market Street in Mount Clemens, MI. Proposals are sought for a Dental Supply vendor to provide dental supplies at both locations. MyCare Health Center’s dental program is a full functioning, comprehensive dental office.

MyCare Health Center intends to review the Proposals submitted by Vendors with the goal of entering into a purchase agreement (“Purchase Agreement”) with one Vendor. This RFP describes the technical and performance specifications for the Dental Supplies and contains an overview of the general terms and conditions under which the Dental Supplies are to be provided.

CONTACT PERSON:

Direct any technical inquiries concerning this Request for Proposals (RFP) in writing to the following MyCare representative. Questions must be submitted via email by 2:00 P.M. EST on August 5, 2022.

Heather Sciford, Director of Grants Management & Special Projects
purchasing@mycarehealthcenter.org

CALENDAR OF EVENTS:

The Calendar of Events for this RFP is a guide. MyCare Health Center reserves the right to make changes to the Calendar and will provide proper notification to all Vendors at the time any changes occur.

- | | |
|-----------------------|--|
| 1. July 27, 2022 | Request for Proposals Release Date |
| 2. August 5, 2022 | Request for Clarifications Deadline 2:00 P.M. EST |
| 3. August 10, 2022 | Proposal Submittal Deadline, No Later Than 4:00 P.M. EST |
| 4. August 11-16, 2022 | Proposal review and scoring |
| 5. August 24, 2022 | Notice of Intent to Award |
| 6. August 26, 2022 | Selection Protest Deadline 2:00 PM EST |

Following receipt of the Proposals, MyCare Health Center reserves the right to request additional information, and to conduct in-person or phone interviews with the Vendors reasonably susceptible of being awarded the Dental Supplies bid. MyCare Health Center will not share information gathered in such discussions with other competing Vendors.

VENDOR QUALIFICATIONS:

The responding Vendor shall present their Proposals as outlined in the RESPONSE FORMAT/SUBMITTAL REQUIREMENTS section of this document.

The Vendor shall have the following minimum qualifications:

- a) A sound business reputation;
- b) Proven capabilities in delivering Dental Supplies similar in size and scope to the specified Dental Supplies on time and on budget;
- c) Appropriate resources to satisfy the requirements set forth herein; and
- d) Demonstrated track record in Dental Supplies delivery and overall client satisfaction.

In the event the proposals do not meet MyCare Health Center’s requirements, alternative delivery methods may be pursued. MyCare Health Center reserves the right, at its sole discretion, to accept or reject any or all proposals and maintains no obligation to select any proposal. MyCare Health Center Board of Directors will have final authority over proposal acceptance selection.

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This health center is a Health Center Program grantee under 42 U.S.C. 254b, and a deemed Public Health Service employee under 42 U.S.C. 233(g)-(n).

All proposals must demonstrate an ability to meet federal procurement standards and requirements.

SELECTION CRITERIA:

The following criteria will be used in selecting the Vendor:

1. Answer to the following question: “Why do you, your firm, or your organization want to assist MyCare Health Center in this project?”
2. Availability and familiarity to the project locale and communities served by MyCare Health Center;
3. Qualifications, capabilities and technical competence to meet the project requirements;
4. Ownership status and employment practices regarding minority, women, emerging, small businesses, and historically underutilized businesses. All other factors being equal, preference will be given to businesses in these categories;
5. Resources available to be committed to perform the work;

6. Specialized experience, records from previous projects, quality of work, ability to meet schedules, and cost control;
7. Quality and budget control, price guarantees and item availability;
8. Pricing/fee schedule; warranty and repairs;
9. References;
10. Proposal completeness.

SUBMITTAL PROCEDURES:

Vendors shall submit one electronic copy (via email) utilizing the response format outlined below. Proposals must be submitted by the date and time indicated below. Proposals not submitted by that time will be returned unopened.

Proposals shall not be valid unless marked: “DENTAL SUPPLIES PROPOSAL FOR MYCARE HEALTH CENTER”

And received by: purchasing@mycarehealthcenter.org

Proposals will be received until 4:00 PM EST on July 27, 2022.

RESPONSE FORMAT / SUBMITTAL REQUIREMENTS:

The proposal must be organized according to the following format. Information should be concise and specific to address each request. Include a table of contents to organize the material in the following order. Combine all sections into a single PDF, except for the pricing/fee schedule which is to be submitted as an excel file to ease in evaluation.

1. Letter of Interest: To be no more than three (3) pages long. Include:
 - ✓ Vendor name, address, phone, fax and email address.
 - ✓ Vendor single point of contact, including phone and email address
 - ✓ The letter of interest may contain any information not shown elsewhere in the submittal and should answer the specific questions of the Selection Criteria, item 1 and 2, page 2.
2. Qualifications of the Vendor: To be no more than three (3) pages. Provide a brief description of the history and capabilities of the Vendor. Describe the types of projects or services the Vendor provides. Identify ownership status and any certifications possessed by the Vendor, addressing the specific question of the Selection Criteria, item 3 and 4, page 2.
3. Presentation of the Key Project Staffing: To be no more than two (2) pages. Describe all key persons primarily assigned to this project. Provide the qualifications of the individuals who have been identified. Include a description of their relevant experience and any other information the selection committee might find useful in evaluating the qualifications of the individual/team. Answer should address the specific question of the Selection Criteria, item 5, page 3.
4. Specific Project Experience: To be no more than three (3) pages. List recent projects the Vendor has completed in the region over the past 5 years that are specifically relevant to

- the proposed scope of the project. Answer should address the specific question of the Selection Criteria, item 6, page 3.
5. Claims / disputes / litigation: Identify any unresolved and ongoing claims and disputes involving the Vendor in excess of \$100,000. Include any claims against the principals of your company or any claims your company may have against a third party. Provide a history of such litigation, including the outcomes, for the past ten years.
 6. Quality/Schedule/Budget Control: To be no more than three (3) pages. Provide a brief summary of the Vendor's approach to quality/schedule/budget. Answer should address the specific question of the Selection Criteria, item 7, page 3.
 7. Pricing/Fee Schedule: Provide pricing for items as listed in *Appendix A*. Specifications outlined are based upon items needed for the new dental clinic and 12-month history of utilization in MyCare's currently operating dental clinic; they are intended to serve as minimum specifications and guidelines. Vendors responding to this RFP shall meet or exceed the specifications outlined. Vendors may bid any product/brand they choose. Pricing shall include shipping, delivery, handling, applicable warranty, repairs, and any additional charges. It is the goal to have one firm price for each item. Provide information and specifications on all items bid if different than the listed item. MyCare reserves the right to add and remove items. If an item is added, a quote for the item will be obtained. Answers should address the specific questions of the Selection Criteria, item 8, page 3 and pricing should be submitted as an Excel file utilizing *Appendix A*.
 8. References: One (1) page listing the name and contact information of 3-5 clients for whom the Vendor has completed projects of a similar or larger scale in the last 5 years. The Vendor shall provide the name of the client, contact person, position, phone number, and email address for each reference submitted. Answers should address the specific questions of the Selection Criteria, item 9, page 3.
 9. Signed Vendor Representations and Certifications Form (*Appendix B*).

COST OF RESPONDING:

All costs incurred by the Vendor in preparation of responses to this RFP, including presentations to MyCare Health Center and/or for participation in an interview shall be borne solely by the Vendor; MyCare Health Center shall not be liable for any of these costs. At no time will MyCare Health Center provide reimbursement for the costs of submission of a response.

EVALUATION AND SELECTION OF DENTAL EQUIPMENTVENDOR:

A review team comprised of MyCare Health Center management will evaluate each Vendor's submission based upon the criteria stated in this RFP and the ability to execute the services. MyCare Health Center may schedule a live interview, either on-site or virtually, of all Vendors who have submitted a complete proposal as identified in the RESPONSE FORMAT/SUBMITTAL REQUIREMENTS section of this RFP. The team will then select a Vendor that MyCare Health Center considers most qualified based on all factors, therefore, submission of the lowest price quote will not by itself ensure the awarding of a contract. Following approval of the selection by the MyCare Health Center Board of Directors, the successful Vendor will be requested to enter into a Purchase Agreement. MyCare Health

Center reserves the right to negotiate modifications to Statements of Proposals and subsequent Purchase Agreement that it deems acceptable. MyCare Health Center reserves the right to terminate negotiations in the event it deems the progress towards an agreement to be insufficient. Vendors will be evaluated in accordance with the criteria listed below. All criteria will be graded on a point scale as listed below, with 9 being the lowest possible score. The scoring criteria are intended to be an objective benchmark for evaluation only and receiving the highest score will not guarantee the awarding of a contract.

CATEGORY	RATING
1. Letter of Interest	1 – 5
a) Why?	1 – 5
b) Familiarity with MyCare Community	1 – 5
2. Qualifications	1 - 10
3. Ownership Status of the Firm	1 - 10
4. Resources/Staffing	1 - 10
5. Past Experience/Record/Qualifications	1 - 10
6. Quality/Schedule/Budget Management	1 - 10
7. Pricing/Fee Schedule/Warranty/Repairs	1 - 25
8. References	1 - 10
9. Proposal Completeness	1 - 10
TOTAL SCALE SCORE	9 - 100

RESERVATIONS:

MyCare Health Center reserves the right to reject any and all submittals, or any part of any submittal, to waive any irregularities or informalities in any submittal, and to accept that submittal which is deemed to be in the best interest of MyCare Health Center. MyCare Health Center reserves the right to establish additional contracts that may be similar in nature to any contract resulting from this RFP as best serves the needs of MyCare Health Center. MyCare Health Center may cancel the procurement or reject any or all proposals at any time prior to contract execution.

DESIGNATED CONTACT:

The awarded Vendor shall appoint a person to act as a primary contact with MyCare Health Center. This person or back-up shall be readily available during normal working hours by phone or in person, and shall be knowledgeable of the terms of the Contract.

ASSURANCES:

The Vendor shall provide a statement of assurance (*Appendix B*) that the firm is not presently in violation of any federal, state, or local statutes or regulatory rules that might have an impact on the firm’s operations. All applicable laws and regulations of the State of Michigan and ordinances and regulations of Macomb County will apply. The Vendor shall provide a statement of assurance of its intent and ability to follow federal procurement standards as required in obtaining project materials. The Vendor, subcontractors, and employees of each must be willing to undergo and able to pass criminal background check and federal

suspensions and debarments check. The awarded Vendor will be required to provide assurance of intent to cooperate with this process prior to contract execution.

DEVIATIONS FROM SPECIFICATIONS:

Vendors shall clearly indicate, as applicable, all areas in which the items/services they propose do not fully comply with the requirements of this submittal. The decision as to whether an item fully complies with the stated requirements rests solely with MyCare Health Center.

NO COLLUSION:

By offering a submission to this RFP, the Vendor certifies that no attempt has been made or will be made by the Vendor to induce any other person or firm to submit or not to submit a submission for the purpose of restricting competition. The only person(s) or principal(s) interested in this submission are named therein and that no person other than those therein mentioned has/have any interest in this submission or in any agreement to be entered. Any prospective firm should make an affirmative statement in its proposals to the effect that, to its knowledge, its retention would not result in a conflict of interest with any party.

SUBMITTAL WITHDRAWAL:

After submittals are opened, corrections or modifications to submittals are not permitted, but a Vendor may be permitted to withdraw an erroneous submittal prior to the award by MyCare Health Center, if the following is established:

1. That the Vendor acted in good faith in submitting the proposal;
2. That in preparing the submittal there was an error of such magnitude that enforcement of the submittal would create severe hardship upon the Vendor;
3. That the error was not the result of gross negligence or willful inattention on the part of the Vendor;
4. That the error was discovered and communicated to MyCare Health Center within twenty-four (24) hours of submittal opening, along with a request for permission to withdraw the submittal;
5. The Vendor submits documentation and an explanation of how the error was made.

PROCUREMENT PROCESS, RECORD RETENTION AND AUDITING:

The awarded Vendor shall maintain auditable records concerning the procurement and all project activities to account for all receipts and expenditures, and to document compliance with the Contract. These records shall be forwarded to MyCare Health Center, in collaboration with MyCare's finance department.

1. All proposals will become part of the procurement file for this Project. MyCare Health Center reserves the right to reject any or all proposals received as a result of this RFP and, if doing so would be in the public interest, cancel this solicitation. MyCare Health Center reserves the right to consider a response or proposals in whole or in part, and to determine the responsiveness of a submittal by reference to the response taken as a whole.

2. MyCare Health Center shall retain this RFP and one copy of each original response received from all respondents in accordance with the MyCare Health Center Document Retention Policy. Copies of all documents pertaining to the selection of qualified respondents and award of a contract will also be retained. These documents will be made a part of a procurement file or record, which shall be subject to audit and/or any legitimate compliance inquiries.

PROTEST PROCEDURE:

1. All proposals will become part of any public record for this Project, without obligation to MyCare Health Center. MyCare Health Center reserves the right to reject any or all proposals received as a result of this RFP and, if doing so would be in the best interest of MyCare Health Center, cancel this solicitation. MyCare Health Center reserves the right to consider a response or proposals in whole or in part, and to determine the responsiveness of a submittal by reference to the response taken as a whole.
2. Vendor selection will be announced on August 24, as stated in the CALENDAR OF EVENTS. Protests and/or appeals of the selection result must be submitted to the Contact Person by 4:00 p.m. EST on August 26, 2022, as stated in the Calendar of Events. All protests/appeals submitted shall include the reason for the protest and any proposed changes to the requirements which would remedy the reason for the protest. No such protests or appeals shall be considered if received after the deadline. No oral, telegraphic, telephone, or facsimile protests or requests will be accepted. MyCare Health Center will consider all protests, appeals, and requested changes and, if appropriate, amend the RFP or take other such remedy as deemed appropriate. Only amendments issued in writing by MyCare Health Center will change the requirements, specifications, or provisions of this RFP.
3. In order to be considered, a protest shall be in writing and shall include:
 - a. The name and address of the aggrieved/protesting person;
 - b. The contract title under which the protest is submitted;
 - c. A detailed description of the specific grounds for protest and any supporting documentation;
 - d. The specific ruling or relief requested. In addition, in the event the protesting party asserts its responsibility as a ground for protest, it must address in detail each of the matters in its written protest;
 - e. The written protest shall be e-mailed, mailed, or hand delivered to the Contact Person identified above;
 - f. All protests must be labeled “Dental Equipment Vendor Selection Protest”.
4. Upon receipt of a written protest, MyCare Health Center shall promptly consider the protest. MyCare Health Center may give notice of the protest and its basis to other persons, including Consultants involved in or affected by the protest; such other persons may be given an opportunity to submit their views and relevant information. If the protest is not resolved by mutual agreement of the aggrieved person and MyCare Health Center, MyCare Health Center will promptly issue a decision in writing stating the reasons for the action taken. A copy of the decision shall be mailed by certified mail, return receipt requested, or otherwise promptly furnish to the aggrieved person and any other

interested parties. MyCare Health Center’s decision may be appealed to the Board of Directors by written notice together with all supportive evidence, received at the email address set forth in SUBMITTAL PROCEDURES on page 3, not more than two (2) working days after receipt of the decision. The Board of Directors’ decision shall be final and conclusive.

5. Any aggrieved party that fails to comply strictly with these protest procedures is deemed, by such failure, to have waived and relinquished forever any right or claim with respect to alleged irregularities in connection with the solicitation or award. No person or party may pursue any action in court challenging the solicitation or award of this contract without first exhausting the administrative procedures specified herein and receiving MyCare Health Center’s final decision.

**MYCARE HEALTH CENTER REQUEST FOR PROPOSAL
APPENDIX A: 2022 Dental Supplies Bid Form**

- See attached excel file.

MYCARE HEALTH CENTER REQUEST FOR PROPOSAL
APPENDIX B: Vendor Representations and Certifications

FAILURE TO COMPLETE AND SIGN THIS FORM MAY RESULT IN REJECTION OF THE SUBMITTED PROPOSAL

The undersigned, having full knowledge of the specifications for the goods or services specified herein, offers and agrees that this proposal shall be irrevocable for at least 30 calendar days after the date proposals are due or as stated in the solicitation, and if accepted, to furnish any and/or all goods or services as described herein at the prices offered and within the time specified. Materials pricing fluctuations creating a burden on Vendor must be presented promptly to MyCare Health Center for a mutually agreed upon remedy. Such remedy may include change to materials specs, project modification, or contracted price increase.

OFFEROR NAME: _____

ADDRESS: _____ City State Zip: _____

TELEPHONE NUMBER _____ WEBSITE: _____

STATE OF INCORPORATION _____ DATE OF INCORPORATION _____

BUSINESS DESIGNATION: Corporation Sole Proprietor Partnership
S. Corporation Non-Profit Government
Other: _____

PREFERENCE STATUS: Minority Owned Woman Owned Emerging
Small Historically Underutilized N/A

ASSURANCES - The Vendor attests that:

1. The person signing this proposal has the authority to submit a proposal and to represent Vendor in all phases of this procurement process;
2. The information provided herein is true and accurate;
3. The Vendor is has not discriminated against any minority, women, or emerging small business enterprises in obtaining any required subcontracts;
4. Any false statement may disqualify this offer from further consideration and/or contract termination in accordance with the terms of the contract.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS -
The Vendor certifies to the best of its knowledge and belief that neither it nor any of its principals:

1. Are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from submitting bids or proposals by any federal, state or local entity, department or agency;
2. Have within a five-year period preceding the date of this certification been convicted of fraud or any other criminal offense in connection with obtaining, attempting to obtain, or

performing a public (federal, state, or local) contract, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

3. Are presently indicted for or otherwise criminally charged with commission of any of the offenses enumerated in paragraph 2 of this certification;

4. Have, within a five-year period preceding the date of this certification had a judgment entered against contractor or its principals arising out of the performance of a public or private contract;

5. Have pending in any state or federal court any litigation in which there is a claim against contractor or any of its principals arising out of the performance of a public or private contract; and

6. Have within a five-year period preceding the date of this certification had one or more public contracts (federal, state, or local) terminated for any reason related to contract performance.

Where Vendor is unable to certify to any of the statements in this certification, Vendor shall attach an explanation to their Proposal package. The inability to certify to all of the statements may not necessarily preclude Vendor from award of a contract under this procurement.

SIGNATURE OF AUTHORIZED PERSON

Print Name & Title:

Date: