

Vendor's Guide

Doing Business with Lake Health District



Lake District Hospital Long Term Care Home Health & Hospice

700 South J Street
Lakeview, OR 97630

Phone: 541-947-2114
Fax: 541-947-2433

This guide is not intended to be a complete description of the regulations, rules, policies and procedures governing the procurement process nor does it replace, supercede or interpret the terms and conditions of any bid. Notwithstanding anything contained in this guide, bidders must strictly adhere to the instructions, conditions of bidding, specifications and contract terms and conditions set forth in each individual bid solicitation to which they apply.

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Welcome:

Thank you for your interest in doing business with Lake Health District.

Our goal is to acquire services, supplies, equipment and construction at the lowest price that meets our needs while ensuring a fair and open process. We try to accomplish this in the best interest of our citizens by using sound procurement practices involved in a competitive bidding system.

Our hours of operation are from 8:00 a.m. to 5:00 p.m. Monday through Friday, excluding holidays.

It is Lake Health District's policy to endeavor to provide access and accommodations to everyone, regardless of disability, upon request. We intend to maintain a working environment free from all forms of discrimination and harassment, whether based upon race, color, religion, national origin, age, physical and /or mental disabilities, or sex.

Please submit all sealed bids to:

**ADMINISTRATION
Lake District Hospital
700 South J Street
Lakeview, Oregon 97630**

Please note the date to be submitted by in the cover letter.

DEFINITIONS:

- Bid:** A competitive offer, binding on the Bidder and submitted in response to an Invitation to Bid (ITB).
- Bidder:** An Entity that submits a Bid in response to an ITB.
- Contractor:** The Entity awarded a contract in response to a Solicitation Document.(Also Vendor).
- Entity:** A natural person capable of being legally bound, sole proprietorship, limited liability company, corporation, partnership, limited liability partnership, limited partnership, profit and non-profit unincorporated association, business trust, two or more persons having a joint common economic interest, or any other person with legal capacity to contract, or a government or governmental subdivision.
- Invitation to Bid (ITB)** Solicitation Document, which includes all contract terms and conditions, asking for submission of competitive, written, signed and sealed Bids in which specification, price and delivery (or project completion) are the predominant award criteria. OAR 125-030-0000(27).
- Proposal:** A competitive offer, binding on the Proposer and submitted in response to a Request for Proposal.
- Proposer:** An Entity that submits a Proposal in response to a Request for Proposal.
- Purchase Order (PO):** Lake Health District's purchase document used to place an order for goods or services including the specifications and requirements for the particular product or service, and which contains the signature of an authorized representative from Lake Health District.
- Request for Information (RFI):** Solicitation document used to solicit information on industry standards, practices, and delivery methods. The document is not intended to result in the award of contract and does not request pricing and makes it clear that the RFI is only seeking comments and information.
- Request for Proposal (RFP):** Solicitation document, including all contract terms and conditions, asking for submission of written, competitive proposals, to be used as a basis for entering into a contract when specifications and price will not necessarily be the predominant award criteria.
OAR 125-030-0000(49)
- Solicitation Document:** An ITB, RFP, RFI or other Quote document, including all documents attached or incorporated by reference, that is utilized for soliciting Bids, Proposals or offers.
- Vendor:** See Contractor.

II Types of Bids:

- **Advertised Bids** – Formal bids are competitive bids for procurement involving Services, Supplies, or Equipment that exceeds \$5,000. These types of bids are generally required to be advertised in local newspapers for a specified period of time before the bid opening.
- **Small Order Purchases** – Informal bids for procurement less than \$5,000.
- **Surplus Property Bids** – Bids offered for “as is” surplus Lake Health District equipment or supplies to the highest bidder.

III Bid Process:

- **Bid Advertising** – When a procurement is expected to exceed \$5,000, the bid is publicly advertised in local newspapers. Competitive bids are publicly available by visiting, writing, or calling Administration, Lake Health District, 700 South J Street, Lakeview, OR 97630, Phone 541-947-2114.
- **Bidder Qualification** – For Services, Supplies and Equipment bids, a determination of bidder responsibility and qualifications is generally made on a bid-by-bid basis after the bids are opened. Depending upon the procurement, this may involve a premise’s inspection, review of past performances or other reviews to determine vendor responsibility. The pre-qualification is designed to determine those prospective bidders with the capabilities to meet the needs of the bid.
- **Standard Bid Requirements** –
 - **Bid Specifications** – Each bid invitation contains specifications that define the goods or service being purchased. To the greatest extent possible, Lake Health District uses generic specifications to encourage competition. At times, a bid invitation may list a formal numbered specification, i.e., one that provides precise description and detail as to the characteristics of the product being purchased. When a bid invitation references a formal numbered specification, no deviation from the specification is permitted.
 - **Pre-Bid Conferences** – Occasionally a bid invitation may specify a pre-bid conference. Vendors are encouraged to attend these meetings. The meetings provide an opportunity to discuss provisions of the bid invitation that may be unclear. Where a pre-bid conference specifies mandatory attendance at the pre-bid conference, vendors are eligible to bid or receive an award only if they attend the conference.
 - **Addenda and Changes** – When a change to the bid invitation is made the addendum become a part of the bid and vendors must sign and return it with the bid documents. Vendors who requested information by mail are mailed any addendum as it occurs. Vendors who pick up invitations to bid should check with Administration for written addenda.

- **Bid Surety (ORS 279.027)** – The bid surety guarantees a vendor’s commitment that if the company is awarded a bid, it will hold the price, terms, and conditions firm or be liable to Lake Health District for any losses suffered. The contract will include all the same terms and conditions, specifications and price quote as included in the bid.
 - **Bid Duration** – Unless stated otherwise in the bid, a bid once opened is valid for 60 days from the date of bid opening. If Lake Health District fails to notify a bidder of an award during that time, the bidder is not obligated to the prices submitted and may withdraw the bid.
 - **Bid Forms** – All bid proposals must be submitted on the forms provided and executed in ink or typewritten. Bids submitted in pencil or on a non-approved form will be rejected.
 - **Signatures** – The contract page must be complete, including signatures of all appropriate individuals / officers in ink. If a vendor is a corporation, but does not have the signatures of the corporate officers, the vendor may include with the bid a duly certified current corporate resolution evidencing the authority of the individual(s) who executed the bid.
 - **Bid Delivery** – All bids must be received by Administration on or before the exact time and date specified in the bid documents. Bidders assume all responsibility for delays or problems in delivery.
- **Performance Guaranty** – For any contract exceeding \$5,000, the successful vendor must post a performance bond and a labor and materialmen’s bond equivalent to 100% of the contract value.
 - **Inspection** – Inspections of items or site inspections may be required before Lake Health District’s acceptance and processing of payment. If Lake Health District determines that items delivered do not meet specifications, a formal rejection notice will be issued to the vendor. Payments will not be made until the questionable items are repaired or replaced to Lake Health District’s satisfaction at which time the rejection notice will be rescinded. Failure to replace or repair rejected goods may result in Lake Health District declaring the vendor in default of the contract.
 - **Failure to Perform (ORS 279.031)** – Should a vendor fail to perform according to specifications or within the time frame provided for in the contract, Lake Health District will contact the vendor. If there is a continued lack of performance, Lake Health District may declare the vendor in default and call upon another vendor to assume the contract and seek full recovery from the defaulting vendor.

IV Bid Openings & Evaluation:

- **Bid Openings** – As previously indicated, bids received after the date and time stipulated in the bid will not be considered for evaluation. All bids received prior to the time and date stated in the bid or the addendum, if applicable, will be held until the stipulated time and date and then opened by the Administrator, Lake Health District or designee.
- **Bid Information** – Vendors may attend a bid opening and request that specific bids be read aloud. Immediately following the bid opening, the bids are generally not available for review. The bids are evaluated for accuracy, completeness, and adherence to the specifications.
- **Evaluating Bids for Award (ORS 279.029)** – Bids are awarded to the lowest responsive, responsible bidder. In determining “responsibility” Lake Heath District may consider such factors as the bidder’s prior experience, integrity, resources, and technical and financial ability to perform. Bids are not simply awarded to the vendor that submits the lowest price. If Lake Health District finds that a vendor is not a responsible bidder, but would otherwise be eligible for the award, the vendor may be notified and provided an opportunity to appeal Lake Health District’s determination. Bids submitted must also be “responsive” to all bid requirements, which include but are not limited to:
 - Submitting a complete bid including correct signatures;
 - Responding precisely to all specifications;
 - Meeting all requirements of the specifications; and
 - Submitting proper bid surety.

Failure to meet all requirements may lead to disqualification of the bid.

- **Rebids (ORS 279.035)** – **Lake Health District may reject all bids if it deems it is in the best interest of Lake Health District to do so and / or cancel the bid entirely.** Lake Health District may, in its discretion, issue a new bid. Bids may be cancelled because of poor response by the vendor community, because the initial bid reveals a need to alter the bid specifications or because the goods or services are no longer required. In most rebids or cancellations, Lake Heath District does not send out a separate notification indicating the action being taken or the reason for it. However, this information is on file in Administration, Lake Health District, 700 South J Street, Lakeview, OR 97630.
- **Bidder Disqualification (ORS 279.037)** – Vendors may be disqualified from doing business with Lake Health District on a bid-by-bid basis and have their names removed from future consideration for several reasons, including but not limited to, the following:
 - Failing to deliver or comply with bid specifications, contract terms and conditions;
 - Failure to deliver or perform in a timely manner;
 - Offering any fee, compensation, commission, gift, favor or gratuity to any Lake Health District employee who exercises any procurement responsibility – includes any discount or privilege not available to

- all Lake Health District employees;
 - Failing to disclose a conflict of interest;
 - Having a criminal offense conviction involving public contracting;
- **Appeal of disqualification (ORS 279.043)** - Any person who wishes to appeal disqualification as a bidder shall, within three business days after receipt of notice of disqualification, notify Lake Health District that the person appeals the disqualification.

V Responding to a Bid:

- **Bid Errors** – If a vendor discovers an error in its bid, the bidder must notify Administration, in writing within two business days after the bid opening. Bids may not be withdrawn after the bid opening because of a mistake except as provided under Oregon law.
- **Bid Withdrawals** – Except as otherwise provided under Oregon law, no bid, once opened, may be withdrawn. In the event that a bidder, who is not legally released from its bid, fails to execute a contract or furnish the required bonds / insurance, Lake Health District may take one or more of the following actions:
 - Confiscate the bid surety;
 - Declare the firm to be a “non responsible bidder” and disqualify it from doing further business with Lake Health District;
 - Exercise any other rights Lake Health District may have.
- **Contract Extensions** – A contract extension may take place if there is a provision in the bid that permits Lake Health District to extend the contract at Lake Health District’s option. If Lake Health District exercises this option, the vendor must extend the contract according to the contract terms.

VI Contract Awards:

- **Contract Award Notification (ORS 279.029)** – For all bids issued by Lake Health District, the successful vendor(s) will receive an award notification letter. This letter provides notice of pending contracts / purchase and frequently indicates certain contingency requirements that the vendor must satisfy within the designated time frame. The award notification letter IS NOT a notice to proceed. Vendors should not deliver any goods or proceed with any work until they have received a valid purchase order or a Notice to Proceed.
- **Contract Compliance Program** – The successful vendor must satisfy Lake Health District’s Contract Compliance Program. If a vendor has an approved Contract

Compliance Program on file, no further action is necessary. If a vendor does not have a plan on file, the vendor must submit an Employment Practices Questionnaire.

- **Performance Guaranty** – The performance guaranty ensures that the successful bidder will perform according to all contract requirements. The performance guaranty required depends on the type of bid and a dollar amount involved.
- **Insurance Certificates** – If required as part of the bid, the vendor must provide insurance certificates.
- **Contract Execution** – Failure to submit the required bonds or payment of the required bond fees or failure to complete any of the other contract execution requirements may result in revocation of the award. In such cases Lake Health District has the right to obtain the goods and services from another vendor, use the bid surety to offset any resulting increase in costs or other damages, and otherwise seek full recovery of damages.

VII Vendor Payments:

- **Invoices** – Vendors should submit an invoice for payment to Administration after the delivery or service has been completed. The invoice should correctly reference the purchase order (PO) number, the vendor name and address, the quantity and type of item or service and the price. The unit of purchase on the invoice should agree with the unit cited on the PO.
- **Payment** – Lake Health District attempts to process payments in a timely manner, generally within 30 days following acceptance of the goods or services. Delays can occur because of incomplete or inaccurate invoicing information. Common causes for payment delays include:
 - Purchase Order (PO) Number is missing;
 - Mathematical errors;
 - Problems with the goods or services provided;
 - Discrepancies with the Purchase Order.

Vendors should bring any problems concerning payment to the attention of the:

**Associate Administrator / CFO
Lake Health District
700 South J Street
Lakeview, OR 97630**

Phone: 541-947-2114



Contract Compliance Program Form

I hereby attest that I am the person responsible within my firm for the final decision as to the price(s) and amount of this bid or, if not, that I have written authorization, enclosed herewith, from that person to make the statements set out below on his or her behalf and on behalf of my firm.

I further attest that:

- 1.01 The price(s) and amount of this bid have been arrived at independently, without consultation, communication or agreement for the purpose or with the effect of restricting competition with any other firm or person who is a bidder or potential prime bidder.
- 1.02 Neither the price(s) nor the amount of this bid have been disclosed to any other firm or person who is a bidder or potential prime bidder on this project, and will not be so disclosed prior to bid opening.
- 1.03 Neither the prices nor the amount of the bid of any other firm or person who is a bidder or potential prime bidder on this project have been disclosed to me or my firm.
- 1.04 No attempt has been made to solicit, cause or induce any firm or person who is a bidder or potential prime bidder to refrain from bidding on this project, or to submit a bid higher than the bid of this firm, or any intentionally high or non-competitive bid or other form of complementary bid.
- 1.05 No agreement has been promised or solicited for any other firm or person who is a bidder or potential prime bidder on this project to submit an intentionally high, noncompetitive or other form of complementary bid on this project.
- 1.06 The bid of my firm is made in good faith and not pursuant to any consultation, communication, agreement or discussion with, or inducement or solicitation by or from any firm or person to submit any intentionally high, noncompetitive or other form of complementary bid.
- 1.07 My firm has not offered or entered into a subcontract or agreement regarding the purchase or sale of materials or services from any firm or person, or offered, promised or paid cash or anything of value to any firm or person, whether in connection with this or any other project, in consideration for an agreement or promise by any firm or person to refrain from bidding or to submit any intentionally high, noncompetitive or other form of complementary bid or agreeing or promising to do so on this project.
- 1.08 My firm has not accepted or been promised any subcontract or agreement regarding the sale of materials or services to any firm or person, and has not been promised or paid cash or anything of value by any firm or person, whether in connection with this or any other project, in consideration for my firm's submitting any intentionally high, noncompetitive or other form of complementary bid, or agreeing or promising to do so, on this project.
- 1.09 I have made a diligent inquiry of all members, officers, employees, and agents of my firm with responsibilities relating to the preparation, approval or submission of my firm's bid on this project and have been advised by each of them that he or she has not participated in any communication, consultation, discussion, agreement, collusion, or other conduct inconsistent with any of the statements and representations made in this affidavit.
- 1.10 I understand and my firm understands that any misstatement in this affidavit is and shall be treated as a fraudulent concealment from Lake Health District, of the true facts relating to submission of bids for this contract.

I DECLARE THAT THE STATEMENTS MADE ON THIS DOCUMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Contractor's firm or company name	by: Signature & Title	Date
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700 South J Street
Lakeview, OR 97630

Contractor's firm or company name

by: Signature & Title Date

**Lake District Hospital
Long Term Care
Home Health & Hospice**

Contractor / Supplier Bid Form

Business Name: _____

Mailing Address: _____

City, State, ZIP: _____

Address for Payments: _____

Primary Contact Person: _____ **Phone:** _____

Title: _____ **Fax:** _____

Oregon State Contractor Lic. No. _____ **Business Lic. No.** _____

Tax I.D. Numbers: Federal: _____ State: _____ Social Security: _____

Type of Organization: Individual Corporation Partnership LLC Non-Profit

Type of Business: Service Construction Manufacturer Other _____

Years in present business? ____ Bonding Capacity (Construction / Remodeling Contracts) \$ _____

List Names & Addresses of three firms you have provided products/ services during the past three (3) years:

Name	Address	Contact Person	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any relatives employed by or a personal relationship with Lake Health District?
 NO YES. If yes, what is the relationship or the department worked? _____

Do you claim any of the following? If check marked please provide supporting documentation.

- SBE** (Small Business Enterprise) **WBE** (Woman-Owned Business Enterprise)
- DBE** (Disadvantaged Business Enterprise) **Other** (Specify) _____

I hereby certify that the information provided herein (including attached pages) is correct and neither the applicant nor any person (concern) in any connection with the applicant as a principal officer, so far as is known, is now debarred or otherwise declared ineligible by any governmental agency, state or federal, from bidding for furnishing materials or services to Lake Health District. **I also acknowledge that Lake Health District reserves the right to reject all bids and call for new bids at its discretion.**



Title _____ Date _____

**Lake District Hospital
Long Term Care
Home Health & Hospice**

700 South J Street
Lakeview, OR 97630

PROJECT BIDDING ON

NOTE: Proof of Worker's Comp and Liability Insurance is required.
Businesses' who use only immediate family may be exempt.

BID Total Amount: \$ _____

Materials' \$ _____
Labor \$ _____

BID SPECIFICATIONS (Conforms to and meets or exceeds any applicable local or state laws, ordinances, codes or regulations. Describe quantity and specifications of materials.)

Date to Commence Work: _____ **Project Completion Date:** _____

Release of Liens: NO YES If NO, specify _____

Warranties, expressed or implied: NO YES If YES, attach copy of the warranty:

Guaranty Bonds provided? NO YES If yes, indicate the amount of the Bond \$ _____

The contractor agrees to provide surety or guarantee acceptable to Lake Health District against latent obligations and / or defects in connection with the products or services provided.

Signature

Title

Date