

INVITATION TO BID

State of Ohio
Department of Administrative Services
General Services Division
Office of Procurement Services

The Original Signed Bid must be submitted to the Office of Procurement Services to receive consideration for award.		BIDDER NAME	
BID NUMBER <u>OT900916</u>	OPENING DATE (1:00 p.m.) <u>May 29, 2015</u>	STREET ADDRESS <input type="checkbox"/> Check if remit address is different and list on separate sheet	
General Services Division Office of Procurement Services 4200 Surface Road Columbus, OH 43228-1395 Attn: Bid Desk		CITY STATE ZIP	
		COUNTY	MBE/EDGE CERTIFICATE NUMBER
		TELEPHONE NO. ()	TOLL FREE NO. 1 - ()
		CONTACT PERSON	FAX NO. ()
REQ./INDEX NO. DRC013	BID NOTICE DATE 5/11/2015	CONTRACTOR'S E-MAIL ADDRESS	
SELECT YOUR PREFERRED METHOD OF RECEIVING PURCHASE ORDERS AND ENTER THE E-MAIL OR FAX NUMBER INFORMATION (ONLY SELECT ONE METHOD) <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax			
In addition to the standard terms for payment, the payment terms for state agency(ies) will be 2%, 10 Days, Net 30 Days unless otherwise stated in the following space. If no discount is offered, bidder should circle "Net 30 Days". ____%, ____ Days, Net 30 Days			
PARTICIPATING AGENCY(IES): DEPARTMENT OF REHABILITATION AND CORRECTIONS (DRC), 770 W. BROAD ST., COLUMBUS, OHIO 43222. THIS ADD-ON INVITATION TO BID (ITB) IS FOR THE FOLLOWING DRC FACILITIES ONLY: BELMONT CORRECTIONAL INSTITUTION, DAYTON CORRECTIONAL INSTITUTION, FRANKLIN MEDICAL CENTER, HOCKING CORRECTIONAL INSTITUTION, LEBANON CORRECTIONAL INSTITUTION, MANSFIELD CORRECTIONAL INSTITUTION, NOBLE CORRECTIONAL INSTITUTION, NORTHEAST PRE-RELEASE CENTER, OHIO STATE PENITENTARY, RICHLAND CORRECTIONAL INSTITUTION, TOLEDO CORRECTIONAL INSTITUTION, TRUMBULL CORRECTIONAL INSTITUTION AND WARREN CORRECTIONAL INSTITUTION.			
ADDENDUM FOR CHANGE ADDENDUM NO.: 1 REVISION DATE: 05/11/15			
<u>THE DEPARTMENT OF ADMINISTRATIVE SERVICES, OFFICE OF PROCUREMENT SERVICES IS SOLICITING BIDS FOR:</u> EMERGENCY MEDICAL AMBULANCE SERVICES			
Attached are pages 11-14 to this Invitation to Bid. Remove the corresponding pages from the existing bid and replace with the attached.			
As indicated herein this addendum is issued to add Appendix B			

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THE DEPARTMENT OF ADMINISTRATIVE SERVICES, OFFICE OF PROCUREMENT SERVICES, IS SOLICITING BIDS FOR: EMERGENCY MEDICAL AMBULANCE SERVICES			
TERM OF CONTRACT: This Invitation to Bid is to establish a requirements contract to procure the described supplies or services on behalf of the above participating agency(ies). The agency(ies) may place orders against the Contract beginning <u>07/01/15</u> or upon the date when DAS signs the Contract, whichever is later in time. The Contract will expire <u>06/30/15</u> unless DAS terminates the Contract based upon reasons set forth in Article I-C of the Standard Contract Terms and Conditions. No agencies may place purchase orders against the Contract beyond the expiration date unless DAS renews the Contract by amendment. The Contractor may begin performance under the Contract only upon receipt of a valid order from a participating agency.			
INSTRUCTIONS TO BIDDERS AND CONTRACT TERMS AND CONDITIONS , Revised 10/2013, are a part of this Invitation to Bid. Copies may be downloaded by clicking the link above. All prior versions of Instructions to Bidders, Contract Terms and Conditions are null and void.			
By submitting this Invitation to Bid, the Contractor certifies that Contractor has truthfully disclosed the location(s) where all services are to be performed; the location(s) where all applicable State contract data is to be maintained or made available; and the principal location of business for the Contractor and all subcontractors. The Contractor further certifies and acknowledges that Contractor will not change the country of the location(s) where services are performed and will not change the country of the location(s) where data is maintained or made available without prior written consent of the State.			
INQUIRIES: All inquiries should be submitted a minimum of five (5) working days prior to the bid opening date through the Procurement website, www.procure.ohio.gov . Click "Find it Fast," select "Doc/Bid/Schedule#" in Step 1, enter the Bid Number in Step 2, click "Find it Fast." The "Submit Inquiry" button is at the bottom of the Opportunity Detail page. Bidders will not receive a personalized e-mail response to their question, nor will they receive notification when the question is answered. Responses may be viewed by clicking the "View Q & A" button located beneath the "Submit Inquiry" button.			
		AUTHORIZED SIGNATURE (ORIGINAL SIGNATURE ONLY) (Please sign in blue ink)	DATE

The ORIGINAL signed Bid must be submitted to the Office of Procurement Services by 1:00 o'clock p.m., on the above listed opening date to receive consideration for award. It is requested that the Bidder NOT sign their bid in BLACK ink. BIDDER CERTIFIES, by signature affixed to its bid, that the information provided by it in its bid including the certified statements, is accurate and complete. Bidder declares to have read and understood and agrees to be bound by all of the instructions, terms, conditions and specifications of this Invitation to Bid and agrees to fulfill the requirements of any awarded contract at the prices bid.

APPENDIX B

Institution	Calendar Year	Trip	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Belmont Correctional Institution	Usage from Jan. 2011 through Oct. 2011	Sent From Institution or Local ER To OSU	22	39	18	19	35	23	29	23	20	25	-	-	253
		Sent To Local ER	0	5	3	2	6	13	5	2	3	3	-	-	42
Dayton Correctional Institution	2012	Sent From Institution or Local ER To OSU	0	0	0	1	0	0	0	1	0	0	0	1	3
		Sent To Local ER	6	4	5	6	6	7	7	9	1	7	7	7	72
FMC	2012	From FMC to PCI or reverse	3	2	14	13	4	0	0	0	0	0	1	0	37
Hocking Correctional Facility	2012	Sent From Institution or Local ER To OSU	2	4	1	1	3	1	1	2	0	1	3	0	19
		Sent To Local ER	3	4	2	2	5	3	2	2	2	0	1	3	0
Lebanon Correctional Institution	2010	Sent From Institution or Local ER To OSU	9	12	12	7	8	9	5	9	4	12	2	7	96
		Sent To Local ER	5	5	8	4	8	3	8	14	8	6	8	9	86
Mansfield Correctional Institution	2010	Sent From Institution or Local ER To OSU	4	11	8	10	10	10	5	4	4	4	9	4	89
		Sent To Local ER	17	18	25	20	27	24	27	18	19	4	7	5	211
Noble Correctional Institution	2012	Sent From Institution or Local ER To OSU	1	3	1	1	4	3	2	3	4	2	3	2	29
		Sent To Local ER	14	16	13	16	23	18	25	22	22	20	21	17	227

APPENDIX B CONT'D.

Northeast Pre-Release Center	2012	Sent From Institution or Local ER To OSU	0	0	0	0	0	0	0	0	0	0	0	0	0
		Sent To Local ER	0	0	0	2	0	1	2	1	1	0	0	1	8
Ohio State Penitentiary	Usage from Jan. 2011 through Oct. 2011	Sent From Institution or Local ER To OSU	2	0	0	1	2	1	2	1	1	1	-	-	11
		Sent To Local ER	0	1	0	0	0	0	0	0	0	0	-	-	1
Richland Correctional Institution	2010	Sent From Institution or Local ER To OSU	9	11	9	14	12	8	7	8	12	5	3	5	103
		Sent To Local ER	15	13	9	8	8	9	6	8	7	9	4	7	103
Trumbull Correctional Institution	2012	Sent From Institution or Local ER To OSU	0	0	0	0	0	0	0	0	0	0	0	0	0
		Sent To Local ER	2	6	0	8	0	0	0	0	0	0	0	0	16
Toledo Correctional Institution	2012	Sent From Institution or Local ER To OSU	0	0	0	0	0	0	2	1	0	0	0	0	3
		Sent To Local ER	0	0	7	7	6	15	18	10	0	0	0	0	63
Warren Correctional Institution	2010	Sent From Institution or Local ER To OSU	4	7	6	12	1	2	4	4	6	1	6	4	57
		Sent To Local ER	3	5	6	5	9	6	10	6	6	5	2	4	67

ATTACHMENT A
DEPARTMENT OF ADMINISTRATIVE SERVICES
STANDARD AFFIRMATION AND DISCLOSURE FORM
EXECUTIVE ORDER 2011-12K
Governing the Expenditure of Public Funds on Offshore Services

By the signature affixed hereto, the Contractor affirms, understands and will abide by the requirements of Executive Order 2011-12K. If awarded a contract, both the Contractor and any of its subcontractors shall perform no services requested under this Contract outside of the United States.

The Contractor shall provide all the name(s) and location(s) where services under this Contract will be performed in the spaces provided below or by attachment. Failure to provide this information may subject the Contractor to sanctions. If the Contractor will not be using subcontractors, indicate "Not Applicable" in the appropriate spaces.

1. Principal location of business of Contractor:

(Address)	(City, State, Zip)
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Name/Principal location of business of subcontractor(s):

(Name)	(Address, City, State, Zip)
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(Name)	(Address, City, State, Zip)
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2. Location where services will be performed by Contractor:

(Address)	(City, State, Zip)
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Name/Location where services will be performed by subcontractor(s):

(Name)	(Address, City, State, Zip)
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(Name)	(Address, City, State, Zip)
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* Repagination

ATTACHMENT A Cont'd

3. Location where state data will be stored, accessed, tested, maintained or backed-up, by Contractor:

(Address)

(Address, City, State, Zip)

Name/Location(s) where state data will be stored, accessed, tested, maintained or backed-up by subcontractor(s):

(Name)

(Address, City, State, Zip)

Contract also affirms, understands and agrees that Contractor and its subcontracts are under a duty to disclose to the State any change or shift in location of services performed by Contractor or its subcontractors before, during and after execution of any contract with the State. Contractor agrees it shall so notify the State immediately of any such change or shift in location of its services. The state has the right to immediately terminate the contract, unless a duly signed waiver from the State has been attained by the Contractor to perform the services outside the United States.

On behalf of the Contractor, I acknowledge that I am duly authorized to execute this Affirmation and Disclosure form and have read and understand that this form is part of any Contract that Contract may enter into with the State and is incorporated therein.

By: _____
Contractor

Print Name: _____

Title: _____

Date: _____

* Pagination