



## ADDENDUM #1

RFP-2023-NHH-03-INSPE

Inspection, Testing, Maintenance and Repairs of Clinical Equipment

(Changes are in **bold, underlined and italicized text** below to enable vendors to quickly recognize changes in paragraphs and/or wording.)

On February 13, 2023, the New Hampshire Department of Health and Human Services published a Request for Proposals, soliciting proposals qualified Vendors to provide inspections, testing, maintenance and repairs to the clinical equipment located at New Hampshire Hospital. The selected Vendor must provide services to maintain the efficient operating condition and safety compliance of approximately 416 to 464 pieces of clinical equipment, in accordance with Joint Commission standards.

The Department is publishing this addendum to:

**1. Delete and replace Section 2 Statement of Work, Subsection 2.1, Scope of Services, , Paragraph 2.1.2, Subparagraph 2.1.2.2, Preventative Maintenance, Part 2.1.2.2.1, Subpart 2.1.2.2.1.1, with the following:**

2.1.2.2.1.1 Routine battery replacement, **with batteries to be supplied by the selected Vendor.**

**2. Delete and replace Section 2 Statement of Work, Subsection 2.1, Scope of Services, Paragraph 2.1.12, with the following:**

2.1.3 The selected Vendor must provide personnel to perform the required work, including but not limited to, a minimum of two (2) Certified Biomedical Equipment Technicians. **At least One (1) Certified Biomedical Equipment Technician must be present onsite at NHH for each service call.**

2.1.12.1 The selected Vendor must ensure each employee is available to complete a thirty (30) minute New Hampshire Hospital orientation that covers patient confidentiality and boundaries.

2.1.12.2 The selected Vendor must submit a completed Appendix E, NHH Non-Employee Immunization Attestation form for each employee working onsite at New Hampshire Hospital.

**3. Delete and replace Section 6, Solicitation Response Requirements, Subsection 6.3, Technical Response Requirements Paragraph 6.3.2, with the following:**

6.3.2 **Resumes** – Vendors must provide resumes for those key personnel who would be primarily responsible for meeting the terms and conditions of any agreement resulting from this Solicitation. Vendors



must redact all personal information from resumes. **In the event any key personnel positions are currently vacant, vendors must provide a detailed job description for the vacant position.**

4. Delete Appendix C, Transmittal Letter, Vendor Information, and Cost Proposal and replace it with Appendix C Addendum #1, Transmittal Letter, Vendor Information, and Cost Proposal.

**New Hampshire Department of Health and Human Services  
Inspection, Testing, Maintenance and Repairs of Clinical Equipment**

**Appendix C Addendum #1  
Transmittal Letter, Vendor Information, and Cost Proposal**

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<b>TRANSMITTAL LETTER</b>	
<b>Solicitation ID Number</b>	Inspection, Testing, Maintenance and Repairs of Clinical Equipment
<b>Vendor Name</b>	
<b>Vendor Address</b>	
<b>State of NH Vendor Code Number (required)</b>	
<b>Date of Submission</b>	

To Whom It May Concern:

We hereby submit this response to the Solicitation referenced above, in complete accordance with all conditions and specifications set forth in the Solicitation.

We attest to the fact that:

1. The Vendor has read and fully understands this Solicitation and agrees to be bound by its terms, conditions, and requirements.
2. The Vendor has read and fully understands Appendix A - Form P-37 General Provisions and Standard Exhibits.
3. The Vendor's Solicitation Response is effective for a period of 180 days from the Solicitation Response Due Date or until the Effective Date of any resulting Contract, whichever is later.
4. The prices, terms and conditions, and services in the Vendor's Solicitation Response have been established without collusion with other vendors.
5. This document is signed by a person who is authorized to legally obligate the responding Vendor.

Further, in accordance with RSA 21-I:11-c, the undersigned Vendor certifies that neither the Vendor nor any of its subsidiaries, affiliates or principal officers is currently debarred from performing work on any project of the federal government or the government of any state.

**Authorized Signature**

\_\_\_\_\_

**Authorized Signature (printed)**

\_\_\_\_\_

**Title**

\_\_\_\_\_

**Telephone**

\_\_\_\_\_

**Email**

\_\_\_\_\_

New Hampshire Department of Health and Human Services  
 Inspection, Testing, Maintenance and Repairs of Clinical Equipment

Appendix C Addendum #1  
 Transmittal Letter, Vendor Information, and Cost Proposal

1. Vendor's Contact Information		
<b>Primary Point of Contact</b> <i>Individual who will serve as the Vendor's primary contact for all other matters relating to the Solicitation.</i>	<b>Name</b>	
	<b>Title</b>	
	<b>Email</b>	
	<b>Telephone</b>	
<b>Fiscal Contact</b> <i>Individual who will serve as the Vendor's primary contact for fiscal matters.</i>	<b>Name</b>	
	<b>Title</b>	
	<b>Email</b>	
	<b>Telephone</b>	

2. Vendor References	
Provide the information requested below for two (2) individuals or organizations who have knowledge of your organization's capability to deliver services applicable to this Solicitation. The Department may contact references at its discretion. <b>A current Department employee will not be considered a valid reference.</b>	
<b>Vendor Reference 1</b>	
Individual/Organization Name	
Email	
Telephone	
Description of Work Complete	
Dates of Performance	
<b>Vendor Reference 2</b>	
Individual/Organization Name	
Email	
Telephone	
Description of Work Complete	
Dates of Performance	

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<b>3. Affiliations – Conflict of Interest</b>	
Does your organization have any affiliations that might result in a conflict of interest in relation to this Solicitation?	Choose an item.
a. If <b>YES</b> , explain the relationship(s) and how the affiliation(s) would not represent a conflict of interest.	

<b>4. Executive Summary</b>
<p><b>a. Provide a general company overview:</b></p> <ul style="list-style-type: none"> <li>i. Describe the company’s management, organizational structure, and history; ownership and subsidiaries; company background and primary lines of business; headquarters and satellite locations; mission statement; and number of employees.</li> <li>ii. Summarize the organization’s current project commitments, as well as major government and private sector clients.</li> <li>iii. Describe any strengths considered to be assets to the organization and notable company accomplishments.</li> </ul> <p><b>b. Provide an overview of the services the Vendor intends to provide.</b></p> <ul style="list-style-type: none"> <li>i. Describe the organization’s understanding of the services requested in this solicitation and any problems anticipated in accomplishing the work.</li> <li>ii. Summarize the overall design of the project in response to achieving the deliverables as defined in this solicitation.</li> <li>iii. Describe the organization’s familiarity with the project elements, its solutions to the problems presented and knowledge of the requested services.</li> <li>iv. Summarize how the organization is capable of effectively completing the services outlined in the solicitation.</li> </ul>

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<b>5. Cost Proposal</b>		
<b>Line</b>	<b>Description of Service</b>	<b>Line Cost</b>
<b>1</b>	Cost for six-month inspection, performance testing, preventative maintenance and minor repairs to equipment listed in Appendix C, New Hampshire Hospital Clinical Equipment List as described in Section 2, Statement of Work, Subsection 2.1, Scope of Services.	Six month inspection rate \$ _____
<b>2</b>	Hourly rate for required scheduled technical services during regular business hours, including, but not limited to repairs and installation : Labor cost: \$ _____ per hour with a minimum of _____ hours per instance of use.	Hourly rate for required scheduled technical services during regular business hours, multiplied times minimum hours, multiplied times 20: \$ _____
<b>3</b>	Emergency Service Calls (during normal business hours*): Labor Cost: \$ _____ per hour with a _____ hour minimum	Emergency Service Calls (during normal business hours*) hourly rate multiplied times minimum hours multiplied times 10 \$ _____
<b>4</b>	Emergency Service Calls (outside of normal business hours): Labor Cost: \$ _____ per hour with a _____ hour minimum.	Emergency Services Calls (outside of normal business hours*) hourly rate multiplied times minimum hours multiplied times 2 \$ _____
<b>5</b>	Engineering Code and Regulatory Consultation labor cost per hour: \$ _____	Engineering Code and Regulatory Consultation labor cost hourly rate multiplied times 10 \$ _____
<b>6</b>	Spectrum Analyzer Rental Fee \$ _____ per day	Spectrum Analyzer Rental Fee \$ _____ per day multiplied times 2 Days \$ _____
<b>7</b>	Power Monitor Rental Fee \$ _____ per day	Power Monitor Rental Fee per day multiplied times 2 Days \$ _____
<b>8</b>	Other Costs (Attach separate page with description and explanation for Other Costs, if any.) Total Other Costs for two year contract (SFY 2024 and SFY 2025) \$ _____	Total Other Costs for Contract Term divided by 4 = Semi-annual other costs: \$ _____
<b>9</b>	<b>Total Proposal Cost:</b> <i>*Normal Business hours are Monday-Friday 8:00 to 4:00 PM, excluding State and Federal holidays.</i>	<b>\$ _____</b>