

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
BID NO. 2011-04
PRINT SHOP PAPER

February 8, 2011

ADDENDUM NO. 1

Questions and Answers

Q1 Please check the 4 part Carbonless reverse and straight. The standard 4 part comes white/canary/pink/goldenrod. UMC is asking for white/pink/blue/canary. Is this correct?

A1 UMC will use the standard 4 part. Please see revised bid form attached.

Q2 Can the brightness of the Color Copy Paper be 96 or 98 brightness instead of 100+ brightness? There are more mills that manufacture a less bright paper.

A2 UMC will change its specification to 96+ brightness. Please see revised bid form attached.

Q3 On lot 4, Exact Index 110# 8.5x11 White and Color price various. The color cost is higher than the white and I don't know how to work it out since the color and white volume is combined.

A3 UMC will change this and break Exact Index 110# into 2 separate line items for white and color. Please see revised bid form attached.

Q4 Can you also check on the size of the business card box 2"x 3-5/8 x 4-7/8? A few vendors I checked with think the size was measured from out side instead of inside. Can you check the label on the box, please?

A4 The size of the business card box is not important. Any box that will hold 500 ea business cards will be acceptable. Please see revised bid form attached.

Bid Form

Please note that the Bid Form has been revised. Please destroy the original Bid Form and only use the attached Bid Form dated 2/8/11 for the submission of your bids.

The RFP Due/opening date of February 16, 2011; 4:00:00 p.m. remains unchanged.

Should you have any questions, please contact me at (702) 383-3606 or via email at jim.haining@umcsn.com.

Issued by:

Jim Haining, CPSM, C.P.M., A.P.P., CPSD
Contracts Management

Attachment(s): Bid Form (revised 2/8/11)

cc: Cindi Roehr
David Mosko

University Medical Center of Southern Nevada

IV - BID FORM

BID NO. 2011-04
 Print Shop Paper

 Name of Firm

This bid is submitted in response to UMC'S Invitation To Bid and is in accordance with all conditions and specifications in this document.

Lot 1 – Color Copy Paper

Item No.	Description	Estimated Annual Usage (sheets)	Sheets per ream	Reams per case	Cost per case (based on Unit Price)	Unit Price (\$/thousand sheets)	Extended Total (Estimated Annual Usage x Unit Price / 1000)
1	White Laser Paper, 28#, 8.5 x 11, 96+ brightness	50,000				\$	\$
2	White Laser Paper, 28#, 11 x 17, 96+ brightness	35,000				\$	\$
3	White Satin Cover Paper, 110#, 8.5 x 11, 96+ brightness	6,000				\$	\$
4	Gloss Text Paper, white, 100#, 8.5 x 11, 96+ brightness	2,000				\$	\$
5	Gloss Text Paper, white, 100#, 11 x 17, 96+ brightness	2,000				\$	\$
6	Gloss Text Paper, white, 100#, 12 x 18, 96+ brightness	2,000				\$	\$
7	Gloss Cover Paper, white, 100#, 8.5 x 11, 96+ brightness	2,000				\$	\$
8	Gloss Cover Paper, , white, 100#, 11 x 17, 96+ brightness	2,000				\$	\$
9	Gloss Cover Paper, white, 100#, 12 x 18, 96+ brightness	2,000				\$	\$
Total Lot 1							\$

Lot 2 – Digital Carbonless

Item No.	Description	Estimated Annual Usage (sheets)	Sheets per ream	Reams per case	Cost per case (based on Unit Price)	Unit Price (\$/thousand sheets)	Extended Total (Estimated Annual Usage x Unit Price / 1000)
10	2 part Digital Carbonless Paper, Canary/White, Reverse Collated, Grain-Long, 20 #, 8.5 x 11	800,000				\$	\$
11	3 part Digital Carbonless Paper, Pink/Canary/White, Reverse Collated, Grain-Long, 20 #, 8.5 x 11	762,000				\$	\$
12	4 part Digital Carbonless Paper, Goldenrod/Pink/Canary/White, Reverse Collated, Grain-Long, 20 #, 8.5 x 11	20,000				\$	\$
13	2 part Digital Carbonless Paper, Canary/White, Reverse Collated, Grain-Long, 20 #, 8.5 x 14	5,000				\$	\$
14	2 part Digital Carbonless Paper, Canary/White, Reverse Collated, Grain-Long, 20 #, 11 x 17	60,000				\$	\$
15	3 part Digital Carbonless Paper, Pink/Canary/White, Forward Collated, Grain-Long, 20 #, 11 x 17	36,000				\$	\$
16	4 part Coated Back (CB) Carbonless Paper, White/Canary/ Pink/ Goldenrod, Grain-Long, 20 #, 8.5 x 11	7,000				\$	\$
17	4 part Coated Front (CF) Carbonless Paper, White/Canary/ Pink / Goldenrod, Grain-Long, 20 #, 8.5 x 11	7,000				\$	\$
Total Lot 2							\$

Lot 3 – Security Prescription Paper

Item No.	Description	Estimated Annual Usage (sheets)	Sheets per ream	Reams per case	Cost per case (based on Unit Price)	Unit Price (\$/thousand sheets)	Extended Total (Estimated Annual Usage x Unit Price / 1000)
18	1 part Security Prescription Paper, 8.5 x 11	240,000				\$	\$
19	2 part Security Prescription Paper, 8.5 x 11	200,000				\$	\$
Total Lot 3							\$

Lot 4 – Miscellaneous Papers

Item No.	Description	Estimated Annual Usage (sheets)	Sheets per ream	Reams per case	Cost per case (based on Unit Price)	Unit Price (\$/thousand sheets)	Extended Total (Estimated Annual Usage x Unit Price / 1000)
20	Exact Index, White 110#, 8.5 x 11	30,000				\$	\$
21	Exact Index, pastels, 110#, 8.5 x 11 (includes cherry, ivory, blue, green, yellow)	20,000				\$	\$
22	Exact Opaque, Smooth, White, 60#, 11 x 17, 92 brightness min	30,000				\$	\$
23	Exact Pastels, 20 #, 8.5 x 11 (includes canary, blue, green, ivory, pink, buff)	1,400,000				\$	\$
24	Astrobright Text, 60 #, 8.5 x 11	5,000				\$	\$
25	Astrobright Cover, 65#, 8.5 x 11	10,000				\$	\$
26	White Bond, 20#, 11 x 17	233,000				\$	\$
Total Lot 4							\$

Lot 5 – Miscellaneous Supplies

Item No.	Description	Estimated Annual Usage (sheets)	Sheets per ream	Reams per case	Cost per case (based on Unit Price)	Unit Price (\$/thousand sheets or other)	Extended Total (Estimated Annual Usage x Unit Price)
27	Chipboard, 8.5 x 11	12,000				\$ /M	\$
28	NCR Padding Adhesive, Quart	16 qts	NA	NA	NA	\$ /qt	\$
29	Padding Cement (Glue), White, Quart	10 qts	NA	NA	NA	\$ /qt	\$
30	Business Card Boxes – that hold 500 ea business cards	500 ea	NA	NA	NA	\$ /ea	\$
Total Lot 5							\$

Company Name _____

Grand Total	Lot Total
Total Lot 1 – Color Copy Paper	\$
Total Lot 2 – Digital Carbonless	\$
Total Lot 3 – Security Prescription Paper	\$
Total Lot 4 – Miscellaneous Papers	\$
Total Lot 5 – Miscellaneous Supplies	\$
Grand Total	\$

DELIVERY:
 _____ business days (Maximum 2 business days)

RECYCLED PRODUCTS:
 The product that I am offering is considered a recycled product. Yes No

TERMS OF PAYMENT:
 _____%, _____ calendar days. (i.e. 2% 10 days)

ATTACHMENTS TO BID FORM

FAILURE TO SUBMIT REQUIRED ATTACHMENTS AS LISTED BELOW MAY RESULT IN REJECTION OF BID.

Attachment 1, Subcontractor Information, is attached.

Bidder is responsible to ascertain the number of Addenda issued and hereby acknowledges receipt of the following Addendum: **FAILURE TO ACKNOWLEDGE ALL ADDENDA ISSUED AND USE THE CORRECT BID FORM AS REQUIRED, MAY RESULT IN REJECTION OF BID.**

Addendum No. _____	Addendum No. _____	Addendum No. _____
Addendum No. _____	Addendum No. _____	Addendum No. _____
Addendum No. _____	Addendum No. _____	Addendum No. _____

Bidder hereby offers and agrees to furnish the material(s) and service(s) in compliance with all terms, conditions, specifications, and amendments in the Invitation to Bid and any written exceptions in the offer. We understand that the items in this Invitation to Bid, including, but not limited to, all required certificates are fully incorporated herein as a material and necessary part of the contract.

The undersigned hereby states, under penalty of perjury, that all information provided is true, accurate, and complete, and states that he/she has the authority to submit this bid, which will result in a binding contract if accepted by Clark County, Nevada.

I certify, under penalty of perjury, that I have the legal authorization to bind the firm hereunder:

SIGNATURE OF AUTHORIZED REPRESENTATIVE	LEGAL NAME OF FIRM
NAME AND TITLE OF AUTHORIZED REPRESENTATIVE (PRINT OR TYPE)	ADDRESS OF FIRM
PHONE NUMBER OF AUTHORIZED REPRESENTATIVE	CITY, STATE ZIP
EMAIL ADDRESS	DATE
BUSINESS LICENSE INFORMATION	
CURRENT STATE: _____	ISSUE DATE: _____
LICENSE NO. _____	EXPIRATION DATE: _____
CURRENT COUNTY: _____	ISSUE DATE: _____
LICENSE NO. _____	EXPIRATION DATE: _____
CURRENT CITY: _____	ISSUE DATE: _____
LICENSE NO. _____	EXPIRATION DATE: _____

FOR INFORMATIONAL PURPOSES ONLY:

The above referenced firm is a MBE WBE PBE SBE NBE LBE as defined below.

STATE OF NEVADA BUSINESSES

MINORITY OWNED BUSINESS ENTERPRISE (MBE):

An independent and continuing Nevada business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more minority persons of Black American, Hispanic American, Asian-Pacific American or Native American ethnicity.

WOMEN OWNED BUSINESS ENTERPRISE (WBE):

An independent and continuing Nevada business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more women.

PHYSICALLY-CHALLENGED BUSINESS ENTERPRISE (PBE):

An independent and continuing Nevada business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more disabled individuals pursuant to the federal Americans with Disabilities Act.

SMALL BUSINESS ENTERPRISE (SBE):

An independent and continuing Nevada business for profit which performs a commercially useful function, is not owned and controlled by individuals designated as minority, women, or physically-challenged, and where gross annual sales does not exceed \$2,000,000.

NEVADA BUSINESS ENTERPRISE (NBE):

Any Nevada business which has the resources necessary to sufficiently perform identified County projects, and is owned or controlled by individuals that are not designated as socially or economically disadvantaged.

BUSINESSES IN OTHER STATES

LARGE BUSINESS ENTERPRISE (LBE):

An independent and continuing business for profit which performs a commercially useful function and is not located in Nevada.

ATTACHMENT 1

BID NO. 2011-04
Print Shop Paper

SUBCONTRACTOR INFORMATION

It is our intent to utilize the following MBE, WBE, PBE, SBE, and NBE subcontractors in association with CONTRACT:

1. Subcontractor Name: _____
Contact Person: _____ Telephone Number: _____
Description of Work: _____
Estimated Percentage of Total Dollars: _____
Business Type: MBE WBE PBE SBE NBE

2. Subcontractor Name: _____
Contact Person: _____ Telephone Number: _____
Description of Work: _____
Estimated Percentage of Total Dollars: _____
Business Type: MBE WBE PBE SBE NBE

3. Subcontractor Name: _____
Contact Person: _____ Telephone Number: _____
Description of Work: _____
Estimated Percentage of Total Dollars: _____
Business Type: MBE WBE PBE SBE NBE

4. Subcontractor Name: _____
Contact Person: _____ Telephone Number: _____
Description of Work: _____
Estimated Percentage of Total Dollars: _____
Business Type: MBE WBE PBE SBE NBE
Business Type: MBE WBE PBE SBE NBE

No MBE, WBE, PBE, SBE, NBE subcontractors will be used.