

BIDS AND PROPOSALS
ONE TIME
May 17, 2019

INVITATION FOR BID

Sealed bids will be received by St. Clair County Health Department (SCCHD), 19 Public Square, Suite 150, Belleville IL 62220, 618-825-4469 up to Tuesday, June 18, 2019 at 2:30 pm prevailing time for "Remanufactured Toner Cartridges" for the period of 9/1/2019 – 8/31/2020 for the St. Clair County Health Department. Specifications are available at the address listed above. St. Clair County Health Department (SCCHD) reserves the right to reject any or all bids or portions of bids and waive technicalities.

Bonnie Warner, Accounting Coordinator
Jan Nevois, Director of Administration
Purchasing Agents

BID OVERVIEW

The St. Clair County Health Department (SCCHD) is interested in receiving bids for Remanufactured Toner Cartridges. Potential respondents are required to submit a bid meeting the minimum requirements set out in the specifications portion of this bid. Each bidder is required to answer each item in this bid package. From now on failure to submit a bid in this format and answer all questions will result in disqualification.

In addition bidders must sign and date the bid sheet as provided in this Invitation for Bid. If necessary an addendum to the specifications will be issued and sent to all potential bidders receiving this bid package.

Any questions concerning this bid package must be directed to:

St. Clair County Health Department
Attn: Bonnie Warner
19 Public Square, Suite 150
Belleville IL 62220
618-825-4469
bonnie.warner@co.st-clair.il.us

GENERAL TERMS AND CONDITIONS

1. BID OPENING:

Sealed bids will be opened on Tuesday, **June 18, 2019** at **2:30 pm** prevailing time at the St. Clair County Health Department, 19 Public Square, Suite 150 3rd floor, Belleville, IL 62220.

2. BID SUBMITTAL:

Submit bids to the location indicated in Item 1. Bids must be delivered in a sealed envelope clearly marked on the outside with your company name, address, the Invitation for Bid number **SCCHD2019-1**, due date and time. The SCCHD is not responsible for the pre-opening of or the failure to open an Invitation for Bid not properly addressed or identified. Fax or email bids are **not** acceptable.

3. TERM of AGREEMENT:

It shall be understood and agreed that the initial term of said agreement will be **September 1, 2019** through **August 31, 2020**. This contract will **not** automatically renew and can be terminated by either party giving (30) days advance notice.

4. AWARD of BID:

Every other Friday, starting September 6, 2019, an order will be placed (if needed). This bid will be awarded on a per item basis to the lowest qualified bidder.

5. PRICES:

All prices submitted on the Bid Sheet shall remain firm for the period of the contract. All prices must be inside delivery F.O.B. to St. Clair County Health Department, 3rd floor.

6. PAYMENT:

Bidder will submit an itemized invoice to the Health Department for each order.

7. QUANTITIES:

It shall be understood and agreed that the quantities listed are estimates only. SCCHD reserves the right to add or delete cartridges.

8. DELIVERY and PICK-UP:

Deliveries will be on an ordering basis, deliveries and pickups only between the hours of **8:30 am - 3:30 pm, Monday – Friday**. The toner cartridges ordered must be delivered to the 3rd floor of the Health Department and deliver within (3) three business days after order is placed. If for some reason the cartridge is on back order, please notify Libby or Bonnie.

9. COUNTY'S RESPONSIBILITY:

It shall be clearly understood and agreed by all bidders that SCCHD be responsible to the vendor for the execution of the contract, purchase order, and payment of approved invoices. SCCHD shall insure that all cartridges are repacked in the appropriate packing container for pick-up by the vendor or vendor's company.

10. VENDOR'S RESPONSIBILITY:

Vendor shall arrange for pick-up and return delivery of all cartridges at no cost to SCCHD. Shipping service shall provide tracking for lost and/or delayed shipments and to provide reimbursement for lost and/or damaged shipments. Bidder to indicate in bid response the delivery company that will be used. Successful bidder is required to pick up cartridges within 72 hours of the time notified.

11. QUALIFICATIONS:

Bidders must indicate whether they belong to a professional association such as the International Cartridge Recycling Association, (ICRA) and adhere to its principals. Bidders shall submit the names of at least three organizations for whom they currently provide this category of service in the St. Louis Metropolitan Area, along with the number of years, a contact person and phone number. References should be with organizations that are comparable in size to SCCHD's projected volume. Bidders shall indicate the number of years in the remanufacturing toner cartridge business.

12. WARRANTY:

Bidder shall provide the following guarantees:

- A) Bidder shall guarantee that the remanufactured cartridge will perform as good or better than a new cartridge or bidder will at SCCHD's choice and at no cost to SCCHD replace with another remanufactured cartridge or refund the cost of the remanufactured cartridge.
- B) Bidder shall guarantee that use of the remanufactured toner cartridges will not harm the laser printer and that the bidder will promptly provide full and complete repair to any machine, at no cost to the at no cost to SCCHD, that is damaged as a result of using the remanufactured toner cartridge. SCCHD Purchasing Department will make the determination as to the damage to a printer.
- C) Bidder shall guarantee that remanufactured toner cartridges shall have at least the yield of a new cartridge.
- D) If a Bidder sub-contracts work to another vendor SCCHD's responsibility is to the Bidder only.
- E) Any warranty breaches or contract problems will be governed by the laws of the State of Illinois.

13. REMANUFACTURING PROCESS:

Bidders are to indicate the name of the company and location of the remanufacturing process if contracted out. If performed in-house the address of production facility. And are the cartridges made in USA or China, please explain?

14. RIGHTS of RESERVATION:

St. Clair County Health Department reserves the right to add or withdraw any or all cartridges of a particular type if it is in the financial interest of SCCHD and if problems occur while printing from the cartridges the vendor cannot solve. Notice will be given within thirty (30) days to the person and address indicated on the Bid Sheet.

15. CERTIFICATE of INSURANCE:

Required.

ST. CLAIR COUNTY HEALTH DEPARTMENT
SPECIFICATIONS FOR REMANUFACTURED TONER CARTRIDGES

Bidders shall anticipate providing the following minimum levels of services to comply with the term "Remanufactured" as it relates to toner cartridges covered by these specifications:

EXTENDED LIFE REMANUFACTURING PROCESS

- 1) All empty cartridges shall be tested for print quality prior to being remanufactured. Defective cartridges shall be returned with printed samples.
- 2) Each cartridge shall be completely disassembled into component parts.
- 3) All old toner shall be removed from all components, inner surfaces, toner hopper and dust bin to insure there is no old toner remaining.
- 4) Each component shall be inspected for wear and/or damage. Worn and/or damaged components shall be replaced, to include wiper blade, which shall be inspected for pitting or hardening, and replaced as needed. Good wiper blades shall be coated with a lubricating solution to rejuvenate and lubricate the rubber.
- 5) Corona wire shall be cleaned by ultra-sonic cleaning and dried thoroughly.
- 6) Photoconductor drum shall be replaced with a re-coated drum, (virgin drum is not acceptable). Re-coating shall be hard chemical coating only.
- 7) After being reassembled, each cartridge shall be refilled with a minimum of 250 grams of black toner. Toner shall be only of the highest quality graphic black. Please indicate in bid response the number of grams of toner placed in each type cartridge.
- 8) For cartridges used in machines with SX engines, a magnetic strip shall be added to corona assembly on the EP-S cartridge.
- 9) Each cartridge shall be set to new cartridge factory specifications and tested for print and graphics quality.
- 10) Cartridges shall be repackaged and sealed as new factory cartridges; light protective bag and styrofoam end pieces to protect cartridges during shipping. Each cartridge box shall include remanufactured fuser assembly wand, q-tip for cleaning corona wire and instructions.
- 11) Cartridges are to be numbered and returned to the SSHD. Vendor shall provide tracking for number of times each cartridge has been remanufactured.
- 12) Each cartridge must be labeled as to the type of cartridge.

ST. CLAIR COUNTY HEALTH DEPARTMENT
REMANUFACTURED TONER CARTRIDGES
BID SHEET FOR IFB SCCHD2019-1

The amounts below are based on past usage. Orders may differ. If a new printer is purchased, a different toner may be necessary. Please use this form when submitting your bid, if you elect not to bid, please mark this sheet "NO BID" and enclose an explanation to remain on the vendor list. For the period of 9/1/2019 thru 8/31/2020. Each line must be filled in, if not the bid will be disqualified.

<u>REMANUFACTURED TONER CARTRIDGES</u>	<u>QTY</u>	<u>UNIT COST</u>	<u>YIELD</u>
1) HP LASERJET CE400x	7	\$ _____ /ea	_____ low
		\$ _____ /ea	_____ high
2) HP LASERJET CE401A	7	\$ _____ /ea	_____ low
		\$ _____ /ea	_____ high
3) HP LASERJET CE402A	5	\$ _____ /ea	_____ low
		\$ _____ /ea	_____ high
4) HP LASERJET CE403A	5	\$ _____ /ea	_____ low
		\$ _____ /ea	_____ high
5) HP LASERJET CF360X	4	\$ _____ /ea	_____ low
		\$ _____ /ea	_____ high
6) HP LASERJET CF360A	8	\$ _____ /ea	_____ low
		\$ _____ /ea	_____ high
7) HP LASERJET CF361X	1	\$ _____ /ea	_____ low
		\$ _____ /ea	_____ high
8) HP LASERJET CF361A	9	\$ _____ /ea	_____ low
		\$ _____ /ea	_____ high
9) HP LASERJET CF362A	9	\$ _____ /ea	_____ low
		\$ _____ /ea	_____ high
10) HP LASERJET CF363X	1	\$ _____ /ea	_____ low
		\$ _____ /ea	_____ high
11) HP LASERJET CF363A	6	\$ _____ /ea	_____ low
		\$ _____ /ea	_____ high
12) HP LASERJET CE505A	15	\$ _____ /ea	_____ low
		\$ _____ /ea	_____ high
13) HP LASERJET CE505X	1	\$ _____ /ea	_____ low
		\$ _____ /ea	_____ high
14) HP LASERJET CE505D	4	\$ _____ /ea	_____ low
		\$ _____ /ea	_____ high
15) HP LASERJET CF410A	3	\$ _____ /ea	_____ low
		\$ _____ /ea	_____ high
16) HP LASERJET CF410X	3	\$ _____ /ea	_____ low
		\$ _____ /ea	_____ high
17) HP LASERJET CF411A	5	\$ _____ /ea	_____ low
		\$ _____ /ea	_____ high
18) HP LASERJET CF412A	5	\$ _____ /ea	_____ low
		\$ _____ /ea	_____ high
19) HP LASERJET CF413A	5	\$ _____ /ea	_____ low
		\$ _____ /ea	_____ high
20) HP LASERJET CF280A	7	\$ _____ /ea	_____ low
		\$ _____ /ea	_____ high
21) HP LASERJET CF255X	2	\$ _____ /ea	_____ low
		\$ _____ /ea	_____ high

(See next page)

22)	HP LASERJET CF510A	4	\$ _____ /ea	low
			\$ _____ /ea	high
23)	HP LASERJET CF511A	4	\$ _____ /ea	low
			\$ _____ /ea	high
24)	HP LASERJET CF512A	4	\$ _____ /ea	low
			\$ _____ /ea	high
25)	HP LASERJET CF513A	4	\$ _____ /ea	low
			\$ _____ /ea	high
26)	Kyocera TK-352 black	1	\$ _____ /ea	low
			\$ _____ /ea	high
27)	Brother TN450	6	\$ _____ /ea	low
			\$ _____ /ea	high
28)	Brother TN460	3	\$ _____ /ea	low
			\$ _____ /ea	high
29)	Brother TN430	1	\$ _____ /ea	low
			\$ _____ /ea	high
30)	Sharp MX 23NT-BA *	8	\$ _____ /ea	low
			\$ _____ /ea	high
31)	Sharp MX 23NT-CA *	2	\$ _____ /ea	low
			\$ _____ /ea	high
32)	Sharp MX 23NT-MA *	2	\$ _____ /ea	low
			\$ _____ /ea	high
33)	Sharp MX 23NT-YA *	2	\$ _____ /ea	low
			\$ _____ /ea	high
34)	Sharp MX-315NT*	8	\$ _____ /ea	low
			\$ _____ /ea	high
35)	Sharp MX-500NT*	4	\$ _____ /ea	low
			\$ _____ /ea	high
36)	Kyocera TK-3102 black**	3	\$ _____ /ea	low
			\$ _____ /ea	high

*We are under contract for these toners through January 3, 2020 (amounts listed are for 8 months)
**We are under contract for these toners through March 26, 2020 (amounts listed are for 5 months)

monthly fuel charge(if any) \$ _____

The authorized representative of the company has read and understands the bid specifications in this Invitation for Bid and agrees to provide goods and services in accordance with these bid specifications.

AUTHORIZED SIGNATURE

DATE

PRINTED NAME

PHONE NUMBER

COMPANY NAME

FEDERAL TAX ID NUMBER

COMPANY ADDRESS

CITY STATE ZIP

FAX NUMBER

EMAIL ADDRESS