State of Oklahoma
Oklahoma State Department of Health

Solicitation

Solicitation #: 3400001389 **Solicitation Issue Date:** 10/22/2015

Brief Description of Requirement:

Non-Full Size Baby Cribs/Playyards.

Questions regarding this RFP are to be via email to the Contracting Officer listed below no later than 10/28/2015

Response Due Date[1]: October 30, 2015 **Time:** 3:00 PM CST/CDT

Issued By and RETURN SEALED BID TO[2]:

Agency Name: Oklahoma State Department of Health

- U.S. Postal Delivery: 1000 NE 10th Street, Oklahoma City, OK 73117-1299
- Carrier Delivery: 1000 NE 10th Street, Oklahoma City, OK 73117-1299

Solicitation Type (type "X" at one below):

- ☐ Invitation to Bid
- ☑ Request for Proposal
- ☐ Request for Quote

1. **Shipping Location**: 7725 W. Reno, Ste 398, Oklahoma City, OK 73127
2. **Contracting Officer**:

Name: Patricia Bagwell
Phone: 405-271-4043
Email: patriciab@health.ok.gov

[1] Amendments to solicitation may change the Response Due Date (read GENERAL PROVISIONS, section 3, "Solicitation Amendments")
[2] If "U.S. Postal Delivery" differs from "Carrier Delivery, use "Carrier Delivery" for courier or personal deliveries

State of Oklahoma
Oklahoma State Department of Health

Responding Bidder Information

"Certification for Competitive Bid and Contract" (see page 3) ***MUST*** *be submitted along with the response to the Solicitation.*

1. **RE: Solicitation #** 3400001389

2. **Bidder General Information:**

   FEI / SSN : _____ VEN ID: _____

   Company Name: _____

3. **Bidder Contact Information:**

   Address: _____

   City: _____ State: ____ Zip Code: _____

   Contact Name: _____

   Contact Title: _____

   Phone #: _____ FAX#: _____

   Email: _____ Website: _____

4. **Oklahoma Sales Tax Permit**[1] (type "X" at one below):

   ☐ YES – Permit #: _____

   ☐ NO – Exempt pursuant to Oklahoma Laws or Rules

5. **Registration with the Oklahoma Secretary of State** (type "X" at one below):

   ☐ YES - Filing Number: _____

   ☐ NO - Prior to the contract award, the successful bidder will be required to register with the Secretary of State or must attach a signed statement that provides specific details supporting the exemption the supplier is claiming (www.sos.ok.gov or 405-521-3911).

6. **Workers' Compensation Insurance Coverage:**

   Bidder is required to provide with the bid a certificate of insurance showing proof of compliance with the Oklahoma Workers' Compensation Act (type "X" at one below):

   ☐ YES – include a certificate of insurance with the bid

   ☐ NO - attach a signed statement that provides specific details supporting the exemption you are claiming from the Workers' Compensation Act (Note: Pursuant to Attorney General Opinion #07-8, the exemption from 85 O.S. 2011, § 311 applies only to employers who are natural persons, such as sole proprietors, and does not apply to employers who are entities created by law, including but not limited to corporations, partnerships and limited liability companies.)[2]

_____ _____
Authorized Signature Date

_____ _____
Printed Name Title

[1] For frequently asked questions concerning Oklahoma Sales Tax Permit, see http://www.tax.ok.gov/faq/faqbussales.html
[2] For frequently asked questions concerning workers' compensation insurance, see http://www.ok.gov/oid/faqs.html#c221

State of Oklahoma
Oklahoma State Department of Heall

Certification for Competitive Bid and/or Contract (Non-Collusion Certification)

NOTE: *A certification shall be included with any competitive bid and/or contract exceeding $5,000.00 submitted to the State for goods or services.*

Solicitation or Purchase Order #: 3400001389

Supplier Legal Name: _____

SECTION I [74 O.S. § 85.22]:

A. For purposes of competitive bid,

1. I am the duly authorized agent of the above named bidder submitting the competitive bid herewith, for the purpose of certifying the facts pertaining to the existence of collusion among bidders and between bidders and state officials or employees, as well as facts pertaining to the giving or offering of things of value to government personnel in return for special consideration in the letting of any contract pursuant to said bid;
2. I am fully aware of the facts and circumstances surrounding the making of the bid to which this statement is attached and have been personally and directly involved in the proceedings leading to the submission of such bid; and
3. Neither the bidder nor anyone subject to the bidder's direction or control has been a party:
   a. to any collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding,
   b. to any collusion with any state official or employee as to quantity, quality or price in the prospective contract, or as to any other terms of such prospective contract, nor
   c. in any discussions between bidders and any state official concerning exchange of money or other thing of value for special consideration in the letting of a contract, nor
   d. to any collusion with any state agency or political subdivision official or employee as to create a sole source acquisition in contradiction to Section 85.45j.1. of this title.

B. I certify, if awarded the contract, whether competitively bid or not, neither the contractor nor anyone subject to the contractor's direction or control has paid, given or donated or agreed to pay, give or donate to any officer or employee of the State of Oklahoma any money or other thing of value, either directly or indirectly, in procuring this contract herein.

SECTION II [74 O.S. § 85.42]:

For the purpose of a contract for services, the supplier also certifies that no person who has been involved in any manner in the development of this contract while employed by the State of Oklahoma shall be employed by the supplier to fulfill any of the services provided for under said contract.

The undersigned, duly authorized agent for the above named supplier, by signing below acknowledges this certification statement is executed for the purposes of:

☐ the competitive bid attached herewith and contract, if awarded to said supplier;

OR

☐ the contract attached herewith, which was not competitively bid and awarded by the agency pursuant to applicable Oklahoma statutes.

Supplier Authorized Signature	Certified This Date
Printed Name	Title
Phone Number	Email
Fax Number	

SOLICITATION REQUEST

☐ Request for Quote ☐ Request for Proposal ☐ Request for Bid **Dispatch via Print**

Request Quote ID.	Date	Buyer	Page
3400001389	10/22/2015		1
Payment Terms	**DateTime Quote Open**	**Closing**	
0 Days	10/22/2015 02:14 AM	10/30/2015 03:00 AM	

Requisition Number Reference: BID CRIBS/PLAYYARDS

Department of Health
OKLAHOMA STATE DEPT OF HEALTH
SHIPPING & RECEIVING
1000 NE 10TH ST
OKLAHOMA CITY OK 731171299

Ship To: OKLAHOMA STATE DEPT OF HEALTH
OFF-SITE WAREHOUSE
7725 W RENO
OKLAHOMA CITY OK 73127-9738

Supplier: NAME
Address:_____
Address:_____
City:_____ST:____ ZIP:_____

Bill To: OKLAHOMA STATE DEPT OF HEALTH
ACCOUNTS PAYABLE
1000 NE 10TH ST
OKLAHOMA CITY OK 731171299

Line	Cat CD / Item # - Descr		Qty.	UOM	Supplier Responses Unit Cost	Ext. Cost
1	56101804 / 1000030351	PLAY YARD:Baby play pen or play yard	300	EA		

This is NOT AN ORDER
All returned quotes and related documents must be identified with our request for quote Number.

SOLICITATION REQUEST

☐ Request for Quote ☐ Request for Proposal ☐ Request for Bid **Dispatch via Print**

Request Quote ID.	Date	Buyer	Page
3400001389	10/22/2015		2
Payment Terms	**DateTime Quote Open**	**Closing**	
0 Days	10/22/2015 02:14 AM	10/30/2015 03:00 AM	

Requisition Number Reference: BID CRIBS/PLAYYARDS

Department of Health
OKLAHOMA STATE DEPT OF HEALTH
SHIPPING & RECEIVING
1000 NE 10TH ST
OKLAHOMA CITY OK 731171299

Ship To: OKLAHOMA STATE DEPT OF HEALTH
OFF-SITE WAREHOUSE
7725 W RENO
OKLAHOMA CITY OK 73127-9738

Supplier: NAME
Address:_____
Address:_____
City:_____ST:____ ZIP:_____

Bill To: OKLAHOMA STATE DEPT OF HEALTH
ACCOUNTS PAYABLE
1000 NE 10TH ST
OKLAHOMA CITY OK 731171299

Supplier Responses

Line	Cat CD / Item # - Descr	Qty.	UOM	Unit Cost	Ext. Cost

The OSDH has a budget of $19,498.00 to purchase Non-Full-Size Baby Cribs/Play Yards.
Graco Pack 'n" Play with Automatic folding feet Model # 1895913 or equivalent.
Product meets specifications Yes___No___
If no, please explain:
_____
_____
*
*UNIT COST:_____
*
Child Maximum Weight: 30 lbs. Product dimensions (in inches) aproximately 28 X 31 inches
Height, approximately 16-29 width or approximately 12 to 40 inches length.
Product meets specifications Yes___No___
If no, please explain:
_____
_____
The brand name mentioned and these specifications are for reference only. Alternate bids will only be considered when brochure/specifications are included with bid for evaluation.

Responses are to include the brand name, manufacturer.
Brand Name: _____
Manufacturer: _____
Model Number:_____
Product meets specifications?
Yes____ No____
If no, please explain: _____
_____
_____.
*
Non-Full-Size Baby Cribs/Play Yards MUST MEET AAP Guidelines:
http://pediatrics.aappublications.org/content/128/5/1030.abstract?sid=8c02a82a-ebb0-4aa0-a851-a9a8fb72f526
Product meets specifications
Yes___No___
*
MUST MEET: 16 CFR 1221 GUIDELINES: http://cfr.regstoday.com/16CFR1221.aspx
Product meets specifications
Yes___No___
*
MUST: Come in gender neutral color or pattern, e.g. white, cream or gray.
Product meets specifications
Yes___No___
*
MUST: Provide bi-lingual english/spanish packaging with safe sleep instructions consistent with current AAP Guidelines.
Product meets specifications
Yes___No___
*
MUST include consumer warnings such as: "For use by children unable to climb out, less than 35 inches tall" And Care and maintenance instructions.
Product meets specifications?
Yes____ No____
*
Does product have easy to use folding feet with organizer or bag for convenient carrying.
Product meets specifications
Yes___No___
*

This is NOT AN ORDER
All returned quotes and related documents must be identified with our request for quote Number.

SOLICITATION REQUEST

☐ Request for Quote ☐ Request for Proposal ☐ Request for Bid **Dispatch via Print**

Request Quote ID.	Date	Buyer	Page
3400001389	10/22/2015		3
Payment Terms	**DateTime Quote Open**	**Closing**	
0 Days	10/22/2015 02:14 AM	10/30/2015 03:00 AM	

Requisition Number Reference: BID CRIBS/PLAYYARDS

Department of Health
OKLAHOMA STATE DEPT OF HEALTH
SHIPPING & RECEIVING
1000 NE 10TH ST
OKLAHOMA CITY OK 731171299

Ship To: OKLAHOMA STATE DEPT OF HEALTH
OFF-SITE WAREHOUSE
7725 W RENO
OKLAHOMA CITY OK 73127-9738

Supplier: NAME
Address:_____
Address:_____
City:_____ST:____ ZIP:_____

Bill To: OKLAHOMA STATE DEPT OF HEALTH
ACCOUNTS PAYABLE
1000 NE 10TH ST
OKLAHOMA CITY OK 731171299

Supplier Responses

Line	Cat CD / Item # - Descr	Qty.	UOM	Unit Cost	Ext. Cost

Please indicate this product's recall rate according to CPSC (Consumer Product Safety Commission). OSDH may independently verify the provided information.
http://www.cpsc.gov/en/Media/Documents/Regulations-Laws--Standards/Statutes/Consumer-Product-Safety-Act-CPSA/
*
Product Recall Rate: _____%
*
Immediate delivery is needed. Bidders indicate your earliest delivery date. Earliest delivery will be considered in contract award.
LEAD TIME:_____

Freight Terms: FOB DEST **Ship Via:** COMMON

Lead Time: _____

Supplier Remarks:

2	78121603 / 1000008974	SHIPPING: General Charges	1	EA	_____	_____

Ship to Address: OSDH Off-Site Warehouse, ATTENTION: Maternal & Child Health 7725 W. Reno Suite 398, Oklahoma City, OK 73127-9738

NOTICE FOR DELIVERY COMPANY:
There is a maximum 92 inch pallet height limit on all orders for delivery to the OSDH Off-Site Warehouse. Contact Fred Leighty for delivery schedule. Phone number 405-271-9444 extension 56523, Blackberry 405-651-7493.
WARE HOUSE DELIVERY HOURS ARE FROM 8AM TO 3:30PM CDT.
WEEK END DELIVERY IS NOT ACCEPTED AND DOUBLE STACKED PALLETS WILL NOT BE ACCEPTED.
*
Purchase order number should appear on all documentation, including but not limited to: packing slips, invoices, bills of lading, correspondence, subject line of emails, envelope addresses, and packages.
*
The purchase order number should be visible without the need to open the package. Shipments, invoices, and other documentation not properly identified by purchase order number may result in refusal of delivery, delayed payment, or other delays in response.

Freight Terms: FOB DEST **Ship Via:** COMMON

Lead Time: _____

Supplier Remarks:

COMMENTS:
Bids deemed responsive shall be evaluated utilizing best value criteria in accordance with Oklahoma Statute Title 74, Section 85. Best Value means an acquisition based on criteria which may include, but are not limited to those specified below: Best Value criteria to include Cost, Delivery time, and Recall rate.

This solicitation, along with resultant Purchase Order, constitutes the entire agreement. No additional agreements will be signed.

This is NOT AN ORDER
All returned quotes and related documents must be identified with our request for quote Number.

SOLICITATION REQUEST

☐ Request for Quote ☐ Request for Proposal ☐ Request for Bid **Dispatch via Print**

Request Quote ID.	Date	Buyer	Page
3400001389	10/22/2015		4
Payment Terms	**DateTime Quote Open**	**Closing**	
0 Days	10/22/2015 02:14 AM	10/30/2015 03:00 AM	

Requisition Number Reference: BID CRIBS/PLAYYARDS

Department of Health
OKLAHOMA STATE DEPT OF HEALTH
SHIPPING & RECEIVING
1000 NE 10TH ST
OKLAHOMA CITY OK 731171299

Ship To: OKLAHOMA STATE DEPT OF HEALTH
OFF-SITE WAREHOUSE
7725 W RENO
OKLAHOMA CITY OK 73127-9738

Supplier: NAME
Address:_____
Address:_____
City:_____ST:____ ZIP:_____

Bill To: OKLAHOMA STATE DEPT OF HEALTH
ACCOUNTS PAYABLE
1000 NE 10TH ST
OKLAHOMA CITY OK 731171299

Supplier Responses

Line	Cat CD / Item # - Descr	Qty.	UOM	Unit Cost	Ext. Cost

Product specifications must be provided with this bid response to ensure product acceptability and/or compatibility.

Any agreement, which will be a requirement for purchase under this contract, must be submitted with the bid proposal.

Bid must be completed as requested. Bidder information such as FEI #, Company Name, and Address needs to be completed on the first page of the bid sheet. Failure to supply this information and to complete bid as requested may result in bid being deemed as non-responsive.

Vendor acknowledges, by receipt of this instrument, document or communication, that any agreement entered into or executed by the parties is subject to the provisions of the Oklahoma Central Purchasing Act, 74 O.S. § 85.1, et seq.

This contract shall be considered to be in force until the expiration date or until 30 days after notice has been given by either party of its desire to terminate the contract.

This is NOT AN ORDER
All returned quotes and related documents must be identified with our request for quote Number.

[redacted]

GRACO

Products Shop Register Your Product Replacement Parts Product Instructions

Click for larger view and double click on large view to reset

Video

Top Rated On-The-Go Playards

Pack 'n Play Playard Sport
★★★★★ 4.9 (16)

Pack 'n Play Playard Nimble Nook
★★★★★ 4.8 (24)

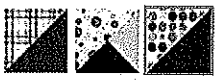
Pack 'n Play Playard Jetsetter
★★★★★ 4.8 (17)

Pack 'n Play® Playard with Automatic Folding Feet

★★★★★ 4.7 (117) Write a review

Walmart

MSRP $49.99
Model #1895913
Pattern: Animal Friends™



Features

- Automatically folding feet and wheels allow for a more compact fold, making it easy to store and perfect for travel
- Organizer to keeps baby essentials close at hand
- Durable frame makes this playard ideal for travel
- Signature Graco push-button fold makes closing your playard quick and hassle-free

More Features ...

Product Description

When your little one needs a place to nap or play right away, there's no more convenient solution than our Pack n' Play® Playard. Its durable frame makes it perfectly suited for travel. The signature Graco® push-button fold allows you to break it down in seconds, and the automatically folding feet and wheels make it amazingly compact when folded. At home or away, your young one will have sweet dreams and comfy surroundings.

Specifications

Weight: 22.9 lbs
Height: 29"
Width: 28.5"
Length: 40"

Care and Maintenance

If unit gets sandy, carefully remove sand from all surfaces before packing into bag. Sand may damage top rail lock. Clean with household soap and warm water. Drip dry. NO BLEACH. Machine wash carry bag in lukewarm water.

Recommended Use

For use by children unable to climb out, less than 35" tall.

Bassinet for babies under 15 lbs. and unable to push up on hands and knees.
FALL HAZARD: To help prevent falls, do not use this product when the infant begins to push up on hands and knees or weighs over 15 lbs (6.8 kg), whichever comes first.