

**Request for Proposals for Research
Department Autoclaves and Related
Services**



Date Issued: Friday, April 28, 2023 8:00 AM CST

Pre-Proposal Conference Date: Wednesday, May 3, 2023 1:30 PM CST

[Click here to join the meeting](#)

Pre-Proposal Questions Deadline: Monday May 8, 2023 4:00 PM CST

Solicitation Due Date: Tuesday, May 30, 2023 4:00 PM CST

Solicitation Contact Information: Eloise Gonzalez, Senior Coordinator, Procurement

SECTION 1: GENERAL INFORMATION

1.1 Organizational Overview

Established in 1900, Baylor College of Medicine (“**BCM**”) is a health sciences university headquartered in the heart of the Texas Medical Center that creates knowledge and applies science and discoveries to further education, healthcare, and community service locally and globally. BCM is defined by its commitment to its mission of excellence in medical education, patient care, biomedical research, and community service.

Baylor College of Medicine (“**BCM**”) is a private and independent health science center. It consists of research departments, graduate education, and medical services all working collaboratively to discover fundamental insights into human health and disease and to apply their discoveries to develop new diagnostic tools and treatments. Collectively the research engines on the TMC campus are number two in nation funding from the National Institutes of Health. Researchers collaborate across institutions creating a vast biomedical research ecosystem. Our academic programs are consistently ranked among the top tier in the country in their respective fields. We provide clinical care in Baylor operated ambulatory care clinic locations, and activities supporting Baylor St. Luke’s Medical Center and other affiliated medical locations. Baylor Medicine patients have access to world-class healthcare in more than 30 specialties.

1.2 Project Summary

Baylor College of Medicine seeks proposals from qualified firms to provide proposals for Autoclaves for several Research Departments in various stages of replacement. The estimated number of units is 8-10 units per year. This proposal will cover two years beginning July 2023. The project will extend for another two years, for a total of four years.

1.3 Background

Baylor College of Medicine is heavily reliant on research and various research projects. autoclaves in BCMs research departments are in various stages of life and may need to be replaced or maintained/serviced.

1.4 Primary Contact Information

Name	Title	Contact Information	
Primary Contact	Eloise Gonzalez	713-798-5082	Eloise.Gonzalez@bcm.edu
Lead, Procurement	Enid Mondragon	713-798-2483	Enid.Mondragon@bcm.edu

1.5 Solicitation Schedule

Date Issued: Friday, April 28, 2023, at 8:00 AM CST

Pre-Proposal Conference Date: Wednesday, May 3, 2023 at 1:30 PM CST

Microsoft Teams. [Click here to join the meeting](#)

Meeting ID: 236 689 623 640

Passcode: LMcu6G

[Download Teams](#) | [Join on the web](#)

Or call in (audio only)

[+1 346-230-4757,419364092#](#) United States, Houston

Phone Conference ID: 419 364 092#

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SECTION 2: SCOPE OF SERVICES

2.1 Purpose

Baylor College of Medicine seeks proposals from qualified firms to provide proposals for autoclave replacements, services and maintenance for several Research Departments. The estimated number of units is approximately 8-10 units per year. Attached you will find the autoclave survey showing the priority, locations, and conditions of the autoclaves being replaced. Note the priority may change due to the conditions of the autoclaves. With your proposal, please provide lead times, service packages, and any additional fees that may incur.

2.2 Attachment A (2023 Autoclave Survey Replacement Priority)

The following document is provided as an aid in responding to this solicitation. Attachment A lists the autoclaves that will be replaced, it also provides priority, location, condition, and descriptions of the autoclaves.

SECTION 3: SUBMISSION OF PROPOSAL

3.1 Submission Requirements.

Interested candidates should include the following in their proposal:

A. Company Information

1. How many years of experience does your organization have working with Autoclaves?
2. Has your organization already completed autoclave projects with other research institutes such as BCM? Feel free to provide company names and references below in Section B.

B. References

Please provide three (3) business references below:

1. Organization Name:

Organization Address:

Name of Representative:

Email address:

How long have you been in business with this organization?

2. Organization Name:

Organization Address:

Name of Representative:

Email address:

How long have you been in business with this organization?

3. Organization Name:

Organization Address:

Name of Representative:

Email address:

How long have you been in business with this organization?

C. Pricing - (estimated replacement/service on approximately 8-10 autoclaves per year)

Requested pricing will be for the Priority #1 and Priority #2 autoclaves:

1. Warranties – The first twelve (12) months after startup must be included in the proposal.
2. Preventive Maintenance Plan (including **ALL** costs associated) – year #1 to be included in base cost proposal. If your organization PM plan includes a flat fee, please provide that fee.
3. Service Packages - Please include pricing for all parts and components to provide preventive maintenance (PM) for each unit. Frequency of PM visit to be at least once every quarter. If your service package includes ALL PARTS, please specify.
4. Cost breakdown – indicate the following items:
 - a. Equipment base cost.
 - b. Cost of options (such as a load car, transfer carriages, or liquid temperature probe), as requested by BCM.
 - c. Installation cost (see notes below for BCM vs Supplier Responsibilities).

5. What is the average response time for a service technician on a break-down service call for BCM?
6. Please show current equipment delivery lead-times for all autoclaves being proposed.
 - a. What risk do you see for a prolonged or extended delivery schedule?
7. Provide two (2) hard copies of the Operation and Maintenance (O&M) manuals with all equipment, including a drawing of replacement parts.
8. **Responsibilities – BCM**
 - a. BCM will self-perform the following items for all autoclaves:
 - b. Demolition of existing autoclave(s) and proper disposal.
 - c. Disconnection of all utilities, and left in a locked-out, “safe” condition.
 - d. Any necessary wall, ceiling, floor, or other architectural modifications or repairs needed for the new equipment to fit in the final location.
 - e. Reconnection of all utilities to the autoclave(s).
 - f. Fire sprinkler head movement, backflow preventer relocation, steam pressure regulators, floor repair, overhead lighting relocation, or any other building infrastructure that must be modified or moved to accommodate the new autoclave equipment.
 - g. Coordination with the lab to ensure optimum timing and minimum downtime, and appointment of a single point contact for this work.
9. **Responsibilities – Supplier:**
 - a. The Supplier will be responsible for these items:
 - b. All autoclave equipment, loading carts, and options.
 - c. Provide submittal engineering drawings in order to be reviewed and approved by BCM prior to fabrication. BCM to approve in a timely manner.
 - i. Drawing packages must show the physical size of the autoclave in both the “as-shipped” and the “uncrated” condition.
 1. This is necessary so that BCM can determine the proper ingress and transit pathway from the loading dock to the lab.
 - ii. Specification sheets must include a description of the utilities required –
 1. Steam, water, air, drain, electrical voltage, amperage.
 - d. Commissioning and startup of all autoclaves by a factory service technician.
 - e. Running a BCM-supplied test biological test sample to prove that the autoclave is performing properly. This may include a BCM-supplied Bowie-Dick sample pack to prove complete air removal and steam penetration.
 - f. Training on the equipment for operators, up to four (4) hours, per machine.
 - g. Providing a list of recommended spare parts that BCM may, or may not elect to purchase separately.
 - h. Initial programming of up to twelve recipes into each machine, based upon time/temperate/rate profiles provided by BCM. The ability to program or alter cycles, post-installation.
10. **Delivery requirements – small autoclaves:**
 - a. Delivery of the autoclave to BCM dock.
 - i. For the small autoclaves, delivery can be made on a weekday during normal business hours, Monday through Friday.

- ii. These units are noted as lab numbers:
 - 1. 312B, CPEH, T912, N1403.01, 225A, 816D, 910D, E159, T610, N826, 801D.
 - 2. Getinge model **LSS-275**, or Steris equivalent.
 - iii. BCM will unload, uncrate, and transport the “small” autoclaves to the final lab destination.
 - iv. BCM will set the equipment and connect all utilities.
 - v. The Supplier will be responsible for reviewing and approving the work by BCM, and completing the final installation checklist before starting up the unit.
11. Delivery requirements – large autoclaves:
- a. Delivery of the autoclave to BCM dock:
 - i. For the large autoclaves delivery must be made on a Saturday in order to avoid conflicts with ongoing loading dock operations.
 - ii. These units are noted as lab numbers:
 - 1. ABBR 4, ABBR 7, 912D, N1505.03
 - 2. Getinge model **733LS-53**, or Steris equivalent.
 - b. The supplier is responsible for providing labor, equipment, tools, and supervision to deliver, unload, uncrate, and transport the autoclave from the BCM loading dock to the final lab location.
 - c. Supplier will provide a factory representative to be present at BCM during the unloading and uncrating process of the larger units to supervise the unloading effort and movement of the unit.
 - i. If any autoclave hardware needs to be removed to fit into the lab space selected, this removal and subsequent reinstallation work will be done by the Supplier.
 - ii. BCM will provide a Facilities representative to be on-site during Saturday deliveries to coordinate and assist.
12. All autoclaves must come programmed to accept up to thirty (30ea) unique user passwords in order to safeguard the units from unauthorized use.
- a. A supervisor password must be provided to access higher level software programming selections, including recipe management and user access privileges.
 - b. Confirm that your equipment has this feature. If there is an additional charge, please indicate that amount.
13. All units must come with both a hard copy printer and a USB-style memory card to store key machine performance parameters such as time and temperature.

3.2 Instructions for Submission

Please submit responses electronically via email to Eloise Gonzalez at eloise.gonzalez@bcm.edu by Tuesday, May 30, 2023 at 4:00 PM CST.

3.3 Vendor Walk-Throughs will be scheduled via email to Enid Mondragon at Enid.Mondragon@bcm.edu.

3.4 Submissions will be scored on PRICING, WARRANTY, and RESPONSIVENESS.

3.5 Vendors who move forward in the process will be contacted by BCM.

SECTION 4: GENERAL TERMS AND CONDITIONS

Baylor's full terms and conditions can be accessed electronically here:

<https://www.bcm.edu/sites/default/files/2021-04/bcm-vendor-terms-and-conditions.pdf>

4.1 Submission of Proposals:

Respondent shall furnish information required by the solicitation in the form requested. The University reserves the right to reject proposals with incomplete information or which are presented on a different form. All proposals shall be signed, in the appropriate location, by a duly authorized representative of the Respondent's organization. Signature on the proposal certifies that the Respondent has read and fully understands all RFP specifications, plans, and terms and conditions.

By submitting a proposal, the Respondent agrees to provide the specified equipment, supplies and/or services in the RFP, at the prices quoted, pursuant to all requirements and specifications contained therein. Furthermore, the Respondent certifies that: (1) the proposal is genuine and is not made in the interest of or on behalf of any undisclosed person, firm, or corporation, and is not submitted in conformity with any agreement or rules of any group, association, or corporation; (2) the Respondent has not directly or indirectly induced or solicited any other Respondent to submit a false or sham proposal; (3) the Respondent has not solicited or induced any person, firm, or corporation to refrain from responding; (4) the Respondent has not sought by collusion or otherwise to obtain any advantage over any other Respondent or over the University.

Modifications or erasures made before proposal submission must be initialed in ink by the person signing the proposal. Proposals, once submitted, may be modified in writing prior to the exact date and time set for the RFP closing. Any such modifications shall be prepared on company letterhead, signed by a duly authorized representative, and state the new document supersedes or modifies the prior proposal. The modification must be submitted marked "Proposal Modification" and clearly identifying the RFP title, RFP number and closing date and time. Proposals may not be modified after the RFP closing date and time. Telephone and facsimile modifications are not permitted.

Proposals may be withdrawn in writing, on company letterhead, signed by a duly authorized representative and received at the designated location prior to the date and time set for RFP closing. Proposals may be withdrawn in person before the RFP closing upon presentation of proper identification. Proposals may not be withdrawn for a period of sixty (60) days after the scheduled **closing time for the receipt of proposals**.

4.2 Conflict of Interest:

By signing the proposal, the vendor affirms that it and its' officers, members and employees have no actual or potential conflict of interest, beyond the conflicts disclosed in its' proposal. Vendor will not acquire any interest, direct or indirect, that would conflict or compromise in any manner or degree with the performance of its services under this contract. If any potential conflict is later discovered or if one arises, the vendor must disclose it to the Commission/Council promptly.

4.3 Independent Proposal:

A proposal will not be considered for award if the price in the proposal was not arrived at independently, without collusion, consultation, communication, or agreement as to any matter relating to such prices with any other offer or with any competitor. The price quoted in the vendor's proposal will not be subject to any increase and will be considered firm for the life of the contract unless specific provisions have been provided for adjustment in the original contract.

4.4 Rejection of Proposals:

The Director of Procurement reserves the right to accept or reject any or all proposals, in part or in whole, at her discretion. The Director reserves the right to withdraw this RFP at any time for any reason. Submission of, or receipt by, the Director confers no rights upon the vendor nor obligates the Commission/Council in any manner.

4.5 Supplier Diversity:

All agencies of the State of Texas are required to make a good faith effort to assist Historically Underutilized Businesses (HUB) in receiving contract or subcontract awards. The goal of the HUB program is to promote full and equal business opportunity for all businesses in contracting with state agencies. If under the terms of any Contract resulting from this RFP, Respondent subcontracts any of the services then, Respondent must make a good faith effort attempt to utilize HUBs certified through the Statewide HUB Program.

Proposals that fail to comply with the subcontracting requirements contained in this solicitation will constitute a material failure to comply and will be rejected by Baylor College of Medicine (BCM) as **non-responsive**.

Any Subcontracting of the Services by the successful Respondent(s) is subject to review by BCM to ensure compliance with the HUB program requirements. If BCM determines that subcontracting opportunities are probable, then a HUB Subcontracting Plan (HSP) is a required element of the response.

SECTION 5: EXECUTION OF OFFER

PROPOSER MUST COMPLETE, SIGN AND SUBMIT THE FOLLOWING EXECUTION OF OFFER (**SECTION 5** OF THIS RFP) NO LATER THAN THE SUBMITTAL DEADLINE.

5.1 By signature hereon, Proposer represents and warrants the following:

- 5.1.1 Proposer acknowledges and agrees that (a) this RFP is a solicitation for a proposal and is not a contract or an offer to contract; (b) the submission of a proposal by Proposer in response to this RFP will not create a contract between BCM and Proposer; (c) BCM has made no representation, guarantee or warranty, written or oral, that one or more contracts with BCM will be awarded under this RFP; and (d) Proposer will bear, as its sole risk and responsibility, any cost arising from Proposer's preparation of a response to this RFP.

- 5.1.2 Proposer is a reputable company that is lawfully and regularly engaged in providing the related services.
- 5.1.3 Proposer has the necessary experience, knowledge, capabilities, skills, and resources to perform under the Agreement.
- 5.1.4 Proposer is aware of, is fully informed about, and is in full compliance with all applicable federal, state and local laws, rules, regulations and ordinances.
- 5.1.5 Proposer understands the requirements and Scope of Work (ref. **Section 2** of this RFP) set forth in this RFP.
- 5.1.6 If selected by BCM, Proposer will not delegate any of its duties or responsibilities under this RFP or the Agreement to any sub-contractor, except as expressly provided in the Agreement.
- 5.1.7 If selected by BCM, Proposer will maintain any insurance coverage as required by the Agreement during the term thereof.
- 5.1.8 All statements, information and representations prepared and submitted in response to this RFP are current, complete, true and accurate. Proposer acknowledges that BCM will rely on such statements, information and representations in selecting Preferred Supplier. If selected by BCM, Proposer will notify BCM immediately of any material change in any matters with regard to which Proposer has made a statement or representation or provided information.
- 5.2 By signature hereon, Proposer offers and agrees to comply with all requirements set forth in this RFP.
- 5.3 By signature hereon, Proposer affirms that it has not given or offered to give, nor does Proposer intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor or service to a public servant in connection with its submitted proposal. Failure to sign this Execution of Offer, or signing with a false statement, may void the submitted proposal or any resulting contracts, and Proposer may be removed from all proposal lists at BCM.
- 5.4 By signature hereon, Proposer certifies that the individual signing this document and the documents made a part of this RFP, is authorized to sign such documents on behalf of Proposer

and to bind Proposer under any agreements and other contractual arrangements that may result from the submission of Proposer's proposal.

Submitted and Certified By:

(Proposer's Legal Company Name)

(Signature of Duly Authorized Representative)

(Printed Name/Title)

(Date Signed)

(Proposer's Street Address)

(City, State, Zip Code)

(Telephone Number)

SECTION 6: SUPPLIER DIVERSITY INQUIRY**BUSINESS IDENTIFICATION AND NONDISCRIMINATION*****(TO BE SUBMITTED WITH PROPOSAL)***

	Yes	No												
Small Business as defined by the US. Small Business Administration (DBE, SBE, HubZone)														
Minority Business Enterprise (MBE) If yes, please indicate the percentage of minorities who own, control, or operate your company: <table border="1" data-bbox="126 737 1295 835"> <tbody> <tr> <td>African American</td> <td>%</td> <td>Asian American</td> <td>%</td> </tr> <tr> <td>Hispanic/Latino</td> <td>%</td> <td>Pacific Islander</td> <td>%</td> </tr> <tr> <td>Native American</td> <td>%</td> <td>Other</td> <td>%</td> </tr> </tbody> </table>	African American	%	Asian American	%	Hispanic/Latino	%	Pacific Islander	%	Native American	%	Other	%		
African American	%	Asian American	%											
Hispanic/Latino	%	Pacific Islander	%											
Native American	%	Other	%											
WOMAN-OWNED BUSINESS ENTERPRISE (WBE)														
DISABLED VETERAN BUSINESS ENTERPRISE OR VETERAN BUSINESS ENTERPRISE (DVBE, VBE)														
IS YOUR COMPANY CERTIFIED AS ONE OF THE BUSINESS DESIGNATIONS ABOVE? If yes, please give the certifying agency and include a copy of your current certification with your bid response. The 3 rd party certifying agencies recognized and accepted by BCM are included.														
LOCAL SMALL BUSINESS If yes, please indicate in which county your company is located?														

NONDISCRIMINATION POLICIES AND PROCEDURES

	Yes	No
Are you an individual and do not employ anyone? If yes, you do not need to complete the remainder of the questions.		
Does your company have an Equal Employment Opportunity/Affirmative Action statement posted on company bulletin boards?		
Do you notify all recruitment sources in writing of your company's Equal Employment Opportunity/ Affirmative Action employment policy?		
Do your company advertisements contain a written statement that you are an Equal Employment Opportunity/ Affirmative Action employer?		
Do you belong to any unions? If yes, have you notified each union in writing of your commitments to non-discrimination?		
Does your company have a collective bargaining agreement with workers? If yes, do the collective bargaining agreements contain non-discrimination clauses and/or your Equal Employment Opportunity policy covering all workers?		
Does your company, at least annually, maintain a written record of and review the Equal Employment Opportunity policy and Affirmation Action obligations with all employees including those having any responsibility for employment decisions?		
Do you conduct, at least annually, an inventory and evaluation of minority and female personnel for promotional opportunities and encourage these employees to seek, train and prepare for such opportunities?		
Do you conduct, at least annually, a review, of all supervisors' adherence to and performance under the distributors, and Contractor's Equal Employment Opportunity policies and Affirmative Action obligations?		
Is there a person in your company who is responsible for Equal Employment Opportunity? If yes, please give name, phone and email address.		

Please explain any no answers, use additional paper as necessary:

Authorized Representative Signature: _____

Print name and title: _____

DIVERSE SUPPLIER SUBCONTRACTING PLAN
(TO BE SUBMITTED WITH PROPOSAL)

In adherence to BCM's commitment to Supplier Diversity, BCM suppliers must clearly as defined herein demonstrate good faith effort, for Tier II direct goods and/or services to be purchased from Diverse Business Enterprises certified by one or more of the 3rd party certification agencies recognized by BCM. Such spend with Diverse Business Enterprises will be monitored. In connection with such monitoring Contracted BCM Suppliers will be required to report to BCM monthly, in a manner in BCM's sole discretion, all direct spend with Certified Diverse Business Enterprises. The Supplier Diversity Goal for this Solicitation is 20% of the total contract value.

Description of goods/services provided under this primary agreement (include name of project if applicable):

Who will be responsible for coordinating your company's Diverse Supplier subcontracting activities during the period of this contract?

Name / Title:

Company:

Address:

Phone:

Email address:

Fax:

State the total dollar value planned to be subcontracted associated with this BCM agreement:

Please list all of Third Party Certified Diverse Suppliers you have identified that will serve as Direct Tier 2 Subcontractors associated with this project and projected spend amounts with each company:

Distributor name	Address	Contact	Phone	Email address	Certification type	Business classification (Product/service)	Direct projected spend (\$)	Direct projected spend (%)

Submitted by (print name and title): _____

Authorized representative signature: _____

Date: _____

CERTIFICATION OF EFFORTS
(TO BE SUBMITTED WITH PROPOSAL) - SUPPLIER DIVERSITY

Distributor: _____

Solicitation Name: _____

Solicitation Number: _____

I certify that the following efforts were made to achieve Certified Diverse Supplier participation.

- a) Provided written notices to certified diverse business enterprises who have the capability to perform the work of the contract or to provide the service _Yes _ No
- b) Direct mailing, electronic mailing, facsimile or telephone requests _Yes _No
- c) Provided interested certified diverse business enterprises with adequate information about plans, requirements and specifications of the contract in a timely manner to assist them in responding to a solicitation _ Yes _No
- d) Allowed certified diverse business enterprises the opportunity to review specifications and all other solicitation related items at no charge, and allowed sufficient time for review prior to the bid deadline _Yes _No
- e) Acted in good faith with interested certified diverse business enterprises, and did not reject certified diverse business enterprises as unqualified or unacceptable without sound reasons based on a thorough investigation of their capabilities _Yes _No
- f) Did not impose unrealistic conditions of performance on certified diverse business enterprises seeking subcontracting opportunities _ Yes _No
- g) Additionally, I contacted the referenced certified diverse business enterprises and requested a bid.

The responses I received were as follows:

Name/address of certified diverse business enterprises	Type of work and contract items, supplies & services to be performed	Response	Reason for not accepting bid

If additional space is needed, this form may be duplicated

If applicable, please complete the following:

I hereby certify that certified diverse business enterprises were "Unavailable" or "Unqualified" to submit bids to provide goods and services for this Solicitation response. I further certify that efforts have been made to establish "Joint Ventures", and said entities were also unavailable at this time.

Reasons for the unavailability or being determined unqualified:

Submitted by (name and title): _____

Authorized representative signature: _____

Date: _____

END OF DOCUMENT