

Invitation to Bid

Copier 2011

Child-Parent Centers, Inc. Background

Child-Parent Centers, Inc. (CPC) is a community-based, federally funded, not-for-profit Corporation incorporated in 1966 and governed by a volunteer Board of Directors and Head Start Parent Policy Council. CPC's primary purpose as the Head Start and Early Head Start grantee for southeastern Arizona is to provide comprehensive early childhood and family development services to low income families. The agency currently serves approximately 2300 children in the Head Start Program, with options that include part day classes, full day-full year classes, Family Literacy classes, and home-based services for both 3 year old and 4 year old children. CPC is also funded for 430 children through the Early Head Start Program. The Early Head Start program is partially implemented through a partnership with The Blake Foundation, which provides 3 full day classes in 2 centers. CPC has also added Family Literacy classes for Early Head Start, as well as home-base services out of many centers.

These services are provided by over 500 employees who work out of an administration building located in Tucson and 40 centers located throughout Southeastern Arizona (Tucson, Marana, Nogales, Rio Rico, Safford, Pima, Duncan, Bisbee, Willcox, Benson, Catalina, Sierra Vista, Douglas and Ajo). CPC also contracts with community partners to provide these services when possible.

Specifications

Child-Parent Centers, Inc. is accepting quotes for one copier. We are requesting a quote for a black & white copier and a second quote for a black & white and color system that has the ability to lock down color reproductions. The copier will be located in our administration building.

Contract requirements

- Supply inclusive: labor costs, materials to fix copier, toner, staples, no more than 4 hour turnaround time for service calls
- 600,000 copies annually
- Configure active directory integration, train staff
- Does not include paper

Copier Feature Requirements

- GBC Stream Punch III or similar technology
- automatic document feeder
- 70ppm
- One pass Color scanning

- Duplexing
- Collate
- 100 sheet Staple finisher
- Saddle-Stitch Finisher
- Digital sorting
- Memory 1gb preferred
- Ability to securely store documents until printed
- Create and manage copy jobs from the desktop
- Magnification
- At least 3 trays – one for each size paper (letter, legal & 11x17)
 1. One of the three should a large capacity tray holds at least 3000 sheets (letter)
 2. Tray2/3 should hold minimum of 500 sheets each
- Bypass tray (max 110lb paper)
- 10/100/1000 NIC
- LDAP integration
- Scan to Email
- Scan to network share
- Toner yield minimum: 45,000 pages
- Energy saver mode

Copier Desired features

- Color
- 85 - 95 PPM
- Fax

If awarded the bid the following packaging, delivery, and invoicing requirements must be followed:

Packaging Requirements

- Vendor must include a Packing Slip with all shipments.
- Packing slip must clearly state items on back order.
- Packing Slip must contain CPC's Purchase Order.
- CPC's acceptance and receiving policies requires vendor to allow CPC 48 hours to review merchandise that has been delivered and to report any damaged or incomplete items to the vendor.
- Vendor is to ship complete order and when necessary keep back order shipment to a minimum.

Delivery Requirements

- Vendor must deliver products to CPC Administration Warehouse located at 602 E. 22nd Street, Tucson, AZ 85713.
- CPC Administration Warehouse receiving area is located at the east loading dock and requires vendor to unload from truck to receiving dock. CPC employees will not

- enter vendor's vehicle at any time.
- CPC Administration Warehouse receiving is from 8:30am – 4:30pm.

Invoicing Specifications

- Vendor must include Purchase Order number on all invoices and communications regarding a specific order.

Proposal Instructions

Quotes

Submit your quotes with the following:

- Base price with standard features
- List costs of features that are optional
- Cost of the contract requirements listed above

Forms and Requested Documents (*If the following documents are not included with the bid, you may not be considered for award*):

- Business License (provide current copy)
- Certificate of Liability Insurance (provide current copy)
- Workman's Compensation Certificate (provide current copy)
- Submittal/Decline Form
- Vendor/Bidder Fact Sheet
- Your Quotes

The proposal must be submitted electronically to mrinaldi@childparentcenters.org and be received by **October 28, 2011** no later than **3:00pm** MST. Please put in the subject of the e-mail "Proposal for Copier 2011".

If you have additional questions regarding the requirements, please email questions to mrinaldi@childparentcenters.org. Our open competition policies require prospective vendors to submit all questions in writing. Funding requirements do not allow CPC to accept verbal quotes.

RFP Submittal/Decline Form

Date: _____

Check one of the following:

- Submitting a proposal
- Declining a proposal

| | |
|-----------------|-------------------|
| Agency Name: | Agency Contact: |
| Agency Address: | Agency Telephone: |
| | Agency Fax: |
| | Agency Email: |

If submitting a proposal you need to include the following:

- Business License (provide current copy)
- Vendor/Bidder Fact Sheet
- Certificate of Liability Insurance*

Provide one of the following whichever applies:

- Workman's Compensation Certificate*

Complete one of the following that applies to this RFP:

- Attached Proposal

To assist us in meeting our reporting guidelines, please return this form with the RFP submittal or if declining fax to CPC, Inc. attention Maria Rinaldi at (520)884-0605 or email to mrinaldi@childparentcenters.org.

VENDOR/BIDDER FACT SHEET AND QUESTIONNAIRE

Please return to:
CHILD-PARENT CENTERS, INC.
Physical Resources Department
602 E. 22nd St.
Tucson, AZ 85713

DATE: _____

NAME OF COMPANY/DIVISION: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: _____ FAX: _____ OFFICE HOURS: _____

REPRESENTATIVE: _____ HOW LONG IN BUSINESS?: _____
IDENTIFY YOUR BUSINESS OR SERVICES YOUR BUSINESS PROVIDES:

LEGAL STRUCTURE:

Sole Proprietorship: ___ Partnership: ___ Corporation: ___

*Vendors supplying services (contracting, etc.) shall supply the following:

Federal Employers Tax I.D. number (TIN): _____

Contractor license types/numbers held: _____

SELF-CERTIFICATION CATEGORIES – PLEASE CHECK APPROPRIATE CATEGORIES:

NOTE: DEFINITIONS –

"Control" is defined as exercising the power to make policy decisions.

"Operated" is defined as actively involved in the day-to-day management and not merely acting as officers or directors.

___ LARGE BUSINESS – A domestic concern which, including domestic and foreign divisions and affiliates, normally employees 500 or more persons, is independent or publicly owned or controlled and operated, and which may be a division of another domestic or foreign concern.

___ SMALL BUSINESS – The term "small business" shall mean a small business as defined pursuant to section 3 of the Small Business Act and in relevant regulations promulgated thereto. Generally, unless your firm is operating in an industry with a special size standard, it is considered small if (a) it has fewer than 500 employees for manufacturing industries, (b) has average annual receipts for three (3) preceding years of less than \$12 million for general construction (c) has average annual receipts for preceding fiscal years of less than \$2 million for service industry.

___ MINORITY OWNED BUSINESS – A concern that is at least fifty-one percent (51%) owned by one or more minority individuals; or, in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by one or more minority individuals, and whose management and daily business operations are controlled by one or more minority individuals. Please check the appropriate group(s) listed here and note percentage of ownership.

___ (F) = Female ___ (M) = Male ___ Black Americans ___ Hispanic Americans
___ Asian-Indian Americans ___ American Indians ___ American Eskimos and Aleuts ___ Other Designated Minority
___ Native Hawaiians

Please specify: _____

___ ARE YOU A U.S. CITIZEN?

___ WOMEN OWNED BUSINESS – a concern that is at least fifty-one percent (51%) owned by one or more women: or, in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by one or more women, and whose management and daily business operations are controlled by one or more women.

___ HANDICAPPED-OWNED BUSINESS – A concern that is at least fifty-one percent (51%) owned by one or more individuals who have a physical or mental impairment that substantially limits one or more major life activity. The individuals(s) must either have a record of such impairment or correctly regard him-herself(selves) as having such an impairment or in the case of any publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by one or more handicapped persons, and whose management and daily business operations are controlled by one or more such individuals.

* Mandatory