



**State of Minnesota  
Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP)**

**Request for Proposals**

**2011-2013 Medical Supplies and Non-Pharmacy Products**

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## 1.0 RFP GENERAL INFORMATION

### 1.1 MMCAP Background

The Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP), created in 1985, is a free and voluntary group purchasing organization operated and managed by the Materials Management Division of the Minnesota Department of Administration.

### MMCAP Members

MMCAP is currently comprised of 46 Member States, the Cities of Chicago and Los Angeles, and thousands of Participating Facilities (collectively referred to in this RFP as the “MMCAP Membership”). Participation in MMCAP is limited to facilities with the statutory authority to purchase goods from the MMCAP contracts. Most MMCAP Participating Facilities are state agencies and political subdivisions, which operate correctional facilities, regional psychiatric treatment facilities, student health services, public health services, non-federal veterans’ nursing homes, and public hospitals. However, some MMCAP Participating Facilities are non-profits with statutory authority from their home state to use the MMCAP contracts. **For additional information on MMCAP and a list of its members, go to: [www.mmcap.org](http://www.mmcap.org).**

Listed below are the current MMCAP Member states and municipalities.

Alabama	Alaska	Arizona	Arkansas	California
Colorado	Delaware	Florida	Georgia	Hawaii
Idaho	Indiana	Iowa	Kansas	Kentucky
Louisiana	Maine	Maryland	Michigan	Minnesota
Mississippi	Missouri	Montana	Nebraska	Nevada
New Hampshire	New Mexico	New York	North Carolina	North Dakota
Ohio	Oklahoma	Oregon	Pennsylvania	Rhode Island
South Carolina	South Dakota	Tennessee	Texas	Utah
Vermont	Virginia	Washington	West Virginia	Wisconsin
Wyoming	City of Chicago	City of LA		

*\* MMCAP reserves the right to add and delete other Members during the term of the contracts. Not all Member MMCAPs listed participate in the MMCAP Medical Equipment and Supplies Program.*

### MMCAP’s Function

MMCAP provides the best value for pharmaceuticals, medical supplies and other non-pharmacy products through volume contracting and careful contract management. MMCAP offers the majority of its medical supplies and non-pharmacy related products through contracts with distributors. However, it also has contracts with manufacturers for drug testing, returned goods processing, influenza vaccine, dental supplies and other related medical supplies. The MMCAP Membership purchases over \$1 billion per year in combined purchases of pharmaceutical, medical supplies, and other non-pharmacy related products.

### 1.2. RFP Purpose.

MMCAP issued this Request for Proposals (RFP) to provide all interested parties with the information needed to prepare and submit a proposal to offer medical supplies and other non-pharmacy products to the MMCAP Membership. The RFP process and subsequent contract award are intended to be a fair and open competition conducted in accordance with all the applicable procurement laws found in Minnesota Statutes Chapter 16C.

### 1.3. RFP Process Overview.

Responders to this RFP must submit their proposals as stated in the RFP instructions. The Responders will be evaluated and scored by the MMCAP RFP Evaluation Team. A group of finalists will be selected based on their proposal scores and invited to participate in an oral interview. The interview will be conducted and scored by the MMCAP RFP Evaluation Team.

Also, it is expected that all Responders will submit their best offer in their proposal, but in the interest of obtaining the "Best Value" for the MMCAP Membership, MMCAP may utilize a Best and Final Offer (BAFO) process. In the event MMCAP chooses to solicit Best and Final Offers, MMCAP will develop and distribute BAFO request documents when the initial scoring process is complete. Responders must submit their BAFO responses by the deadline listed in the RFP Schedule of Events. Except as specifically indicated in writing by MMCAP, all provisions of the RFP governing the initial proposal shall also apply to the BAFO proposal process.

The resulting awarded contract(s) will be for an initial term of two (2) years commencing June 1, 2011 through May 31, 2013 with the option for three one(1)year extensions. It is the intent of MMCAP to establish an MMCAP Contract with at least one, or multiple Vendors who are distributors of medical equipment and non-pharmacy products. The awarded Vendor(s) will process all purchase orders, serve as a distribution center(s), and provide other customer service functions for the MMCAP Membership. However, MMCAP also reserves the right through this RFP, to establish direct contracts with individual manufacturers and to have their products distributed by the awarded Vendor(s).

It is estimated that the total dollar value of the resulting awarded MMCAP contract(s) may range from forty(\$40) million to fifty(\$50)million dollars annually. However, the awarded Vendor(s) have an opportunity to grow the annual dollar volume well beyond the estimated current value. Any volumes or amounts shown in the RFP are estimates only and impose no obligations on MMCAP or the MMCAP Membership.

## **2. Definition of Key Terms**

**Best Value.** Describes a result intended in the acquisition of all goods and services. Price must be one of the evaluation criteria when acquiring goods and services. Other evaluation criteria may include, but are not limited to, environmental considerations, quality, and vendor performance. In achieving "best value" strategic sourcing tools, including but not limited to best and final offers, negotiations, contract consolidation, product standardization, shall be used.

**Environmental Preferred Product.** A product that is safer for chemically sensitive patients and workers, deemed less harmful to the environment – less toxic, minimize pollution, are more energy efficient, address issues such as biodegradable, toxic and hazardous chemical content, promotion of improved air quality, and can be re-used or recycled to minimize waste.

**Market Basket.** The group of products identified by MMCAP as the high usage products in terms of volume of sales and number of items shipped.

**MMCAP Contract.** A contract awarded by MMCAP to a Vendor(s) to provide medical supplies and non-pharmacy products to the MMCAP Membership.

**MMCAP Contracted Manufacturer.** Any manufacturer in a contractual agreement with MMCAP to provide medical supplies and non-pharmacy products to MMCAP Participating Facilities through the awarded Vendor.

**MMCAP Membership and MMCAP Member.** Includes all 46 MMCAP Member States, the Cities of Chicago, Los Angeles and their Participating Facilities, which have signed an MMCAP Member Agreement.

**MMCAP Office.** The administrative staff of the Minnesota Multistate Contracting Alliance for Pharmacy responsible for initiating and administering all MMCAP contracts. The MMCAP Office is located at the:

Department of Administration, Materials Management Division,  
50 Sherburne Avenue  
Suite 112 Administration Building  
St. Paul, MN 55155.

**MMCAP Participating Entity.** A state (plus the Cities of Chicago and Los Angeles) that has signed a Membership Agreement with MMCAP.

**MMCAP Participating Facility.** A facility that has signed a MMCAP Membership Agreement. A complete listing of MMCAP Participating Facilities is provided monthly or upon request. Any updates (additions, deletions, demographic changes) to the MMCAP Facility records are included.

- State/County/City Hospitals
- State/County/City Medical Clinics
- State/County/City Mental Health Facilities
- State/County/City Long Term Care Facilities
- State/County/City Correctional Facilities, Jails, and Detention Centers
- State/County/City University Student Health Centers
- State/County/City Trauma/Emergency Response Units
- State/County/City Public Health Centers
- State/County/City Purchasing Departments
- Non-profit health care facilities

**MSRP.** Manufacturer’s Suggested Retail Price.

**Responder.** The entity responding to the RFP.

**State Contact Person.** The individual designated by an MMCAP participating state to serve as that state’s primary communication link with the MMCAP Office and MMCAP Facilities.

**Vendor.** An entity awarded the contract to supply medical supplies and non-pharmacy products.

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### 3. Schedule of RFP Events.

Described below, in *Table 1: Schedule of RFP Events*, are the major events governing the RFP process and award of the contract. The following Schedule of Events represents MMCAP's best estimate of the schedule that will be followed. Unless otherwise specified, the time of day for the following events will be between 8:00 a.m. and 4:30 p.m., Central Time.

**Table 1: Schedule of RFP Events.**

Action	Responsibility	Date
1. Issuance of RFP	MMCAP	January 10, 2011
2. Intent to Respond to RFP Deadline(OPTIONAL)	Responders	January 24, 2011
3. Deadline to Submit Questions to MMCAP	Responders	January 24, 2011
4. Response to Written Questions	MMCAP	January 31, 2011
5. RFP Amendments and Addenda Posting Deadline	MMCAP	February 7, 2011; no later than 2 pm Central Time
6. Submission of Proposal to MMCAP Deadline	Responders	February 16, 2011; no later than 2 pm Central Time
7. Proposal Evaluation Deadline	MMCAP RFP Evaluation Team	March 2, 2011
8. Selection and Notification of Finalists Deadline	MMCAP RFP Evaluation Team	March 4, 2011
9. Oral Interviews	Responders	March 11-18, 2011
10. Best and Final Offers From Finalists Deadline(OPTIONAL)	Responders	March 25, 2011
11. Select Potential Vendor(s)	MMCAP RFP Evaluation Team	March 31, 2011
12. Contract Negotiations	MMCAP Negotiation Team/Potential Vendor(s)	April 1-April 30, 2011
13. Contract Award	MMCAP Negotiation Team	May 2, 2011
14. MMCAP Facility Selection and Transition	MMCAP Facility and Contracted Vendor(s)	May 2 - 31
15. Contract Term		June 1, 2011-May 31, 2012

\*MMCAP reserves the right to change deadlines listed in Table 1.

### 4. Instructions for Proposal Preparation and Submission

#### 4.1. Submit Notice of Intent to Respond

It is recommended that each potential Responder submit an electronic *Notice of Intent to Respond* to this RFP to the individual listed in **section 7.8** by the deadline specified in *section Table 1: Schedule of RFP Events*.

The notice should include:

- Company's name;
- Name and title of a contact person; and
- Address, telephone number, email address, and facsimile number of the contact person.

**NOTICE:** *An Intent to Respond Notification* creates no obligation and is not a prerequisite for submitting a proposal. However, notification by the Responder ensures timely receipt of RFP amendments and other communications regarding the RFP.

#### **4.2. Submitting Questions to MMCAP**

Questions regarding this RFP must be submitted **no later than 4 p.m. Central Time on: January 24, 2011.** via e-mail to:

**mmcap.contracts@state.mn.us**

**Attention: Jim Losinski, MMCAP RFP Coordinator** with the subject line,  
***“Question Regarding 2011-2013 MMCAP Medical Supplies and Non-Pharmacy Products RFP”***,

Answers, not attributed to the entity asking the question, will be provided on the MMCAP website ([www.mmcap.org](http://www.mmcap.org), click on “Vendors & RFPs”) no later than **4:30 p.m., Central Time on: January 31, 2011**

Questions will be batched, summarized, and responded to with a single answer, but not attributable to the asker. MMCAP staff will be unable to respond to any substantive questions after the question submission deadline dates. MMCAP Membership must not be contacted in regard to this RFP.

#### **4.3. Submit Response to RFP Addenda Posted by MMCAP**

Responders may submit responses to any addenda to this RFP issued by MMCAP prior to the Proposal due date(s). Any such addenda will be posted on the MMCAP website ([www.mmcap.org](http://www.mmcap.org), click on “Vendors & RFPs”) **no later than 2 p.m. Central Time, February 7, 2011.** Each Responder must have the addendum signed and submitted with the proposal unless otherwise noted in the addendum. Any oral communication concerning this RFP will not be binding, nor cause for protesting any language of this procurement, nor in any way excuse the Responder from its obligations.

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**4.4. Complete and Submit Required Documents**

**4.4.1. Required Documents Checklist**

All of the documents listed in *Table 2: Required Documents Checklist* must be completed and submitted with the proposal as specified in section 4.5.2.

**Table 2: Proposal Requirements Checklist**

Required Documents	
	Responder submitted responses to the questions in <b>Part One: Responder Qualifications and Capabilities (See downloadable file on MMCAP and/or the MMD website)</b>
	Responder submitted responses to the questions in <b>Part Two: Product Pricing Proposal (See downloadable file on MMCAP and/or the MMD website)</b>
	Responder submitted its bid in the <b>Attachment 1; “2011-2013 MedSupplyBid[Name of Responder]2162011.xls”</b> , product bid sheet in both electronic and paper hard copy form with this proposal(See downloadable file on MMCAP and/or the MMD website)
	Responder submitted responses to the questions in <b>Part Three: Administrative Fee Proposal(See downloadable file on MMCAP and/or the MMD website)</b>
	Responder completed Exhibit A: Responder Information Form
	Responder completed Exhibit B: Affirmative Action Certification
	Responder completed Exhibit C: Immigration Status Certification
	Responder completed Exhibit D: Taxpayer Identification Form
	Responder completed Exhibit E: Conflicts of Interest Disclosure and Acknowledgement
	Responder (only if requesting preference)completed Exhibit F: State of Minnesota Veteran Owned Preference Form
	Responder (only if applicable): submitted hard copy of Exhibit G:Certification for Targeted Group(TG) businesses and certified economically disadvantaged (ED) businesses
	Responder completed Exhibit H: Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
	Responder completed Exhibit I: Affidavit of Non-Collusion
	Responder completed Exhibit J: Certification Regarding Lobbying
	Responder completed Exhibit K: Responder References
	Responder signed the Responder Signatory Page

**4.5. Submission of Proposal**

**4.5.1. Electronic Submissions**

The Responder must submit an electronic proposal in addition to the required paper hard copies described in section 4.5.2 below. Electronic responses must be e-mailed **no later than 2 p.m. Central Time, February 16, 2011** to the following email address:

[mmcap.contracts@state.mn.us](mailto:mmcap.contracts@state.mn.us)

with the subject line specifically indicating the **Responder’s name** and a reference to **“MMCAP 2011-2013 Medical Supplies and Non-Pharmacy Products RFP”**.

**4.5.2. Paper Hard Copies**

One original signed paper hard copy of the proposal documents will be the **determining factor for whether a proposal is received on time.** The original signed paper hard copy and five(5) additional copies of the original must be received and time stamped by the Materials Management Division **no later than 2 p.m., Central Time, on February 16, 2011.** Send the proposals to the following address:

**2011-2013 MMCAP Medical Supplies and Non-Pharmacy Products RFP  
State of Minnesota, Department of Administration  
Materials Management Division  
50 Sherburne Avenue,  
Suite 112  
St. Paul, MN 55155**

Receipt of the hard copies will be the determining factor for whether a Proposal is received on time. **Late proposals will not be considered.** Fax responses and electronic responses are not considered hard copies. All costs incurred in responding to this RFP, including **the oral interview** will be borne by the Responder. Proposals must be sealed and labeled on the outside of the package to clearly indicate that they are in response to the ***2011-2013 MMCAP Medical Supplies and Non-Pharmacy Products RFP.*** Pursuant to Minnesota Statutes, section 13.591, the contents of any proposal shall be nonpublic data until contract negotiations are complete.

## 5. Proposal Evaluation Scoring

All proposals received by the proposal deadline date will be evaluated by the MMCAP RFP Evaluation Team. The factors and the weighting on which the proposals will be evaluated and scored are:

•Part One: Responder Qualifications and Capabilities	40 percent of the total available points
•Part Two: Product Pricing Proposal	40 percent of the total available points
•Part Three: Administrative Fee Proposal	10 percent of the total available points
•Oral Interview	10 percent of the total available points

## 6. Proposal Evaluation Process

The evaluation will consist of the following steps:

### 6.1. Proposal Evaluation Period

The evaluation of proposals will be performed by the MMCAP RFP Evaluation Team. This process will take place approximately between **February 17, 2011 through March 2, 2011**. During this time, MMCAP may initiate discussions with Responders. The purpose of this contact would be to clarify certain aspects of the proposals. However, proposals may be accepted and evaluated without such discussion. Discussions **MUST NOT** be initiated by Responders.

### 6.2. Selection and Notification of Finalists

Based on the evaluation scores of the proposals, the MMCAP RFP Evaluation Team will select a group of finalist Responders to participate in the oral interview portion of the RFP process. The finalist Responders will be notified on or about **March 4, 2011** that they have been selected. Only the finalists will be invited to participate in the subsequent steps of the RFP process.

### 6.3. Oral Interview

The selected finalist Responders will be required to participate in an oral interview conducted and scored by the MMCAP RFP Evaluation Team during **March 11-18, 2011**. The MMCAP RFP Coordinator will schedule the time for each finalist Responder's interview. Location of the oral interviews will be determined at the time of the selection and notification of the finalists.

### 6.4. Best and Final Offer (BAFO)-OPTIONAL

In addition to the process described above, selected finalist Responders may receive a Request for a Best and Final Offer (BAFO) to be submitted to MMCAP on or about **March 25, 2011**. The BAFO will ask the Responders to clarify or amend their proposals based on a set of questions developed as a result of the proposal evaluation and oral interview process.

### 6.5. Selection and Notification of Potential Vendor(s)

MMCAP intends to select and notify potential Vendors(s) on or about **March 31, 2011** that MMCAP requests their participation in the resulting MMCAP Contract negotiation process.

## **6.6. Contract Negotiations**

The contract is expected to be negotiated between **April 1, 2011 and April 30, 2011**. In the event that mutually agreeable terms cannot be reached within the time specified, the MMCAP reserves the right to finalize a contract with the next most advantageous Responder without undertaking a new RFP process.

## **6.7. Contract Award**

After review of the MMCAP RFP Evaluation Team Report, the recommendation of MMCAP, and the finalization of the negotiation of the contract, MMCAP intends to notify the Vendor that it will be awarded the contract on or about **May 2, 2011**. This date is subject to change at the discretion of the MMCAP. Furthermore, the award is subject to appropriate MMCAP approvals.

## **7.0. RFP TERMS AND CONDITIONS**

### **7.1. General Requirements**

This RFP and award will be conducted in accordance with Minnesota Statutes, chapter 16C and other applicable laws, plus guidelines published by the Minnesota Department of Administration – Materials Management Division (MMD).

### **7.2. Rights Reserved**

Notwithstanding anything to the contrary, the MMCAP reserves the right to:

- 7.2.1.** Reject any or all proposals or parts thereof received in response to this RFP;
- 7.2.2.** Select, for contracts or for negotiations, a response other than one with the lowest cost;
- 7.2.3.** Waive or modify any informalities, irregularities, or inconsistencies in the responses received;
- 7.2.4.** Negotiate any aspect of the proposal with any Responder and negotiate with more than one Responder;
- 7.2.5.** Request a Best and Final Offer, if MMCAP deems it necessary and desirable; and
- 7.2.6.** Terminate negotiations and select the next response providing the best value for MMCAP; prepare and release a new RFP, or take such other action as MMCAP deems appropriate if negotiations fail to result in a successful contract.
- 7.2.7.** Have unlimited rights to duplicate all materials submitted for purposes of RFP evaluation, and duplicate all public information in response to data requests regarding the proposal;
- 7.2.8.** Extend the contract, in increments determined by MMCAP, not to exceed a total contract term of five (5) years; or
- 7.2.9.** Cancel the solicitation at any time and for any reason with no cost or penalty to MMCAP;

### **7.3. Disposition of Responses**

All materials submitted in response to this RFP will become property of the State and will become public record in accordance with Minnesota Statutes, Section 13.591, after the evaluation process is completed. Pursuant to the statute, completion of the evaluation process occurs when the government entity has completed negotiating the contract with the selected Responder. If the Responder submits information in response to this RFP that it believes to be trade secret materials, as defined by the Minnesota Government Data Practices Act, Minnesota Statutes Section § 13.37, the Responder must:

- 7.3.1.** Clearly mark all trade secret materials in its response at the time the response is submitted;
- 7.3.2.** Include a statement with its response justifying the trade secret designation for each item; and
- 7.3.3.** Defend any action seeking release of the materials it believes to be trade secret, and indemnify and hold harmless the State, its agents and employees, from any judgments or damages awarded against the State in favor of the party requesting the materials, and any and all costs connected with that defense. This indemnification survives the State's award of a contract. In submitting a response to this RFP, the Responder agrees that this indemnification survives as long as the trade secret materials are in possession of the State.

The State will not consider the prices submitted by the Responder to be proprietary or trade secret materials.

Notwithstanding the above, if the State contracting party is part of the judicial branch, the release of data will be in accordance with the Rules of Public Access to Records of the Judicial Branch promulgated by the Supreme Court as the same may be amended from time to time.

#### **7.4. Contingency Fees Prohibited**

Pursuant to Minnesota Statutes Section 10A.06, no person may act as or employ a lobbyist for compensation that is dependent upon the result or outcome of any legislation or administrative action.

#### **7.5. Laws and Regulations**

All products proposed and furnished must comply fully with applicable federal laws and regulations and with the laws in the states where the products are sold.

#### **7.6. Proposal Contents**

By submission of a proposal, Responder warrants that the information provided is true, correct and reliable for purposes of evaluation for potential contract award. The submission of inaccurate or misleading information may be grounds for disqualification from the award as well as subject the Responder to suspension or debarment proceedings as well as other remedies available by law.

#### **7.7. MMCAP RFP Coordinator**

MMCAP has designated the individual listed below to coordinate and manage all aspects of the RFP process and award of the MMCAP Contract. Interested Parties must direct all communications regarding this RFP to the individual or to the designee listed below. **DO NOT SUBMIT THE RESPONDER'S PROPOSAL TO THE INDIVIDUAL LISTED BELOW.** Submit the proposal as directed in section 4.5.

Jim Losinski  
MMCAP Medical Supplies and Non-Pharmacy RFP Coordinator  
E-mail: [james.losinski@state.mn.us](mailto:james.losinski@state.mn.us)  
Phone: 651-201-2440  
Fax: 651-297-3996

#### **7.8. Unauthorized Communications**

Unauthorized contact regarding this RFP with employees or officials of the State of Minnesota other than the individual listed in section 7.8 may result in disqualification from this RFP process. Any oral communications shall be considered unofficial and non-binding with regard to this RFP.

#### **7.9. Electronic Mail Address Required**

A large part of the communication regarding this procurement will be conducted by electronic mail (e-mail). Responders must have a valid e-mail address to receive this correspondence.

#### **7.10. Use of Electronic Versions of this RFP**

This RFP is being made available by electronic means. If accepted by such means, the Responder acknowledges and accepts full responsibility to insure that no changes are made to the RFP. In the event of conflict between a version of the RFP in the Responder's possession and the version maintained by MMCAP, the version maintained by MMCAP shall govern.

#### **7.11. Assumption of Risk**

Each Responder assumes the risk of the method of dispatching any communication or proposal to MMCAP. MMCAP assumes no responsibility for delays or delivery failures resulting from the method of dispatch. Actual or electronic "postmarking" of a communication or proposal to MMCAP by a deadline date shall not substitute for actual receipt of a communication or proposal by MMCAP.

The MMCAP RFP Coordinator must receive all written comments, including questions and requests for clarification, no later than the Written Comments Deadline detailed in the RFP Section 3: Schedule of RFP Events.

MMCAP reserves the right to determine, at its sole discretion, the appropriate and adequate responses to written comments, questions, and requests for clarification.

**8.0. References**

As a part of its evaluation, MMCAP will evaluate references that have been submitted by the Responders(see RFP Exhibit J: Responder References). At MMCAP's discretion any, or all, of the provided references may be scheduled for an onsite visit.

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**EXHIBIT A  
RESPONDER INFORMATION FORM**

**Company's complete legal name:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Federal Tax ID Number:** \_\_\_\_\_

**Company Web Site Address:** \_\_\_\_\_

**Primary Contact's Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Contact's e-mail:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Admin Fee Contact Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Reports Contact Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Customer service telephone number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**EXHIBIT B**

**AFFIRMATIVE ACTION CERTIFICATION – REQUIRED IN PROPOSAL SUBMISSION**

**If response to this solicitation is or could be in excess of \$100,000**, complete the information requested below to determine whether you are subject to the Minnesota Human Rights Act (Minnesota Statutes Section 363A.36) certification requirement, and to provide documentation of compliance if necessary. **It is your sole responsibility to provide this information and—if required—to apply for Human Rights certification prior to the due date and time of the RFP or proposal and to obtain Human Rights certification prior to the execution of the contract. The State of Minnesota is under no obligation to delay proceeding with a contract until a company receives Human Rights certification.**

**BOX A** – For companies which have employed more than 40 full-time employees within Minnesota on any single working day during the previous 12 months. All other companies proceed to **BOX B**.

Your response will be rejected unless your business:

Has a current Certificate of Compliance issued by the Minnesota Department of Human Rights (MDHR)

OR

has submitted an affirmative action plan to the MDHR, which the Department received prior to the date and time the responses are due.

Check one of the following statements if you have employed more than 40 full-time employees in Minnesota on any single working day during the previous 12 months:

We have a current Certificate of Compliance issued by the MDHR. **Proceed to BOX C. Include a copy of your certificate with your response.**

We do not have a current Certificate of Compliance. However, we submitted an Affirmative Action Plan to the MDHR for approval, which the Department received on \_\_\_\_\_ (date). [If the date is the same as the response due date, indicate the time your plan was received: \_\_\_\_\_ (time)]. **Proceed to BOX C.**

We do not have a Certificate of Compliance, nor has the MDHR received an Affirmative Action Plan from our company. **We acknowledge that our response will be rejected. Proceed to BOX C. Contact the Minnesota Department of Human Rights for assistance.** (See below for contact information.)

**Please note:** Certificates of Compliance must be issued by the Minnesota Department of Human Rights. Affirmative Action Plans approved by the Federal government, a county, or a municipality must still be received, reviewed, and approved by the Minnesota Department of Human Rights before a certificate can be issued.

**BOX B** – For those companies not described in BOX A

Check below.

We have not employed more than 40 full-time employees on any single working day in Minnesota within the previous 12 months. **Proceed to BOX C.**

**Box C – FOR ALL COMPANIES**

By signing this statement, you certify that the information provided is accurate and that you are authorized to sign on behalf of the responder. You also certify that you are in compliance with federal affirmative action requirements that may apply to your company. (These requirements are generally triggered only by participating as a prime or subcontractors on federal projects or contracts. Vendors are alerted to these requirements by the federal government.)

Name of Company: \_\_\_\_\_

Date \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**For assistance with this form, contact:**

Minnesota Department of Human Rights, Compliance Services Section

Mail: 190 East 5<sup>th</sup> St., Suite 700 St. Paul, MN 55101 TC Metro: (651) 296-5663 Toll Free: 800-657-3704  
Web: [www.humanrights.state.mn.us](http://www.humanrights.state.mn.us) Fax: (651) 296-9042 TTY: (651) 296-1283  
Email: [employerinfo@therightsplace.net](mailto:employerinfo@therightsplace.net)

**EXHIBIT C**

**IMMIGRATION STATUS CERTIFICATION- REQUIRED IN PROPOSAL SUBMISSION**

By order of the Governor’s Executive Order 08-01, vendors and subcontractors used by Vendor MUST certify compliance with the Immigration Reform and Control Act of 1986 (8 U.S.C. 1101 et seq.) and certify use of the *E-Verify* system established by the Department of Homeland Security. *E-Verify* program information can be found at <http://www.dhs.gov/ximgtn/programs>.

If any response to a solicitation is or could be in excess of \$50,000, vendors and subcontractors must certify compliance with items 1 and 2 below. In addition, prior to the delivery of the product or initiation of services, vendors MUST obtain this certification from all subcontractors who will participate in the performance of the contract. All subcontractors’ certifications must be kept on file with the Vendor and made available to the State upon request.

1. The company shown below is in compliance with the Immigration Reform and Control Act of 1986 in relation to all employees performing work in the United States and does not knowingly employ persons in violation of the United States immigration laws. The company shown below will obtain this certification from all subcontractors who will participate in the performance of this contract and maintain subcontractors certifications for inspection by the state if such inspection is requested; and
2. By the date of the delivery of the product and/or performance of services, the company shown below will have implemented or will be in the process of implementing the *E-Verify* program for all newly hired employees in the United States who will perform work on behalf of the State of Minnesota.

**I certify that the company shown below is in compliance with items 1 and 2 above and that I am authorized to sign on its behalf.**

Name of Company: \_\_\_\_\_  
Date: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

If the Vendor and/or the subcontractors are not in compliance with the Immigration Reform and Control Act, or knowingly employ persons in violation of the United States immigration laws, or have not begun or implemented the *E-Verify* program for all newly hired employees in support of the contract, the State reserves the right to determine what action it may take. This action could include, but would not be limited to cancellation of the contract, and/or suspending or debaring the Vendor from state purchasing.

**For assistance with the *E-Verify* Program**

Contact the National Customer Service Center (NCSC) at **1-800-375-5283** (TTY 1-800-767-1833).

**For assistance with this form, contact:**

Mail: 112 Administration Bldg, 50 Sherburne Ave. St. Paul, MN 55155

E-mail: [MMDHelp.Line@state.mn.us](mailto:MMDHelp.Line@state.mn.us)

Telephone: 651.296.2600

Persons with a hearing or speech disability may contact us by dialing 711 or 1.800.627.3529

**EXHIBIT D**

**TAXPAYER IDENTIFICATION**

The Contract Vendor consents to disclosure of its social security number, federal employer tax identification number, and/or Minnesota tax identification number to federal and State tax agencies and State personnel involved in the payment of State obligations. These identification numbers may be used in the enforcement of federal and State tax laws which could result in action requiring the Contract Vendor to file tax returns and pay delinquent tax liabilities, if any (Minn. Stat. § 270C.65).

**Vendor's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Federal Employer ID Number:** \_\_\_\_\_

**Minnesota State Tax ID Number, if applicable:** \_\_\_\_\_

**Are you a sole proprietorship?**  Yes  No

**Are you an independent contractor?**  Yes  No

**EXHIBIT E**

**CONFLICTS OF INTEREST DISCLOSURE AND ACKNOWLEDGMENT**

I certify that as the Responder and a potential Vendor and on behalf of any subcontractors used in performing the services hereof during the contract term that I do not have any conflicts of interest with this RFP or in the course of performing the services as set forth herein. As a Responder and a potential Vendor I am aware I will be fully responsible for preventing Responder, its subsidiaries, parent, affiliated companies, heirs, legal representatives, and their directors, officers, employees, and agents, subcontractors, employees, from being placed in a situation where a conflict of interest might exist or could give the appearance of existing for all work and services performed under this RFP and potential future contract.

I further certify that, if a conflict of interest is discovered after award, an immediate and full written disclosure must be made to MMCAP that includes a description of the action the Vendor has taken or proposes to take to avoid or mitigate such conflicts. If a conflict of interest is determined to exist, MMCAP may, at its sole discretion, cancel the contract. In the event the Responder or potential Vendor was aware of an organizational conflict of interest prior to the award of the contract and did not disclose the conflict to MMCAP in writing, MMCAP may terminate the contract for default.

As further described below, I have a potential conflict of interest or situation in which there might be the appearance of a conflict of interest and may be unable to perform the project/task/duties/services with this RFP and/or a potential contract.

**Responder Firm Name:** \_\_\_\_\_

**Authorized Representative (Please Print)** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Subscribed and sworn to me this** \_\_\_\_\_ **day of** \_\_\_\_\_

**Notary Public**  
**My commission expires:** \_\_\_\_\_

**EXHIBIT F  
STATE OF MINNESOTA  
VETERAN-OWNED PREFERENCE FORM**

In accordance with Minnesota Statutes Section 16C.16, subdivision 6a, veteran-owned businesses with their principal place of business in Minnesota and verified as eligible by the United States Department of Veterans Affairs' Center for Veteran Enterprises (CVE Verified) will receive up to a 6 percent preference in the evaluation of its proposal.

If responding to a Request for Proposal (RFP), the preference is applied only to the first \$500,000 of the response

Eligible veteran-owned small businesses must be CVE Verified (in accordance with Public Law 109-471 and Code of Federal Regulations, Title 38, Part 74) at the solicitation opening date and time to receive the preference.

Information regarding CVE Verification may be found at <http://www.vetbiz.gov>.

Eligible veteran-owned small businesses should complete and **sign** this form. Only eligible, CVE Verified, veteran-owned small businesses that provide this completed and signed form will be given the preference.

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**I hereby certify that the company listed below:**

1. Is an eligible veteran-owned small business, as defined in Minnesota Statute §16C.16, subd. 6a; and
2. Has its principal place of business in the State of Minnesota; and
3. Is CVE Verified by the United States Department of Veterans Affairs' Center for Veterans Enterprise.

**Name of Company:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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**IF RESPONDER IS CLAIMING THE VETERAN-OWNED PREFERENCE, SIGN AND RETURN THIS FORM WITH YOUR RESPONSE TO THE SOLICITATION.**

## EXHIBIT G

### Targeted Group/Economically Disadvantaged Business and Individuals

In accordance with Minnesota Rules, part 1230.1810, subpart B and Minnesota Rules, part 1230.1830, certified Targeted Group Businesses and individuals submitting proposals as prime contractors will receive a six percent preference in the evaluation of their proposal, and certified Economically Disadvantaged Businesses and individuals submitting proposals as prime contractors will receive a six percent preference in the evaluation of their proposal. Eligible Targeted Group businesses must be currently certified by the Materials Management Division prior to the solicitation opening date and time. For information regarding certification, contact the Materials Management Helpline at 651.296.2600, or Responder may reach the Helpline by email at [mmdhelp.line@state.mn.us](mailto:mmdhelp.line@state.mn.us). For TTY/TDD communications, contact the Helpline through the Minnesota Relay Services at 1.800.627.3529.

**EXHIBIT H**

**Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion**

At this time, MMCAP cannot determine whether or not any federal funds might be used to pay for any part of the proposed contract; therefore, Responders certifies the following, as required by the regulations implementing Executive Order 12549: The Responder certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. Where the Responder is unable to certify to any of the statements in this certification, such prospective participant must attach an explanation to this proposal.

**Responder Company Name:** \_\_\_\_\_

**Authorized Representative (Please Print)** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Subscribed and sworn to me this** \_\_\_\_\_ **day of** \_\_\_\_\_

**Notary Public**  
**My commission expires:** \_\_\_\_\_

**EXHIBIT I**

**AFFIDAVIT OF NON-COLLUSION**

**I HEREBY SWEAR (OR AFFIRM) UNDER THE PENALTY OF PERJURY:**

- a) That I am an officer or employee of the responding corporation having authority to sign on its behalf (if the Responder is a corporation) or a partner in the company (if the Responder is a partnership);
- b) That the attached response covering the contract for pharmaceutical and related products has been arrived at by the Responder independently and has been submitted without collusion with and without any agreement, understanding or planned common course of action with, any other supplier of materials, supplies, equipment or services described in the Request for Proposals, designed to limit fair or open competition;
- c) That the contents of the RFP response have not been communicated by the Responder or its employees or agents to any person not an employee or agent of the Responder and will not be communicated to any such persons prior to the official opening of the responses; and
- d) That I have fully informed myself regarding the accuracy of the statements made in this affidavit.

**Responder Firm Name:** \_\_\_\_\_

**Authorized Representative (Please Print)** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Subscribed and sworn to me this** \_\_\_\_\_ **day of** \_\_\_\_\_

**Notary Public**  
**My commission expires:** \_\_\_\_\_

**EXHIBIT J**

**CERTIFICATION REGARDING LOBBYING**

a) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

b) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying in accordance with its instructions.

c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

d) This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**Responder Firm Name:** \_\_\_\_\_

**Authorized Representative (Please Print)** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Subscribed and sworn to me this** \_\_\_\_\_ **day of** \_\_\_\_\_

**Notary Public**  
**My commission expires:** \_\_\_\_\_

**EXHIBIT K**  
**RESPONDER REFERENCES**

Please provide three (3) references from Federal, State, or Local governments with whom you have conducted business within the past 3 years for the products offered in this response. These references may be contacted in order to validate your ability to perform.

**Customer 1:**

<b>NAME</b>	
<b>TITLE</b>	
<b>ADDRESS (Street, City, State, Zip)</b>	
<b>TELEPHONE</b>	
<b>FAX</b>	
<b>E-MAIL</b>	
<b>CUSTOMER WEBSITE</b>	
<b>PURCHASE ORDER OR CONTRACT NUMBER</b>	
<b>PURCHASE ORDER OR CONTRACT DURATION</b>	
<b>PRODUCT SOLD</b>	

**Customer 2:**

<b>NAME</b>	
<b>TITLE</b>	
<b>ADDRESS</b> (Street, City, State, Zip)	
<b>TELEPHONE</b>	
<b>FAX</b>	
<b>E-MAIL</b>	
<b>CUSTOMER WEBSITE</b>	
<b>PURCHASE ORDER OR CONTRACT NUMBER</b>	
<b>PURCHASE ORDER OR CONTRACT DURATION</b>	
<b>PRODUCT SOLD</b>	

**Customer 3:**

<b>NAME</b>	
<b>TITLE</b>	
<b>ADDRESS</b> (Street, City, State, Zip)	
<b>TELEPHONE</b>	
<b>FAX</b>	
<b>E-MAIL</b>	
<b>COMPANY WEBSITE</b>	
<b>PURCHASE ORDER OR CONTRACT NUMBER</b>	
<b>PURCHASE ORDER OR CONTRACT DURATION</b>	
<b>PRODUCT SOLD</b>	

**RESPONDER SIGNATORY PAGE**

**TITLE:** Minnesota Multistate Contracting Alliance for Pharmacy (MMCAP)  
Medical Supplies and Non-Pharmacy Products

**RFP SUBMISSION DEADLINE:** 2 p. m. Central Time; Wednesday February 16, 2011

**RFP SUBMISSION ADDRESS:**  
Minnesota Department of Administration  
Materials Management Division  
50 Sherburne Avenue  
112 State Administration Building  
St. Paul, MN 55155

**FAX:** 651.297.3996; E-Mail: [MMCAP.Contracts@state.mn.us](mailto:MMCAP.Contracts@state.mn.us)

**CONTRACT PERIOD:** The awarded contract will be for a term of two (2) years commencing June 1, 2011 through May 31, 2013 with the option for three one(1)year extensions.

Responses must be sealed and received at the above address and be time stamped not later than the date and time specified above. The names and addresses of Vendor(s) to the RFP will be read at that time. Late responses will not be considered.

In accordance with the RFP, and subject to all conditions thereof, the undersigned offers and agrees that its response to the RFP, or any part thereof, is an irrevocable offer for 90 days following the opening date of January 10, 2011. It is understood and agreed that the offer, or any part thereof, when accepted in writing by the appropriate State officials, will become a legally binding contract between the undersigned Vendor and MMCAP. It is also understood and agreed that the undersigned accepts all terms and conditions in the RFP.

**NAME OF RESPONDER(S):** \_\_\_\_\_  
(Company name)

**ADDRESS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_  
(Type or print name and sign in ink)

**TITLE:** \_\_\_\_\_  
SIGNER MUST BE AUTHORIZED TO CONTRACTUALLY OBLIGATE THE COMPANY.