REQUEST FOR PROPOSALS
BID NO. 21-02-2420LE

PROPOSAL DUE DATE : **March 11, 2021**

DESCRIPTION : ELEVEN (11) EMS MONITORS/DEFIBRILLATORS

CONTACT PERSON : Mr. Chris Kescoli, Delegate Department Manager
DEPARTMENT OF EMERGENCY MEDICAL SERVICE
DIVISION OF PUBLIC SAFETY
TELEPHONE NO. (928) 871-6410
ckescoli@navajo-nsn.gov

RETURN ALL RESPONSES TO :

DELIVER TO : THE NAVAJO NATION
PURCHASING SERVICES DEPARTMENT
1st Floor, Administration Building #1
WINDOW ROCK, ARIZONA 86515
ATTN: Ms. Lorita Etsitty
TELEPHONE NO. (928) 871-6316

MAIL TO : THE NAVAJO NATION
PURCHASING SERVICE DEPARTMENT
POST OFFICE BOX 9000
WINDOW ROCK, ARIZONA 86515
ATTN: Ms. Lorita Etsitty
TELEPHONE NO. (928) 871-6316
*NOTE: THE BID NUMBER AND THE VENDOR MUST BE INDICATED ON THE OUTSIDE OF THE PACKAGE.

SECTION I

INFORMATION ONLY NO RESPONSE TO THIS SECTION IS REQUIRED

A. ISSUING OFFICE: This request for Proposals (RFP) is issued by the Purchasing Services Department of the Navajo Nation, P.O. Box 9000, Window Rock, Arizona 86515

B. PURPOSE: This RFP provides prospective respondents with sufficient information to enable them to prepare and submit proposals for consideration.

C. SCOPE: This RFP contains the instructions governing the proposals to be submitted and material to be included therein; mandatory requirements which must be met to be eligible for consideration; and other requirements to be met by each proposal.

D. SCHEDULE OF ACTIVITIES:	**DEADLINE:**
1. Public Advertisement	February 18, 25 & March 4, 2021
2. Prospective respondent's inquiry deadline (No questions accepted after this date) Inquiries and questions will be answered at any time prior to this date. Questions to this RFP may be verbal or in writing.	March 4, 2021 at 5:00 pm
3. Due date for proposal	March 11, 2021 at 5:00 pm
4. Opening of proposals and evaluation	March 17, 2021
5. Award date for contract	March 17, 2021

E. INQUIRIES: Prospective respondents may make telephone or written inquiries concerning this RFP to obtain clarification of requirements. No inquiries will be accepted after the inquiry deadline listed in Section D. Mailed inquiries are to be addressed to:

THE NAVAJO NATION
PURCHASING SERVICES DEPARTMENT
POST OFFICE BOX 9000
WINDOW ROCK, ARIZONA 86515
ATTN: Ms. Lorita Etsitty
TELEPHONE (928) 871-6316

Note: Please mark on the outside of the envelope – **EMS Monitors/Defibrillators Inquiry**

F. ADDENDUM OF SUPPLEMENT TO THIS REQUEST FOR PROPOSALS: In the event that it becomes necessary to revise any part of this RFP, an addendum will be issued.

G. PROPOSALS SUBMISSION: Bidders who are mailing their proposals should allow sufficient time for mail delivery to ensure receipt by the time specified. It is recommended they be sent by certified mail to the address indicated on the cover sheet of this RFP.

H. THREE (3) COPIES OF PROPOSALS ARE REQUIRED: (including the original) and should be delivered in a sealed envelope; also include the name and address of the individual or firm submitting the proposal.

I. LATE RECEIPT OF PROPOSALS: Late proposals will not be accepted. It is the responsibility of the bidder to ensure the proposal arrives in the Purchasing Services department prior to the date and time specified.

J. REJECTION OF PROPOSALS: The Purchasing Services Department reserves the right to reject any or all proposals and to waive informalities and minor irregularities in proposals received.

K. PROPRIETARY INFORMATION: Any restriction on the use of data contained within any proposals must be clearly stated in the proposal itself. Proprietary information submitted in response to this RFP will be handled in accordance with applicable purchasing procedures. Each and every page of the proprietary material must be labeled or identified with the word "proprietary".

L. RESPONSE MATERIAL OWNERSHIP: All material submitted regarding this RFP shall become the property of the Navajo Nation and will not be returned to the bidder. Responses received will be retained in file and may be reviewed by any person after final selection has been made, subject to Paragraph K above. The Purchasing Services Department has the right to use any or all system ideas presented in reply to this RFP, subject to limitations outlined in paragraph K above. Disqualification or non-selection of a bidder or bid does not eliminate this right.

M. INCURRING COSTS: The Navajo Nation Purchasing Service Department is not liable for any cost incurred by the bidders prior to issuance of an agreement, contract and/or purchase order.

N. ACCEPTANCE OF PROPOSAL CONTENT: The contents of the proposal of the successful bidder will become contractual obligations if acquisition action ensues. Failure of the successful bidder to accept these obligations in a purchase agreement, purchase order, delivery order or similar acquisition instrument may result in cancellation of the award and such bidder may be removed from future solicitations. The Navajo Nation Purchasing Services Department reserves the right to pursue appropriate legal action in the above set of circumstances.

O. EVALUATION PROCEDURES AND CRITERIA:

1. General Procedures:

a. An ad hoc committee will judge the merit proposals received in accordance with the criteria defined herein.

b. Failure of a bidder to provide any information requested in this RFP may result in disqualification of the proposal. All proposals must be endorsed with the signature of a responsible official having the authority to bind the offeror or to the execution of the proposal.

c. The sole objective of the ad hoc committee will be to select the bidder whose proposal is most responsive to the Navajo Nation Purchasing Services Department. The specifications within this RFP represent the minimum performance necessary for response. On the basis of the evaluation criteria established in this RFP, the ad hoc committee will select and recommend the bidder who best meets this objective.

d. Evaluation Criteria: The following criteria will be used by the ad hoc committee in the selecting process for contract award. The technical proposal factors will be rated on a scale of 5-100 with weight relations as stated below:

Technical Proposal Factors:	Possible Points:
Monitors/Defibrillators Specifications Offeror's meeting the minimum specifications and requirements as listed in Section III herein	35
Warranty/Service Offeror's length of warranty, exclusions of warranty and service options available after warranty expires	10
Qualifications of Firm Offeror's qualifications, including work on similar projects, experience of personnel, how long firm has been producing monitors/defibrillators	20
Quality, Accuracy and Completeness of the Proposal The quality, accuracy, and completeness of the Offeror's proposal in response to the RFP specifications and requirements.	5
Cost Price offered is responsive to the RFP requirements and Instructions, and is realistic in respect to specifications and requirements.	30
	TOTAL: 100

P. STANDARD CONTRACT: The Navajo Nation reserves the right to incorporate standard contract provisions into any contract negotiations as a result of a proposal submitted in response to this RFP.

Q. RETURN OF PROPOSALS: The Navajo Nation has no obligation to return any proposal received in response to this RFP.

R. ALTERNATE PROPOSALS: Alternate proposals will not be accepted and will be deemed non-responsive.

S. GOVERNING LAW: This procurement and any agreement with offerors that may result shall be governed by the laws of the Navajo Nation.

SECTION II

PROPOSAL FORMAT AND ORGANIZATION

A. NUMBER OF COPIES

Proposer shall provide three (3) identical copies of the proposal to the location specified for the submission of proposals in Section I, Paragraph H, on or before the closing date and time for receipt of proposal.

B. PROPOSAL FORMAT

All proposals must be typewritten on standard 8.5 x 11 paper (larger paper is permissible for charts, spreadsheets, etc.) and placed within a binder with tabs delineating each section, as necessary.

1. Proposal Organization

The proposal must be organized and indexed in the following format and must contain as minimum all list items in the sequence indicated.

a. Table of Contents
b. Letter of Transmittal
c. Cost Proposal (include requested optional pricing)
d. Response to the Scope of Services request
e. Professional References (List of similar services provided by the Offeror to pre-hospital providers, preferably organizations within 75-mile radius of the Navajo Nation within the last five (5) years).
f. Appendix (if needed)

Any proposal that does not adhere to these requirements may be deemed non-responsive and rejected on that basis.

Proposer may attach other materials which they feel may improve the quality of their response. However, the material should be included as items in the appendix.

2. Letter of Transmittal

Each proposal must be accompanied by a letter of transmittal. The letter of transmittal must:

a. Identify the submitting organization with a brief description;
b. Identify the name and title of the person authorized to contractually obligate the organization;
c. Identify the name, title and telephone number of the person authorized to negotiate the contract on behalf of the organization;
d. Identify the names, title and telephone numbers of person to be contacted for clarification;
e. Be signed by the person authorized to contractually obligate the organization; and
f. Acknowledge receipt of any and all amendments to the RFP.

SECTION III

The Navajo Nation Department of EMS seeks proposals from qualified respondents for eleven (11) new EMS Monitors/Defibrillators with 12-lead ECG recording to add to the current thirty-one (31) Zoll X-Series Monitors. Proposals shall include pricing for purchasing units within two years of the award of this contract. Qualified respondent's EMS Monitor/Defibrillators shall adhere to the specifications set forth within this section (Section III) and meet all current applicable standards (FDA and ACLS). All proposals must be completed in the requested format set forth in Section II and shall include any requested optional prices.

A. Monitor/Defibrillator Specifications

Weight:

1. Unit shall not exceed 10.6 lbs. (4.82 kg) without battery and paper.
2. Unit shall not exceed 11.7 lbs. (5.32 kg) with battery and paper.

Dimensions:

1. Unit must not exceed 10.4 in high x 8.9 in wide x 7.9 in deep (25.4 cm high x 22.6 cm wide x 20.6 cm deep) with handle.
2. Unit must not exceed 8.75 in high x 8.9 in wide x 7.9 in deep (22.2 cm high x 22.6 cm wide x 20.6 cm deep) without handle.
3. Unit must not exceed 615 cubic inches (by volume) without handle.

Operating:

1. Unit must be capable of operating in temperatures between 0 to 50˚C.

2. Unit must be capable of operating in humidity between 15 to 95% RH (non-condensing).
3. Unit must be vibration tested to meet MIL-STD 810G, Method 514.6.
4. Unit must be vibration tested to meet EN 1789 for ambulance.
5. Unit must be shock tested to meet MIL-STD 810G, Method 516.6 and tested at 75G.
6. Unit must be drop tested to meet MIL-STD 810G, Method 516.6 and tested at 1 meter with 26 drops.
7. Unit must be drop tested to meet IEC 60601-1 and tested at 2 meters
8. Unit must be capable of working at altitudes between -170 meters to 4572 meters (-557 feet to 15,000 feet).

Transport and Storage:

1. Unit must be capable of being stored at temperatures between -30 and 70˚C.
2. Unit must be capable of being stored between 15 to 95% RH (non-condensing).

Environmental Protection:

1. Unit must have a minimum IP55 rating for water and solid foreign objects.

Monitor/Display:

1. Unit must have Tri-Mode display.
2. Unit must be able to change display from ‘color’ to ‘black on white’ or ‘white on black’ via the push of a quick access key.
3. Unit must have night vision goggle (NVG) display.
4. Unit must be able to display dynamic 12-lead ECG on screen.
5. Unit must be able to display static ECG analysis results and dynamic ECG on screen concurrently.
6. Unit must be able to display four (4) waveforms.
7. Unit must be able to display large numeric values independent of ECG or waveforms.
8. Unit must have a high-resolution color liquid crystal display (LCD) as a standard feature.
9. Unit must have a screen size that is a minimum of 6.5 inches (16.5cm) diagonally.
10. Unit must have a screen with a sweep speed of 25 mm/sec or 50 mm/sec.
11. Unit must have a screen that provides a minimum viewing time of 4.87 seconds.

CPR Quality Improvement:

1. The unit must provide real-time audio and visual CPR rate, depth, release feedback with a perfusion performance index.
2. The unit must provide CPR artifact filtering to allow rescuer to see underlying rhythms to minimize pauses in compressions.
3. The unit must be current AHA Guidelines compliant and upgradeable to updated AHA Guidelines as necessary.
4. The unit must provide the option for CPR data to be recorded to internal memory.
5. The unit must provide the ability to review CPR on a software program to provide a complete review of the compressions delivered.
6. The unit must provide a filter that will allow continuous chest compressions to be done for the full duration of the users CPR protocol.
7. The CPR option on the unit must be able to be used in a moving environment, such as an ambulance.
8. The CPR option must allow the option for Anterior-posterior pad placement.
9. When the CPR option is in use, the SpO2 monitoring functionality must also be available.
10. The CPR feedback must be available with the standard pads or paddles cable connected to the unit.

Monitoring:

1. Unit must be capable of patient monitoring through 3-lead, 4-lead, 5-lead and 12-lead ECG cables, multi-function electrodes and paddles.
2. Unit must have impedance pneumography for monitoring respiratory rate via ECG Leads I or II.
3. Unit must have ability to measure respiratory rate via Capnography or impedance pneumography.
4. Unit must be indicated for use on adult, pediatric and neonatal patients.
5. Unit must have a lead selector button located on front panel that allows user to change leads by pushing lead button.
6. Unit must display lead selected on display at all times.
7. Leads must be fully defibrillator protected.
8. Unit must have dedicated circuitry that detects most implanted pacer spikes.
9. Unit must display standard marker of pacer spike on ECG trace.
10. Unit must have the following bandwidths: 0.67 – 20 Hz Limited mode, 0.67 – 40 Hz Monitor mode, .25 – 40 Hz Filtered Diagnostic mode and 0.05 – 150 Hz Diagnostic mode.

11. Unit must have the following ECG sizes: 0.125, 0.25, 0.5, 1, 2, 4 cm/mV and auto-ranging.
12. Unit must show heart rate on display.
13. Unit must display a Heart Rate range between 30 – 300 bpm.
14. Unit must contain heart rate alarms that are user selectable.
15. Heart rate alarms must have an on/off indicator displayed on monitor.
16. Heart rate alarms must be capable of providing the user with an auto-generated strip chart recording, visual message and audible tone when activated.
17. In AED Mode, the unit must be able to use any of the following monitoring parameters: EtCO2, SpO2, SpCO, SpMet, 12-lead ECG and/or NIBP.

Electrodes:

1. Unit must utilize Multi-Function Electrodes that allow pacing, defibrillation, cardioversion and ECG monitoring via one set of disposable pads.
2. Electrodes must be available in sizes for adults and pediatrics.
3. The Multi-Function Electrodes must allow the user to pre-connect the electrodes without compromising shelf life.
4. Electrodes must include an accelerometer to enable CPR feedback and artifact filtering functionality.
5. Adult paddles must incorporate Pediatric paddles.

Defibrillator:

1. Unit must utilize a high current, low energy rectilinear, constant current biphasic waveform.
2. Unit must have the following energy selections available to provider in manual mode operation: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 15, 20, 30, 50, 70, 85, 100, 120, 150 and 200 joules.
3. Unit must have clinical evidence of 95% or better conversion rate at 120J.
4. Unit must have clinical evidence of >95% success on high impedance patients.
5. Unit must meet current AHA specifications for biphasic defibrillation ($\leq$200J low energy, scientific data to support efficacy claims).
6. Unit must allow provider the ability to adjust energy selection controls on device front panel or sternum paddle.
7. Unit must be able to charge to 200 Joules in 7 seconds or less with a new fully charged battery.
8. Unit must display energy selected and delivered on monitor display, strip chart recorder and code summary.

9. Unit must have a defibrillator discharge button that illuminates when device is charged and ready to deliver shock.
10. Unit must have synchronized cardioversion capability with “sync” message displayed on monitor.
11. Unit must have charge controls on both the front panel of unit, as well as, on apex paddle.
12. Unit must have optional paddles that are external anterior/anterior adult and pediatric paddles.
13. Adult paddles must slide off paddle housing to expose pediatric paddles.
14. Unit must contain a built-in defibrillator tester that tests energy output and continuity of the multi-function cable and paddles documented on strip chart recorder and internal memory.
15. Unit must have a “Multi-function” therapy cable that is field replaceable.
16. Unit must have a single “Multi-function cable" that operates both multi-function electrodes and external paddles.
17. Unit must be indicated for use on adult, pediatric and neonatal patients.

Printer/Recorder:

1. Unit must utilize a thermal strip chart recorder.
2. Strip chart recorder must use 80mm paper width thermal recording paper.
3. Strip chart recorder must utilize a 6 second delay.
4. Unit must have user configurable print out modes offering manual or automatic recording options initiated by alarm activation or defibrillator discharge.
5. Strip chart recorder must be able to print four (4) leads simultaneously.

Pacemaker:

1. Unit must utilize a constant current 40 ms pace pulse width duration waveform.
2. Unit must have a continuously variable current level.
3. Unit must have a continuously variable pacing rate from 30 - 180 ppm.
4. Pacer parameters must be maintained when switching back to defibrillation or monitor mode.
5. The heart rate alarms must function in the pacing mode.
6. Unit must be configurable for initial setting of pacing rate.
7. Unit must display pacing rate and milliamps on display.
8. The pacer must continue to deliver life-saving therapy in the event an ECG lead falls off.

9. Unit must be able to pace through multi-function or pacing electrodes.

12-Lead ECG:

1. The 12-lead ECG must not require any special hardware or proprietary software to view.
2. The 12-lead ECG parameter must reside within a defibrillator weighing less than 11.7 lbs. (5.3 kg).
3. The 12-lead ECG parameter must utilize the Inovise ECG Analysis Program
4. The 12-lead ECG parameter must allow direct transmission of 12-lead ECG to ePCR 12-Lead via PAN Bluetooth, WiFi or USB Cell modem.
5. The 12-lead ECG must be capable of being acquired without entering deep menus and without the use of a trim knob.
6. The unit must offer an optional 0.05 to 40 Hz Diagnostic bandwidth
7. The 12-lead parameter must allow users to easily insert patient name, age and gender using soft keys on the defibrillator
8. The 12-lead parameter must allow users to print the 12-Lead Analysis Interpretation including measurements and patient name, age and gender on 80 mm paper.
9. The 12-lead patient cable must consist of 4 limb leads and a separate V-lead cable.
10. The 12-lead patient cable must be capable of providing limb lead signals directly to the defibrillator when only the limb leads are attached.
11. Unit must provide the option for integrated Bluetooth for the wireless transmission of 12-lead ECG and vital sign data to ePCR 12-Lead.
12. Unit must provide the option for Wi-Fi for the wireless transmission of 12-lead ECG and vital sign data to ePCR 12-Lead.
13. Unit must provide the option for USB Cell modem for the wireless transmission of 12-lead ECG and vital sign data to ePCR 12-Lead.

Pulse CO-Oximetry:

1. The unit must have integrated Oxygen Saturation (SpO2), Carboxyhemoglobin Saturation (SpCO) and/or Methemoglobin Saturation (SpMet) and Heart Rate measurement.
2. The unit must have the ability to automatically display HR, SpO, SpCO and SpMet values on the screen without user intervention.
3. Alarm settings for SpCO and SpMet must be user configurable.
4. The unit must utilize pulse oximetry technology that has FDA 510(k) clearance for use during patient motion and low perfusion.
5. The unit must include Masimo SET/Rainbow technology.

6. The unit must utilize pulse oximetry sensors that work in bright sunlight.
7. The unit must utilize alarms that are user adjustable in the field.
8. Unit must be indicated for use on adult, pediatric and neonatal patients.

Capnography:

1. The defibrillator must be capable of providing continuous EtCO2 and respiratory rate readings as well as a capnogram for on-screen display or print-out.
2. The Microstream sample pump must be rated for 24,000 hours of continuous use.
3. The unit must be at full operating specification in 20 seconds or less.
4. Unit must be indicated for use on adult, pediatric and neonatal patients.

Non-Invasive Blood Pressure:

1. Unit must be capable of acquiring a blood pressure measurement on inflation within 15 to 30 seconds.
2. Unit must be capable of synchronizing the oscillation to the R-wave of the ECG.
3. Unit must be capable of using dual lumen tube and/or cuffs
4. Unit must incorporate non-invasive oscillometric technology.
5. Unit must display systolic, diastolic and mean arterial (MAP) pressures.
6. Unit must be capable of taking automatic, stat or manual measurements.
7. Automatic intervals should be user adjustable to 1, 2, 3, 5, 10, 15, 30 and 60 minutes.
8. Unit must be indicated for use on adult, pediatric and neonatal patients.
9. Stat mode must allow for repeated rapid measurements within 5 minutes.
10. Unit must include an artifact indicator which is displayed when excessive artifact is detected.
11. Unit must display a numeric value for cuff inflation status.
12. Unit is capable of displaying and/or printing up to 24 hours of patient vital trend data at one-minute intervals.

Invasive Pressure: (OPTIONAL)

1. Unit must have three invasive pressure channels.
2. Unit must have ability to monitor invasive pressure channels while monitoring temperature channels.
3. Unit must be able to measure pressures between -30 to 300 mmHg.

Temperature: (OPTIONAL)

1. Unit must have two temperature channels.
2. Unit must be able to monitor temperature channels while monitoring invasive pressure channels.
3. Unit must be able to monitor rectal, esophageal, skin and/or ambient air temperature.
4. Unit must be able to measure temperatures between 0˚ to 50˚C.
5. Unit must display T1, T2 and /or TΔ
6. Unit must use YSI 400 and/or 700 Series probes.

Battery/Charging Systems:

1. Unit must be capable of using rechargeable lithium-ion batteries.
2. A new, fully charged lithium-ion batteries operating at room temperature must provide the following capacity: At least 6 hours of continuous monitoring of ECG, SpO2, CO2, three Invasive Pressure channels, and two channels of Temperature, with NIBP measurements every 15 minutes and 10 200J shocks.
3. A new, fully charged lithium-ion batteries operating at room temperature must provide the following capacity: At least 3.5 hours of pacing with ECG, SpO2, CO2, three Invasive Pressure channels, and two channels of Temperature, with NIBP measurements every 15 minutes and pacing at 180 ppm and 140mA.
4. A new, fully charged lithium-ion battery operating at room temperature must be capable of delivering 420 shocks at 200J.
5. The battery must be easy to change.
6. The unit must offer battery option with a recharge time of 4 hours or less with the integral charger.
7. The unit must provide a LOW BATTERY indicator which displays on the monitor.
8. The unit must provide a Battery Management charger system capable of charging both sealed lead acid and lithium ion batteries.
9. The unit must come with a Battery Management Software program for maintenance and conditioning of the batteries.
10. The AC charger must use a standard grounded cable to operate charging system in AC mode.
11. When plugged in, the AC charger must be able to recharge a depleted lithium ion battery, operate the unit without a battery or batteries in unit and simultaneously recharge battery and operate unit.
12. The AC or charger shall be able to operate at total functionality while drawing power off of recommended vehicle inverters.

13. The battery support system must be capable of the simultaneous charging of 4 batteries at one time.
14. The battery support system must be capable of the simultaneous testing of up to 4 batteries at one time.
15. The battery support system must have an auto test feature that automatically tests charges and recalibrates batteries whenever a battery is installed in system.

B. PERSONNEL TRAINING

1. The Contractor/vendor shall provide all appropriate training and training materials and videos. Training and training materials include but are not limited to: multiple live in-service training, follow-up site visits for members unable to attend in-service training, onsite training for any equipment upgrades and owner manuals in print and electronic form.
2. The Contractor/vendor shall provide technical support to Navajo Nation Department of EMS
3. The Contractor/vendor shall provide onsite training for all personnel. Training shall be held on agreed upon dates and location within ten (10) days of delivery of Monitors/Defibrillators.

C. WARRANTY/SERVICE

1. The Contractor/Vendor shall provide, in detail, all items including parts and labor covered under the warranty.
2. The Contractor/Vendor shall provide, in detail, all items excluded and voidable actions under the warranty.
3. The Contractor/Vendor shall provide a loaner machine, on a one for one basis for any warranty repairs. This requirement may be waived on a case by case basis if same day, on site repair is available.
4. Any Monitor/Defibrillators requiring factory service shall be performed on site or have a maximum fourteen (14) day turnaround, and a replacement Monitor/Defibrillator will be delivered to the affected Navajo Nation Department of EMS site within 24 hours of notification.
5. The Monitor/Defibrillators shall have a warranty for a period of not less than one (1) year from the date of acceptance, except for those components which may carry longer warranties.
6. Under this warranty, the Contractor/Vendor agrees to cover parts and labor to replace any part failure and repair all problems with the unit that fails due to normal use and wear and tear.
7. The Contractor/Vendor shall provide a “Single Point of Contact” to handle any and all warranty issues.

8. The Contractor/Vendor shall provide the average response time for service agents after notification. Response time includes making contact with the Navajo Nation Department of EMS site and performing the required service. This includes warranty service requests and service requests after the warranty has expired (if applicable).
9. The Contractor/Vendor shall provide, in detail, parts, labor and any other items covered or excluded under the Contractor/Vendor proposed service contract (if applicable).

Monetary proposals for extended warranty and/or service contracts shall be provided in the respondents cost proposal only.

D. TRADE-IN

1. The Contractor/Vendor shall provide a trade-in value to include monetary value for existing Philips MrX and Physio Lifepak 12 & 15 monitor/defibrillators (serial numbers and service records available on request). The amount determined may be credited towards the purchase of new Monitor/Defibrillators. Navajo Nation Department of EMS reserve the right to not trade-in the current units depending on value credit offered.

Any monetary trade-in proposal shall be provided in the respondents cost proposal only.

E. ACCESSORIES

1. Contractor/Vendor shall provide a complete list and detailed function for all parts and or accessories that would normally be used in the field.
2. The Monitor/Defibrillator shall include a protective carrying case with a minimal dual storage pockets for all cables.
3. The Monitor/Defibrillator shall include a minimum of six (6) spare rolls of printer paper.
4. The Monitor/Defibrillator shall include a minimum of 8 Adult and 4 Pediatric Multi-function pads.
5. The Monitor/Defibrillator shall include one (1) ambulance surface mount from Technimount System **(OPTIONAL)**

Accessories and parts pricing shall be detailed in the cost proposal.

F. OTHER REQUIREMENTS

1. The Contractor/Vendor will provide Navajo Nation Department of EMS with an agreement to provide full trade in value cost (toward replacement upgrade) if ‘within’ two (2) years the Vendor releases a “next generation” or improved product.

G. DELIVERY

1. The Monitor/Defibrillators shall be delivered by the Contractor/Vendor to Navajo Nation Department of EMS within sixty (60) days of receipt of signed contract.

H. EXPLANATION AND VARIANCES

1. Contractor/Vendor is encouraged to include any other non-specified features and/or benefits that their product provides. Navajo Nation Department of EMS is requesting a Monitor/Defibrillator that is the most “up to date” available to meet the rapidly increasing demands of pre-hospital advanced life support field care.