

## **Invitation to Bid**

This document is a Request for Proposal (RFP) for one new (2024/2025) Mobile Computed Tomography Scanner (MCT).

Atrium Health Floyd is seeking proposals for the design, purchase, construction, and delivery of a Mobile Computed Tomography Scanner. Qualified vendors are requested to provide bids to supply the MCT and related services as outlined in this document.

Each interested party should submit their proposal no later than 5 p.m. on Wednesday, April 10, 2024.

Proposals should be sent to Dan Bevels, Director of Community Health, by email at [daniel.bevels@atriumhealth.org](mailto:daniel.bevels@atriumhealth.org) or by mail or hand delivery at this address:

**Atrium Health Floyd Medical Center**  
**420 E. 2<sup>nd</sup> Ave.**  
**Suite 104**  
**Rome, GA 30161**  
**Attn: Dan Bevels, Director of Community Health**  
**706-509-3242**  
[daniel.bevels@atriumhealth.org](mailto:daniel.bevels@atriumhealth.org)

## **Advertisement for Invitation for Formal Bids**

Pursuant to state and federal guidelines, sealed proposals are invited and will be received by Atrium Health Floyd Medical Center until 5 p.m. on Wednesday, April 10, 2024. The sealed documents will be publicly opened at 8:30 a.m. on Thursday, April 11, 2024 at:

### **Atrium Health Floyd Corporate Support**

**420 E. 2<sup>nd</sup> Ave.**

**Suite 104**

**Rome, GA 30161**

From the date of this advertisement until the date of opening the proposals, the plans and specifications of the proposed work and/or a complete description of the apparatus, supplies, materials or equipment are and will continue to be on file in the Atrium Health Floyd Corporate Health Department, 420 E. 2<sup>nd</sup> Ave., Suite 104, Rome, GA 30161, during regular business hours, and will be posted on Atrium Health Floyd's website at [www.floyd.org](http://www.floyd.org) and available to prospective bidders. Inquiries should be directed to Dan Bevels, Director of Community Health at the above address, by phone at 706-509-3242, or by email at [daniel.bevels@atriumhealth.org](mailto:daniel.bevels@atriumhealth.org). Minority and female owned businesses are encouraged to submit proposals.

Atrium Health Floyd reserves the right to accept or reject any proposals, waive informalities, and make the award/purchase most aligned with project goals.

## **Instructions to Bidders**

1. The person, firm or corporation submitting a bid shall submit it to the Director of Community Health by email at [daniel.bevels@atriumhealth.org](mailto:daniel.bevels@atriumhealth.org) or by physical delivery via the below methods:

### **Postal Delivery, Hand Delivery or by Carrier:**

Dan Bevels  
Community Health Department  
Atrium Health Floyd  
420 E. 2<sup>nd</sup> Ave  
Suite 104  
Rome, GA 30161

2. This is a Formal Bid. Bids will be received and opened publicly at stated time. Bids will be reviewed and evaluated by the Project Selection Committee and an award will be made at the earliest possible date. No late bids will be accepted.
3. Mailed or hand delivered bids must be submitted in a sealed envelope by date/time stated above. Envelope should be marked on the outside as "Proposal for Mobile Computed Tomography Scanner," along with bidder's name and address.
4. All bids must include a complete proposal, a signed Non-Collusion Compliance Statement (Attachment A) and a completed and notarized Vendor/Manufacturer Affidavit (Attachment B).
5. All bids must be signed by an authorized official of the firm. Bids may be rejected if they show any omissions, additions not called for, conditional bid or any irregularities of any kind.
6. All submitted pricing shall be net and shall be the full cost including all factors.
7. No bid may be changed or withdrawn after the time of the bid opening. Any modifications or withdrawals requested before this time shall be acceptable only when such request is made in writing to the Director of Community Health.

8. Atrium Health Floyd reserves the right to reject any and all bids, to waive any informalities, and to accept the bid or any portion thereof that is deemed to be most closely aligned with project goals. Any bid submitted will be binding for 120 days after the date of the bid opening.
9. The specifications attached represent the minimum general size, capacity and performance characteristics desired in the equipment to be purchased. These requirements are not intended to prevent obtaining fair responses or to eliminate competition, but they are intended for the protection of each and every bidder and to insure, if possible, that all bids submitted shall be evaluated upon a fair and comparable basis.
10. If a particular brand is specified, equal items may be bid, but the burden of proof that substituted items bid are in fact equal falls upon the bidder. Proof must be furnished in writing at time the bid is submitted. Equipment must be accepted by Atrium Health Floyd as an approved equal prior to bid award.
11. Each proposal shall specify a delivery time. Time of delivery to Atrium Health Floyd will be a factor, along with quality, cost, etc. in awarding of the bid.
12. Each proposal shall specify all warranty information.
13. The Project Selection Committee will evaluate each bid based on vendor reputation and experience, price, quality, performance, and the time specified in the proposal for the completion and delivery of unit. The Project Selection Committee will choose the Vendor that will best meet project goals based on those criteria.
14. It is expressly understood by the bidders that written notice of award by Atrium Heath Floyd will constitute an agreement to consummate the transaction and will serve together with the proposal, advertisement, these instructions, and the detailed specifications, as the entire form of contract between the parties except in cases where formal contracts are warranted.

15. Bid shall be FOB, Cedartown, GA with delivery to be Atrium Health Floyd Polk Medical Center located at 2360 Rockmart Hwy., Cedartown, GA 30125.

16. Technical or design questions regarding the specifications of this bid shall be directed to Aimee Griffin, Vice President of Professional Services at 706-509-6859 or [aimee.griffin@atriumhealth.org](mailto:aimee.griffin@atriumhealth.org). All other questions regarding the bid shall be directed to Dan Bevels, Director of Community Health, at 706-509-3242 or [daniel.bevels@atriumhealth.org](mailto:daniel.bevels@atriumhealth.org). Submitted questions and their answers will be posted at [www.floyd.org](http://www.floyd.org) so all bidders have equal access to all relevant information.

## **GENERAL TERMS AND CONDITIONS**

1. **NON-DISCRIMINATION:** Atrium Health Floyd does not discriminate on the basis of race, color, sex, national origin, religion, age or disability. Any contractors or vendors who provide services, programs or goods to Atrium Health Floyd shall fully comply with the organization's non-discrimination policy.
2. **NON-COLLUSION:** Respondents, by submitting a signed proposal, certify that the accompanying submission is not the result of, or affected by, any unlawful act of collusion with any other person or company engaged in the same line of business or commerce, or any other fraudulent act punishable under Georgia or United States law.
3. **PAYMENT TERMS:** Atrium Health Floyd agrees to pay all approved invoices Net Thirty (30) days from the date received and approved. Atrium Health Floyd does not agree to the payment of late charges or finance charges assessed by the Vendor for any reason. Invoices are payable in U.S. funds.
4. **GOVERNING LAW:** Any agreement, contract or purchase order resulting from this invitation to bid, request for proposals, or request for qualifications or quotes, shall be governed by the laws of the State of Georgia.
5. **ACCEPTANCE/REJECTION OF PROPOSALS: Notwithstanding anything contained herein to the contrary,** Atrium Health Floyd reserves the right to award to the bidder who will best serve the interests of the organization and who best meets project goals. Atrium Health Floyd also reserves the right to waive minor variations in the specifications and in the bidding process, as well as to accept in whole or in part such proposal(s) where it deems it advisable in protection of the best interests of the organization and project goals. Atrium Health Floyd further reserves the right to accept or reject any or all bids/proposals, and to award or not award a contract based on this proposal.
6. **CONFLICT OF INTEREST:** Each bidder shall affirm that no official or employee of Atrium Health Floyd is directly or indirectly interested in this proposal for any reason of personal gain.
7. **EQUAL EMPLOYMENT OPPORTUNITY CLAUSE:** Atrium Health Floyd has adopted an Equal Employment Opportunity Clause, which is incorporated into all specifications, purchase orders and contracts, whereby a vendor agrees not to discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, or ancestry. By submitting a proposal, the firm is attesting that they are an Equal Opportunity Employer.

8. **FEDERAL LAW:** Federal law (Rehabilitation Act and ADA) prohibits handicapped discrimination by all governmental units. By submitting a proposal, the Vendor is attesting to its policy of nondiscrimination regarding the handicapped.
9. **TAXES:** Sales taxes may be listed on this proposal, but as a separate item. No charge will be allowed for Federal Excise and Transportation tax or any other tax from which Atrium Health Floyd is exempt.
10. **WITHDRAWAL OF PROPOSALS:** No bid/proposal may be changed or withdrawn after the stated time and date for submittal. Bids/proposals submitted shall be binding for 120 days after the date of opening of the bids and are property of Atrium Health Floyd.
11. **SERVICES PERFORMED:** All services rendered under this agreement will be performed at the Vendor's own risk and the Vendor expressly agrees to indemnify and hold harmless Atrium Health Floyd, its officers, agents, and employees from and against any and all claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, expenses, liabilities, losses, or damages to person or property of whatever kind including attorneys' fees incurred by the indemnified parties in connection with any negligent act or omission of Vendor or Vendor's work.
12. **INDEPENDENT CONTRACTOR:** It is mutually understood and agreed that the Vendor is an independent contractor and not an agent of Atrium Health Floyd, and as such, Vendor, their agents and employees shall not be entitled to any Atrium Health Floyd employment benefits, such as but not limited to vacation, sick leave, insurance, worker's compensation, pension or retirement benefits.
13. **VERBAL AGREEMENT:** Atrium Health Floyd will not be bound by any verbal agreements.
14. **BUILD AMERICA, BUY AMERICA:** This project may be subject to the Build America, Buy America Act, enacted as part of the Infrastructure Investment and Jobs Act. The domestic content procurement preference requires that all iron, steel, manufactured products, and construction materials used in covered infrastructure projects are produced in the United States.

## TECHNICAL SPECIFICATIONS

### CT SCANNER DETAILS

- CT scanner must acquire data with at least 32 distinct detector rows and a 360-degree rotation speed of a minimum of 0.8 seconds.
- CT scanner must provide high-contrast resolution of at least 15.1 lp/mm at 2% MTF.
- CT scanner must be capable of performing all routine CT examinations, including low-dose computed tomography.
- CT scanner must be capable of performing Cardiac Calcium Scoring CT examinations.
- CT scanner must include an efficient, highly automated user interface, enabling smooth, consistent exam production from technologists at all levels of experience.

### VEHICLE DETAILS

- CT scanner and vehicle platform must be a self-contained, single body solution, not a separate tractor and trailer design.
- Vehicle cabin must safely accommodate two (2) individuals during passage.
- CT scanner and vehicle platform must have an on-board generator to power both the CT scanner and all environmental elements within the vehicle for complete freedom within the scan location. Connection to shore power should not be required while the CT scanner is in use.
- Vehicle exterior should include a fold-out or slide-out stair system for patient entry.
- Vehicle should include jack system for leveling.
- Vehicle should include central air, with preference being rear-mounted units.
- Vehicle should include side view, rear view, and back-up cameras.
- For data transmission (including DICOM Image Transfer), vehicle should include the option of wired transmission of images when docked for overnight parking, as well as VPN data transmission via mobile cell towers.
- Proposal should include a standard interior design (cabinetry, flooring, countertops, finishes), but assumes customer input on final design and configuration.
- If feasible within layout, a staff area that includes microwave and refrigerator is desired.
- Proposal should include cost for graphic wrap and installation with design provided by Atrium Health Floyd.



## WARRANTY, SERVICE, AND PURCHASE DETAILS

- Proposal should include a 12-month warranty for vehicle and CT scanner. Warranty shall begin on the date of Atrium Health Floyd's clinical acceptance of the unit.
- Proposal should include the option for a 5-year point of sale service agreement for both the vehicle and CT scanner.
- Warranty and service of the CT scanner must be provided by the original equipment manufacturer (OEM).
- Purchase of the CT scanner and vehicle must be included in one consolidated purchase contract.

**ATTACHMENT A: NON-COLLUSION COMPLIANCE STATEMENT**

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies, or equipment and is in all respects fair, without collusion or fraud. I understand collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.

The bidder hereby makes an offer to Atrium Health Floyd in accordance with the bid documents, including this Bid Proposal Form and all enclosures. The undersigned individual certifies that he or she is authorized to sign this bid for the bidder.

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Official Legal Name of Company

\_\_\_\_\_  
Date

**ATTACHMENT B: VENDOR/MANUFACTURER AFFIDAVIT**

**INSTRUCTIONS:** Provide the following affidavit for completion by the vendor or manufacturer of the equipment that is the subject of this DET-EQT Request. If you are leasing the equipment, or if you already own the equipment but it has not been used in Georgia, a reputable vendor of equipment who can attest to the fair market value of said equipment should fill out this affidavit.

If you have answered **YES** to Question 9 and 10 on page 6, you have indicated that you are acquiring more than one piece of associated equipment simultaneously. If this is the case, copy this Affidavit for completion by each Vendor/Manufacturer of each piece of equipment and include such copies following this page.

**AFFIDAVIT**

My name is \_\_\_\_\_.

The Requesting Party for this DET-EQT is \_\_\_\_\_.

I am an adult suffering from no known legal disabilities and I am competent to testify regarding the matters set forth herein based upon my personal knowledge. I am freely making this Affidavit in connection with the request for a Letter of Determination with respect to the acquisition of diagnostic, therapeutic equipment or other imaging equipment.

I am \_\_\_\_\_ of \_\_\_\_\_,  
(Enter Title or Position) (Enter Name of Company)  
the manufacturer, or a vendor of the \_\_\_\_\_  
(Enter Equipment Model and Year)

that is the subject of this DET-EQT Request. I am capable of making a binding commitment on behalf of said manufacturer or vendor.

**Please check one of the following:**

I hereby certify that the price shown on the purchase order or price quotation is the total expense that the Requesting Party is incurring for the equipment shown and the total dollar amount that the manufacturer or vendor is receiving for the exact unit shown on the purchase order or price quotation.

The equipment that is the subject of this affidavit is being leased or acquired through a means other than purchase. I have been asked by the Requesting Party to provide a fair market value quotation. I hereby certify that the value reported in this DET-EQT Request is the fair market value for the equipment listed above. Had the Requesting Party purchased said equipment, this value would have been a reasonable amount that it the Requesting Party would have incurred for obtaining the equipment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me on  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Notary Seal)

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_