

City of New York
Department of Health and Mental Hygiene (DOHMH)
Invitations for Bids (IFB) for
LABORATORY ANALYSIS FOR HEAVY METAL TESTING OF CONSUMER PRODUCTS
PIN: 21EN002100R0X00
Addendum #2

May 14, 2020

This Addendum contains the materials from the Pre-Bid Teleconference held on April 29, 2020, and responses to all questions received by DOHMH on or before May 6, 2020.

Except as otherwise stated in the attached and by any prior or subsequent Addenda to the above-referenced IFB, the solicitation remains unchanged.

Please note that the submission due date for bids remains May 29, 2020 at 3:00 P.M.

The deadline for submitting a Request for Waiver of M/WBE Participation Requirement is May 22, 2020. If you are considering requesting a Waiver, you are strongly encouraged to submit a Waiver Request before the deadline.

I. Pre-Bid Teleconference Materials:

Attached as Annex A are the PowerPoint presentation slides and the sign-in sheet from the Pre-Bid Teleconference held on April 29, 2020.

II. Answers to Questions Received about the Bid:

Answers to questions received by DOHMH are contained in Annex B.

III. Changes to IFB Attachments:

Attached as Annex C is a revised Acknowledgement of Addenda (Item 3 of Section IV) form. Bidders are directed to complete and include this form in their bid submission.

IV. Changes to IFB:

The following section of the IFB has been revised and replaced as follows. Language that is crossed-out has been deleted; language underlined in bold-face type has been added.

A. IFB Section I -page 3 revision:

1. Bid Due Date and Time, Public Bid Opening Location are as follows:

Date: May 29, 2020

Time: 3:00pm, EST

Location: New York City Department of Health and Mental Hygiene
Office of the Agency Chief Contracting Officer
42-09 28th Street, 17th Floor, Room: ~~TBD~~ **15-12**

Long Island City, NY 11101-4132
Attention: Erik Vaklinov, Contract Manager

The bid opening may be attended in person at the location above or via video conference. Bidders must RSVP for both the video opening and the in-person opening by 2:00 p.m. EST on May 27, 2020 by emailing the name, title, affiliation, and email address of each attendee to Bids@health.nyc.gov. Please state “Heavy Metal Testing Bid Opening” in the subject line. Bidders who submit an RSVP will be provided an invitation via email to attend the conference.

General Bid Submission Information:

- Bids may be submitted electronically via email at Bids@health.nyc.gov.
- Bids may also be hand-delivered to the mailing address above. Due to the COVID-19 Outbreak and social/physical distancing recommendations, DOHMH is operating with a limited amount of onsite staff. Therefore, electronic bid submission is preferable. Bidders for whom hand-delivery is the only option must advise the Authorized Agency Contact by May 18, 2020 of their intention to do so as the Agency will need to ensure that hand delivered bids are properly received and recorded.
- An Addendum will be released at a later date to provide the date(s) and time(s) at which bids may be hand-delivered, prior to the due date, to authorized DOHMH staff.
- DOHMH will not be responsible for bids hand-delivered at date(s) and time(s) other than those specified in the referenced addendum and/or that are deposited with anyone other than the Authorized Agency Contact and/or authorized DOHMH staff indicated in the referenced addendum.
- DOHMH will not be responsible for electronic bids that are delivered to an email address other than the designated email address above.
- **Any bids, electronic or hand-delivered, received by DOHMH after 3:00 PM on the Bid Due Date will be considered late and will not be accepted.**

ANNEX A

Pre-Bid Teleconference Materials

(PowerPoint presentation slides and the sign-in sheet)

LABORATORY ANALYSIS FOR HEAVY METAL TESTING OF CONSUMER PRODUCTS

PIN: 21EN002100R0X00

EPIN: 81620B0002

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE

PRE-BID CONFERENCE

APRIL 29, 2020



Conference Code of Conduct

- Participants on Microsoft Teams must call in the number provided in the invitation and enter the access code to join the audio portion of the presentation.
- Participants other than city employees must sign in by clicking on the Chat icon on the left column of the screen and send the following in the meeting chat: first and last name, organization, email address, and contact number.
- Please mute all microphones at all times during the presentation.
- Please refrain from typing in the meeting chat other than signing in.



Welcome and Overview of Conference

- Questions – all questions need to be in writing. DOHMH keeps track of all questions, and answers to all questions will be sent, in writing, to all potential bidders.
- During the conference, attendees will be given up until 2:45 p.m. today to submit their questions to Bids@health.nyc.gov with the subject “Heavy Metal Pre-Bid”. Questions received after this time will not be provided a response at the conference but will be addressed along with all other questions received by the question submission due date of May 6, 2020.
- After the presentation is concluded, DOHMH staff will temporarily leave the conference line and attempt to answer, to the extent possible, the questions submitted to the Bids@health.nyc.gov inbox **at** this conference.



Conference Agenda

- Summary of the IFB from a programmatic perspective
- IFB Guidelines: review of basic information, bid procedures, and basis of contract award
- Updates on PASSPort
- M/WBE Goals and Instructions
- Q&A Intermission – DOHMH staff in attendance will attempt to address the questions raised during this conference.
- Q&A Reading and Closing



IFB Programmatic Summary

PROGRAM BACKGROUND AND KEY SCOPE ELEMENTS



General Overview (pg. 5)

The New York City Department of Health and Mental Hygiene (“DOHMH” or the “Agency”) is seeking an appropriately qualified Contractor that can conduct lead, mercury, arsenic, cadmium, chromium, and other heavy metal testing as requested by DOHMH of various consumer products, including but not limited to cosmetics, religious powders, foods, dietary supplements/medications/remedies, jewelry, toys, and ceramic ware. The Agency’s goal is to identify an accredited laboratory that can conduct testing without involving an intermediary laboratory.



Minimum Qualifications (pg. 5)

At time of bid submission, the bidder must demonstrate all of the following:

- Bidder must have been performing the services required in this bid for the past seven (7) years. Specifically, the Bidder must have experience and the capability in the following:
 - conducting heavy metal testing and analyses for lead, mercury, arsenic, cadmium, chromium and other metals as listed in the bid sheet, on consumer products that include, but are not limited to cosmetics, religious powders, foods, health remedies, jewelry, toys and ceramic ware, without involving an intermediary laboratory; and
 - testing products using various sensitive analytical methods, such as:
 - Consumer Product Safety Commission (CPSC)
 - American Society for Testing and Materials (ASTM) C738-94 or United States Environmental Protection Agency (EPA) Method SW3005A; and
 - Other appropriate methods as necessary and as requested by DOHMH for product testing, including but not limited to, EPA Method SW6020 and SW7471.



Minimum Qualifications (pg. 5, 6)(continued)

At time of bid submission, the bidder must demonstrate all of the following:

- Bidder must be currently a National Environmental Laboratory Accreditation Program (NELAP) accredited laboratory that performs analysis of solid and chemical materials. Bidder must have maintained the NELAP accreditation during the past 7 years.
- Bidder must submit a list of relevant heavy metal testing as described above, and the volume of this testing that bidder has conducted for clients in the past seven (7) years. For each type of heavy metal testing, bidder must list the following:
 - Type of consumer product tested
 - Total number of product samples tested
 - Types of analytical methods used
- Bidder must submit a sample of the bidder's Quality Control Reports that includes at minimum, analytical quality control summary, run sequence details, and calibration data.
- Bidder must submit a current resume of the principal or owner of the bidding firm and any employees/technicians assigned to complete the work of this contract.

Minimum Qualifications (pg. 6)(continued)

At time of bid submission, the bidder must demonstrate all of the following:

- Provide (2) written reference letters from different clients for whom work, as specified herein, has been performed within the past seven (7) years who can attest to the Bidder's experience and quality of services. Letters from DOHMH are not acceptable for this purpose. Written reference letters must be on the reference's letterhead and must include the following:
 - The name of the reference
 - The title of the individual signing the reference letter; letter must be signed in ink by the signatory
 - The address of the reference entity
 - The contact information for the reference (including phone number and email address)
 - A description of the services provided to the reference

Scope of Services (pg. 7, 8)

1. Receive routine shipments of product samples, typically over 100 samples per month and provide electronic results in both PDF and extractable excel format (CSV) to DOHMH within ten (10) business days from the receipt of the samples. DOHMH will ship the samples to the Contractor's laboratory. The Contractor must retain remnants of tested samples for a period of 6 months post initial analyses;
2. Use analytical methods as requested by DOHMH, without involving an intermediary laboratory to conduct heavy metal testing of various consumer products.
 - a) Heavy metals covered under this contract are: lead, mercury, arsenic, cadmium, chromium and other metals as listed in the bid sheet.
 - b) Consumer products tested under this contract will include, but not be limited to cosmetics, religious powders, foods, health remedies, jewelry, toys and ceramic ware.
3. Coordinate with the Agency's Division of Informatics Information Technology and Telecommunications (DIITT) to set up a system of electronic data submission to allow DOHMH database to be uploaded with laboratory results per DOHMH specifications.

Scope of Services (pg. 7, 8)(continued)

4. Use appropriate quality control guidelines to ensure sample results are accurate. Contractor will provide detailed Analytical Quality Control Reports whenever requested by DOHMH.
5. Maintain the NELAP accreditation of the laboratory during the period of performance.
6. Provide DOHMH direct phone access to laboratory manager or analytical staff without intermediary steps to discuss sample related inquiries whenever necessary and respond to any DOHMH concerns or questions within one (1) business day or sooner.

IFB Guidelines

REVIEW OF BASIC INFORMATION, SUBMISSION INSTRUCTIONS, AND
BASIS OF CONTRACT AWARD



IFB Guidelines

Relevant Documents

- IFB Solicitation
- Item 1 – Bidder Representations
- Item 2 – Bid Price Sheet
- Item 3 – Acknowledgement of Addenda
- Item 4 – Experience Questionnaire
- Appendix C – Tax Affirmation
- Appendix G – Iran Divestment Rider
- Appendix I – Schedule B: M/WBE Subcontractor Utilization Plan/Waiver Application
- All of these documents are available on the Department of Health’s Contracting Opportunities Web Page:
<https://www1.nyc.gov/site/doh/business/opportunities/contracting-opportunities.page>



Anticipated Contract Term (pg. 6)

- Number of Contracts: 1
- September 1, 2020 – August 31, 2026, with no renewal options.



IFB Timetable (Timetable and Overview, pg. 3)

- Bid Release date: April 15, 2020
- Pre-Bid Conference: April 29, 2020
- M/WBE Waiver Application Due: May 22, 2020
- All Bids due by 3:00 p.m. EST on May 29, 2020.
- Agency Contact Person: Erik Vaklinov– bids@health.nyc.gov
- Questions regarding this IFB must be transmitted in writing to the Agency Contact Person by May 6, 2020



Bid Submission Instructions (p. 3, 4)

- All bids must be submitted to the Agency Contact by **May 29, 2020 at 3:00 p.m. EST**. *A public bid opening will commence at 3:00pm in a room to be determined at 42-09 28th Street, Queens, NY 11101. The bid opening will also be accessible through a teleconference.*
- Bids may be submitted electronically via email at Bids@health.nyc.gov.
- Bidders for whom hand-delivery is the only option must advise the Agency Contact **by May 18, 2020** of their intention to do so as the Agency will need to ensure that hand delivered bids are properly received and recorded.
- Please allow sufficient time to complete and submit bids. Bids received after the bid due and time are late and shall not be accepted by the Agency, except as provided under New York City's Procurement Policy Board Rules.
- Unless the Agency issues a written addendum to the IFB that extends the Bid Due Date and Time for all bidders, the Bid Due Date and Time prescribed above shall remain in effect.



ITEM 2: BID PRICE SHEET (Page 1 of 5)
PIN: 21EN00210R0X00

Bidder's Legal Name: _____

Bidder's Tax ID#: _____
Date Submitted: _____

NOTICE TO ALL BIDDERS: FAILURE TO COMPLETE THIS SECTION IN DETAIL WILL RESULT IN REJECTION OF YOUR BID.

The undersigned agrees, if this bid is accepted, that it will, within 10 days of receipt of notice of award, submit executed copies of insurance policies as may be required, execute the Agreement set forth in this Invitation for Bid, and will proceed, when directed to do so, with the work required hereunder in strict compliance with the terms and conditions set forth in this Bid AT THE UNIT AND OTHER PRICES SET FORTH BELOW.

This is a requirements contract, and is intended to cover, during the term of this Contract, the requirements of DOHMH. **The quantities listed in the Bid Price Sheet are estimates for the full term of this Contract, and DOHMH may use more, less or none of the quantities listed.** Contractor shall only be paid for approved work performed pursuant to this Contract.

Note #1: The All-Inclusive Unit Price (Column D) shall include all costs associated with the performance of work, including but not limited to labor, statutory payroll taxes, fringe benefits, travel, equipment, necessary insurances, fees, filings, shipping/ mailing, overhead, and profit. DOHMH will not reimburse the Contractor for any other costs, so Bidders must take into consideration in developing their rates.

Note #2: In addition to the metals specified in the Bid Price Sheet, the Bidder shall also provide an All-Inclusive Unit Price for 'Other Metals' to be analyzed which, may include but are not limited to: Aluminum, Antimony, Barium, Beryllium, Boron, Calcium, Cobalt, Copper, Iron, Magnesium, Manganese, Molybdenum, Nickel, Potassium, Selenium, Silver, Sodium, Thallium, Tin, Titanium, Vanadium, and Zinc.

ITEM 2: BID PRICE SHEET (Page 2 of 5)

PIN: 21EN002100R0X00

Bidder's Legal Name: _____

Bidder's Tax ID#: _____

Date Submitted: _____

A	B	C	D	E	F
Unit Description	Contract Year (12-month Period)	Unit of Issue	All-Inclusive Unit Price	Estimated Quantity	Extended Price (D x E)
Conduct Test per ASTM C738	Year 1	per sample	\$	20	\$
	Year 2	per sample	\$	20	\$
	Year 3	per sample	\$	20	\$
	Year 4	per sample	\$	20	\$
	Year 5	per sample	\$	20	\$
	Year 6	per sample	\$	20	\$
Test for Mercury	Year 1	per sample	\$	340	\$
	Year 2	per sample	\$	340	\$
	Year 3	per sample	\$	340	\$
	Year 4	per sample	\$	340	\$
	Year 5	per sample	\$	340	\$
	Year 6	per sample	\$	340	\$
Test for Arsenic	Year 1	per sample	\$	15	\$
	Year 2	per sample	\$	15	\$
	Year 3	per sample	\$	15	\$
	Year 4	per sample	\$	15	\$
	Year 5	per sample	\$	15	\$
	Year 6	per sample	\$	15	\$
Test for Cadmium	Year 1	per sample	\$	15	\$
	Year 2	per sample	\$	15	\$
	Year 3	per sample	\$	15	\$
	Year 4	per sample	\$	15	\$
	Year 5	per sample	\$	15	\$
	Year 6	per sample	\$	15	\$
Test for Chromium	Year 1	per sample	\$	15	\$
	Year 2	per sample	\$	15	\$
	Year 3	per sample	\$	15	\$
	Year 4	per sample	\$	15	\$
	Year 5	per sample	\$	15	\$
	Year 6	per sample	\$	15	\$

ITEM 2: BID PRICE SHEET (Page 3 of 5)

PIN: 21EN002100R0X00

Bidder's Legal Name: _____

Bidder's Tax ID#: _____

Date Submitted: _____

A	B	C	D	E	F
Unit Description	Contract Year (12-month Period)	Unit of Issue	All-Inclusive Unit Price	Estimated Quantity	Extended Price (D x E)
Test for Lead	Year 1	per sample	\$	2,700	\$
	Year 2	per sample	\$	2,700	\$
	Year 3	per sample	\$	2,700	\$
	Year 4	per sample	\$	2,700	\$
	Year 5	per sample	\$	2,700	\$
	Year 6	per sample	\$	2,700	\$
Test for Analyte plus 5 Metals (other than Mercury)	Year 1	per sample	\$	10	\$
	Year 2	per sample	\$	10	\$
	Year 3	per sample	\$	10	\$
	Year 4	per sample	\$	10	\$
	Year 5	per sample	\$	10	\$
	Year 6	per sample	\$	10	\$
Test for Analyte plus 4 Metals (other than Mercury)	Year 1	per sample	\$	10	\$
	Year 2	per sample	\$	10	\$
	Year 3	per sample	\$	10	\$
	Year 4	per sample	\$	10	\$
	Year 5	per sample	\$	10	\$
	Year 6	per sample	\$	10	\$
Test for Analyte plus 3 Metals (other than Mercury)	Year 1	per sample	\$	15	\$
	Year 2	per sample	\$	15	\$
	Year 3	per sample	\$	15	\$
	Year 4	per sample	\$	15	\$
	Year 5	per sample	\$	15	\$
	Year 6	per sample	\$	15	\$
Test for Analyte plus 2 Metals (other than Mercury)	Year 1	per sample	\$	100	\$
	Year 2	per sample	\$	100	\$
	Year 3	per sample	\$	100	\$
	Year 4	per sample	\$	100	\$
	Year 5	per sample	\$	100	\$
	Year 6	per sample	\$	100	\$

ITEM 2: BID PRICE SHEET (Page 4 of 5)

PIN: 21EN002100R0X00

Bidder's Legal Name: _____

Bidder's Tax ID#: _____

Date Submitted: _____

A	B	C	D	E	F
Unit Description	Contract Year (12-month Period)	Unit of Issue	All-Inclusive Unit Price	Estimated Quantity	Extended Price (D x E)
Test for Analyte plus 1 Metal (other than Mercury)	Year 1	per sample	\$	225	\$
	Year 2	per sample	\$	225	\$
	Year 3	per sample	\$	225	\$
	Year 4	per sample	\$	225	\$
	Year 5	per sample	\$	225	\$
	Year 6	per sample	\$	225	\$
Test for 'Other Metals' (See Note #2 above)	Year 1	per sample	\$	15	\$
	Year 2	per sample	\$	15	\$
	Year 3	per sample	\$	15	\$
	Year 4	per sample	\$	15	\$
	Year 5	per sample	\$	15	\$
	Year 6	per sample	\$	15	\$
TOTAL PROPOSED PRICE* (SUM OF COLUMN F)					
<p>TOTAL BID PRICE IN WORDS:</p> <p align="center">*In the case of any discrepancy between the price in words and that in figures, the lowest price will be considered the bid price.</p>					

Bid Package Checklist (pg. 24)

1. Item 1 – Bidder Representations
2. Item 2 – Bid Sheet
3. Item 3 – Acknowledgment of Addenda
4. Item 4 – Experience Questionnaire
5. Item 5 – Audited/Reviewed Financial Statements
6. Item 6 – Required License/Certification, Resumes, and Sample Reports and Analyses
7. Item 7 – Reference Letters (2)
8. Appendix C – Tax Affirmation
9. Appendix G – Iran Contractor Divestment Rider
10. Appendix I – Schedule B – M/WBE Utilization Plan (either completed Part II, or fully approved Waiver/Part III)



Bid Evaluation and Award (pg. 15)

- Responsiveness Check
- Award will be made to the responsive and responsible bidder that offers the lowest bid price.



PASSPort

Procurement and Sourcing Solutions Portal

- All Vendors wishing to do business with the City must enroll in PASSPort (Formerly VENDEX).
- To complete the online disclosure process, please create an online account in PASSPort and file all disclosure information here:
<http://www1.nyc.gov/site/passport/index.page>
- If you have any questions regarding enrollment please contact
help@mocs.nyc.gov



PASSPort: Leveling the Playing Field

MOCS and NYC Procurement



Compliance,
Advisory &
Partnerships



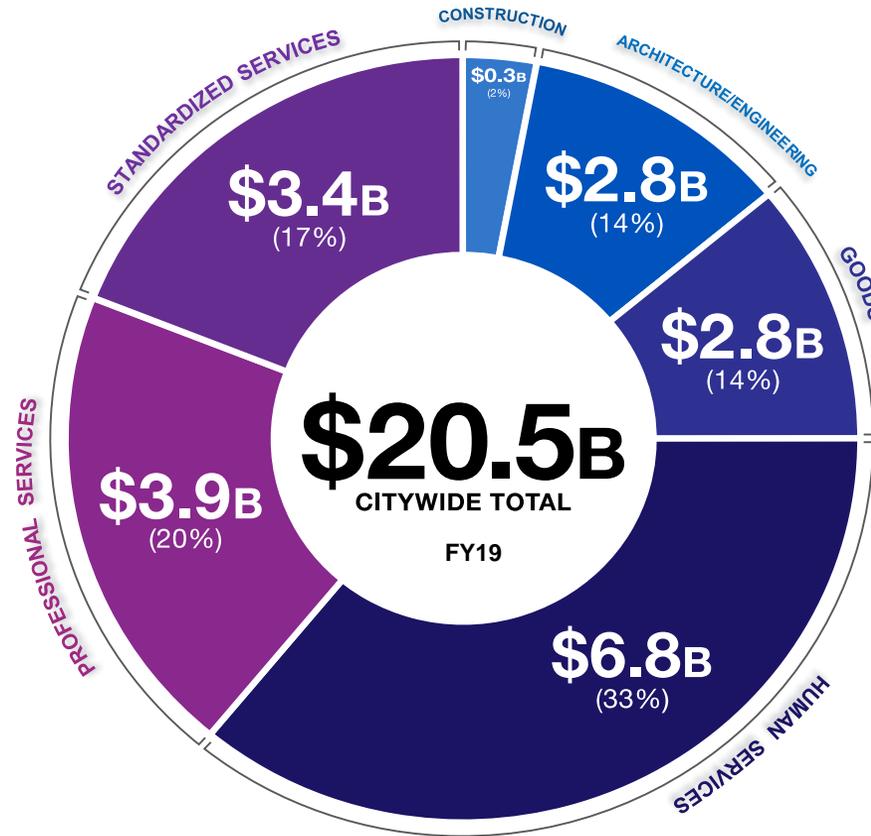
Technology
Solutions



Transparency
& Reporting



Learning
Management &
Support



41

City Agencies

43,500+

Procurement
Actions in FY 19

14,000+

Filed Vendors in PASSPort

6,000+

NYC Procurement Staff

Procurement & PASSPort Implementation



Release 1	Release 2	Release 3	Release 4
<p>✓ Launched August 2017</p> <p>Key Features:</p> <ul style="list-style-type: none"> • Self-service vendor accounts • Responsibility determinations <p>Outputs and Achievements:</p> <ul style="list-style-type: none"> • 14,000 vendors filed • Cycle time reduction by 10 weeks <p>System Sunsets: VENDEX</p>	<p>✓ Launched April 2019</p> <p>Key Features:</p> <ul style="list-style-type: none"> • Requirements Contracts Catalog • Online Requisition, Receipt, Invoice, Payment management <p>Outputs and Achievements:</p> <ul style="list-style-type: none"> • Full payment pipeline functional <p>System Sunsets: DCAS Direct Order</p>	<p>Coming Spring 2020</p> <p>Key Features:</p> <ul style="list-style-type: none"> • RFx Roadmap • Digital RFx • Milestone tracking • Online registration process • E-signature, eliminate notaries • Amendment/Change Order mgmt. <p>System Sunsets: APT, HHS Accelerator (RFPs, except open-ended)</p>	<p>Coming Winter 2020/21</p> <p>Key Features:</p> <ul style="list-style-type: none"> • Citywide Invoicing and Payment • Prequalification for all vendors <p>System Sunsets: HHS Accelerator (Prequalification, all RFPs)</p>

Preparing to Do Business with the City of New York

1

Create NYC.ID at nyc.gov/passport

2

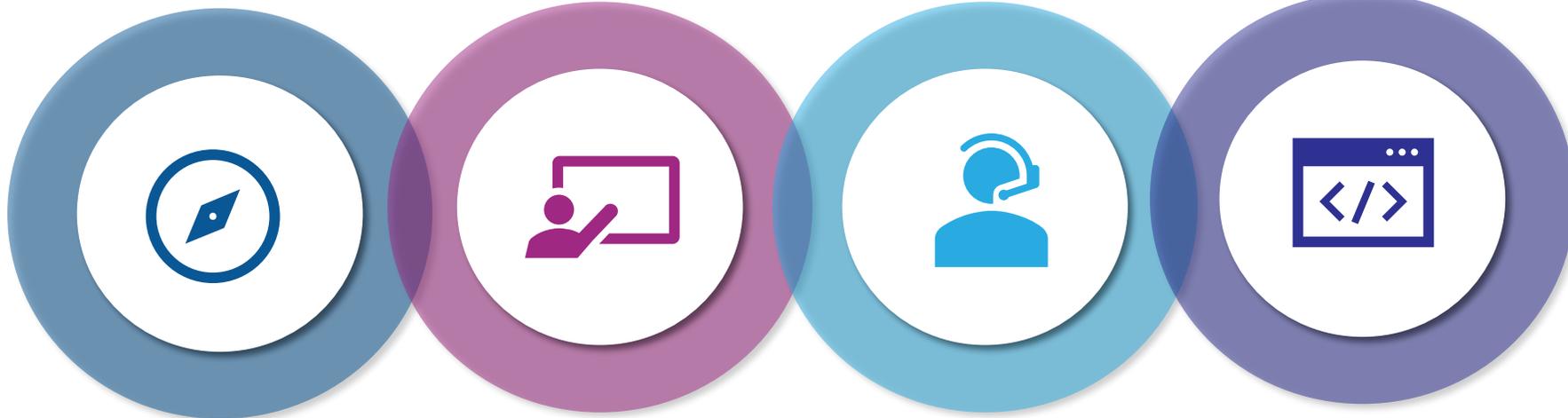
Using NYC.ID, log in to PASSPort and submit account request

3

Once approved, complete vendor enrollment package

Resources and Support for Vendors and Agencies

MOCS deploys people, technology and learning resources to maximize the benefits of e-procurement



Procurement Roadmap

Online Resources

Service Desk

Technology Enhancements

Coming Soon	nyc.gov/passport	help@mocs.nyc.gov	PASSPort Direct Email
<ul style="list-style-type: none"> • Coming Spring 2020 • Browse Funding Opportunities • Align Development Plans 	<ul style="list-style-type: none"> • Training Videos • FAQs • Job Aids • Manuals • Checklists 	<ul style="list-style-type: none"> • Real-Time Support • Escalation Paths 	<ul style="list-style-type: none"> • Ongoing • Driven by User Feedback • Join Vendor Workgroups

M/WBE Goals and Instructions (Appendix I – Schedule B)

The Department of Health and Mental Hygiene (DOHMH) is committed to ensuring that there is diversity in City contracting- as per Local Law 1 of 2014, M/WBE goals have been applied to this contract.

M/WBE Contract Goal – 3.3%

- *General rule - contract goals can be met with the use of M/WBE prime and/or subcontracting (minus dollars awarded to non-M/WBEs).*
- *Requests for full or partial **waivers** to the goal must be submitted to bids@health.nyc.gov no later than May 22, 2020. **DOHMH strongly recommends that if you plan to request a waiver, you submit the Waiver Request as soon as possible.***
- *Bid package must include either:*
 - *a completed “Schedule B – Part II: M/WBE Participation Plan” or*
 - *a fully approved “Schedule B – Part III – Request for Waiver of M/WBE Participation Requirement”*

To search and find qualified M/WBEs, visit www.nyc.gov/buycertified

For assistance:

DOHMH M/WBE unit – P:(347)396-6708; E: mwbe@health.nyc.gov

NYC Small Business Services – Certification Helpline: (212) 513-6311

Schedule B: New Part 1- M/WBE Participation Plan



SCHEDULE B – M/WBE Utilization Plan

Part 1: M/WBE Participation Goals

Contract Overview (To be completed by contracting agency)

APT E-Pin#	#####A#####	FMS Project ID#	#####				
Project Title	Widgets Service	Agency PIN#	##AB#####C#D##				
Contracting Agency	Dept. Health & Mental Hygiene	Bid/Proposal Response Date	###/###/####				
Agency Address	45-09 28th St	City	Long Island City	State	NY	ZIP	10111
Contact Person	Jane Doe	Title	Procurement Coordinator				
Telephone	### ##	Email	jdoe@health.nyc.gov				

Project Description (attach additional pages if necessary)

The Department of Health and Mental hygiene seeks an appropriately qualified contractor to provide Widget Services. (Please provide full description)

Bidder or proposer is required OR is not required to specifically identify the contact information of all MWBE firms they intend to use as a subcontractor on this contract, including the MWBE vendor name, address and telephone number in the space provided below in Part 2 Section 4.

M/WBE Participation Goals for Services

Enter the percentage amount for each category or for an unspecified Goal.

Prime Contract Industry: Standard Srvc

Category and Breakdown:

Unspecified	3.30	%
Black American		%
Hispanic American		%
Asian American		%
Women		%

Total Participation Goals 3.30 %
Line 1

Part 1 is completed by DOHMH. It contains the M/WBE Participation Goal for Services.

Schedule B: New Part 2- M/WBE Participation Plan

Part 2: M/WBE Participation Plan

(To be completed by the bidder/proposer unless granted a full waiver, which must be submitted with the bid/proposal in lieu of this form)

Section 1: Prime Contractor Contact Information

Tax ID#	## #####	FMS Vendor ID#	#####
Business Name	ABC Widgets	Contact Person	John Doe
Business Address	123 ABC Way	City	XYZ State NY ZIP #####
Telephone	### ### #####	Email	jdoe@ABCWidgets.com

Section 3: Contractor M/WBE Utilization Plan

Please review the Notice to Prospective Contractors for more information on how to obtain credit for M/WBE participation. Check applicable box. The Proposer or Bidder will fulfill the M/WBE Participation Goals:

- As an M/WBE Prime Contractor that will self-perform and/or subcontract to other M/WBE firms a portion of the contract the value of which is at least the amount located on Lines 2 or 3 in the panels in Section 2, as applicable. The value of any work subcontracted to non-M/WBE firms will not be credited towards fulfillment of M/WBE Participation Goals. Please check all that apply to Prime Contractor: MBE WBE
- As a Qualified Joint Venture with an M/WBE partner, in which the value of the M/WBE partner's participation and/or the value of any work subcontracted to other M/WBE firms is at least the amount located on Lines 2 or 3 in the panels in Section 2, as applicable. The value of any work subcontracted to non-M/WBE firms will not be credited towards fulfillment of M/WBE Participation Goals.
- As a non-M/WBE Prime Contractor that will enter into subcontracts with M/WBE firms the value of which is at least the amount located on Lines 2 or 3 in the panels in Section 2, as applicable.

Section 2: M/WBE Utilization Goal Calculation

Prime Contractor Adopting Agency Participation Goals

For Prime Contractors (including Qualified Joint Ventures and M/WBE firms) adopting Agency M/WBE Participation Goals.

Total Bid/Proposal Value \$ 1,000,000.00
multiplied by x
Total Participation Goals 3.30 %
(Line 1 above)

Calculated M/WBE Participation Amount \$ 33,000.00
Line 2

OR

Prime Contractor With Partial Waiver Approval Adopting Revised Participation Goals

For Prime Contractors (including Qualified Joint Ventures and M/WBE firms) adopting Revised M/WBE Participation Goals.

Total Bid/Proposal Value \$ 1,000,000.00
multiplied by x
Total Revised Participation Goals 1.00 %

Calculated M/WBE Participation Amount \$ 10,000.00
Line 3

Vendor will complete if agreeing to goal or denied waiver request; must complete and sign Schedule B Parts 1 and 2.

Vendor will complete if they received an approved partial waiver request; must complete and sign Schedule B Parts 1-3

Schedule B: Part 2- Subcontracting Plan

Section 4: General Contract Information

What is the expected percentage of the total contract dollar value that you expect to award in subcontracts for services, regardless of M/WBE status? %

Enter a brief description of the type(s) and dollar value of subcontracts for all services you plan to subcontract if awarded this contract, along with the anticipated start and end dates for such subcontracts. For each item, indicate whether the work is designated for participation by an M/WBE. Where the contracting agency's solicitation has indicated a requirement that the bidder or proposer specifically identify the contact information of all M/WBEs they intend to use on this contract, vendors must also include the M/WBE vendor name, address and telephone number in the space provided below. Use additional sheets if necessary.

Description of Work	Start Date (MM/YY)	End Date (MM/YY)	Planned \$ Amount	Designated for M/WBE		M/WBE Vendor Name	M/WBE Address	M/WBE Telephone	
				Y	N			()	-
1.	/	/	\$	<input type="checkbox"/>	<input type="checkbox"/>			()	-
2.	/	/	\$	<input type="checkbox"/>	<input type="checkbox"/>			()	-
3.	/	/	\$	<input type="checkbox"/>	<input type="checkbox"/>			()	-
4.	/	/	\$	<input type="checkbox"/>	<input type="checkbox"/>			()	-
5.	/	/	\$	<input type="checkbox"/>	<input type="checkbox"/>			()	-
6.	/	/	\$	<input type="checkbox"/>	<input type="checkbox"/>			()	-
7.	/	/	\$	<input type="checkbox"/>	<input type="checkbox"/>			()	-
8.	/	/	\$	<input type="checkbox"/>	<input type="checkbox"/>			()	-
9.	/	/	\$	<input type="checkbox"/>	<input type="checkbox"/>			()	-
10.	/	/	\$	<input type="checkbox"/>	<input type="checkbox"/>			()	-

There are separate columns for subcontract descriptions, estimates and M/WBE designations.

Where required by the solicitation, vendors will also need to specifically identify the contact info, including name, address and telephone number, of the M/WBE vendors they intend to use to meet participation goals on the anticipated contract.

Schedule B: New Part 2- Responsive Vendor Submission

Section 5: Vendor Certification and Required Affirmations

I hereby:

1. acknowledge my understanding of the M/WBE participation requirements as set forth herein and the pertinent provisions of Section 6-129 of the Administrative Code of the City of New York ("Section 6-129"), and the rules promulgated thereunder;
2. affirm that the information supplied in support of this M/WBE Utilization Plan is true and correct;
3. agree, if awarded this Contract, to comply with the M/WBE participation requirements of this Contract, the pertinent provisions of Section 6-129, and the rules promulgated thereunder, all of which shall be deemed to be material terms of this Contract;
4. agree and affirm that it is a material term of this Contract that the Vendor will award the total dollar value of the M/WBE Participation Goals to certified MBEs and/or WBEs, unless a full waiver is obtained or such goals are modified by the Agency; and
5. agree and affirm, if awarded this Contract, to make all reasonable, good faith efforts to meet the M/WBE Participation Goals, or If a partial waiver is obtained or such goals are modified by the Agency, to meet the modified Participation Goals by soliciting and obtaining the participation of certified MBE and/or WBE firms.

Signature _____

Date _____

Print Name _____

Title _____

As part of a responsive bid or proposal, the vendor **must sign** the Schedule B, Part 2 acknowledging and affirming their understanding of the M/WBE goal requirements and intent to make all good faith efforts to meet the final goal. If a vendor has been granted a full waiver, the vendor must include the approved waiver determination (Part 3) with their bid/proposal submission, in lieu, of a signed Schedule B, Part 2 in order to be considered responsive.

Failure to sign this section of the Schedule B will make a vendor non-responsive.

Schedule B: New Part 3- Proposed Goal and Basis for Request



SCHEDULE B – Part 3

Request for Waiver of M/WBE Participation Requirement

Contract Overview

Tax ID#	## #####	FMS Vendor ID#	#####
Business Name	ABC Widgets	Contact Name	John Doe
Email	jdoe@ABCWidgets.com	Telephone	### ### ####
Contracting Agency	Department of Health & Mental Hygiene		
APT E-Pin#	#####A#####	Bid/Proposal Due Date	#####

Basis for Waiver Request: Check appropriate box & explain in detail below (attach additional pages if needed)

- Vendor does not subcontract services, and has the capacity and good faith intention to perform all such work itself with its own employees.
- Vendor subcontracts some of this type of work but at a lower % than bid/solicitation describes, and has the capacity and good faith intention to do so on this contract. Identify your subcontracting plan in the vendor certification section below.
- Vendor has other legitimate business reasons for proposing the M/WBE Participation Goal requested here. Explain under separate cover.

Vendor Contract History

Using the [attached Excel template](#), list all contracts (for City and Non-City work) performed within the last 3 years and provide the requested information for each contract.

From the list of all contracts, provide reference information below for the 5 most relevant contracts in size, scale and scope (performed for New York City or any other entity) to the bid or proposal for which you are submitting this waiver request. Provide the requested information for each subcontract awarded during the life of the listed reference contract.

Please make sure to highlight the 5 reference contracts provided below among the comprehensive list of all your contract awards within the attached Excel template.

M/WBE Participation Goals for Services

Defined by AGENCY in bid/solicitation documents
Percent of the total contract value to be subcontracted to M/WBE vendors for services and/or credited to an M/WBE Qualified Joint Venture.

Unspecified	3.30	%
Black American		%
Hispanic American		%
Asian American		%
Women		%

Total Participation Goals 3.30 %

Proposed by VENDOR seeking waiver
Percent of the total contract value anticipated in good faith by the bidder/proposer to be subcontracted to M/WBE businesses for services. Or if M/WBE Qualified Joint Venture, percent of total contract value anticipated to be credited to M/WBE vendor(s).

Unspecified	1.00	%
Black American		%
Hispanic American		%
Asian American		%
Women		%

Total Participation Goals 1.00 %

To submit a waiver request, the vendor must complete Schedule B – Part 3. They must fill in the original goal percentage defined by the agency, the reduced goal they are requesting, and the basis for their request.

Schedule B: New Part 3- Waiver Requests (Reference Section)

Vendors will use the linked excel file to provide their **full** contracting history within the last **3 years**. From this list, they will identify **5 reference contracts** that are most relevant to the current bid/proposal.

Contact information will now be required for each reference. Vendors must also provide an overview of the reference, including contract description, term, value, and their status as a prime/subcontractor. They must also indicate if the previous contract was subject to participation goals (city, state, or federal).

Vendor Contract History
 Using the attached Excel template, list all contracts (for City and non-City work) performed within the last 3 years and provide the requested information for each contract.

From the list of all contracts, provide reference information below for the 5 most relevant contracts in size, scale and scope (performed for New York City or any other entity) to the bid or proposal for which you are submitting this waiver request. Provide the requested information for each subcontract awarded during the life of the listed reference contract.

Please make sure to highlight the 5 reference contracts provided below among the comprehensive list of all your contract awards within the attached Excel template.

to be credited to MW/WBE vendor(s):

Unspecified	___%
Black American	___%
Hispanic American	___%
Asian American	___%
Women	___%
Total Participation Goals	___%

Reference 1

Agency/Organization _____ Contract # _____

Reference Contact _____ Telephone _____ Email _____

Contract Start Date _____ Contract End Date _____ Total Contract Value \$ _____

Prime Contract description _____

Did the vendor perform as a Prime Contractor or as a Subcontractor? Prime Contractor Subcontractor

Was the Prime Contract subject to any Goals? City M/WBE Goals State Goals Federal Goals No Applicable Goals

Did the Prime Contractor meet goal requirements? Yes No N/A

If the Prime Contractor did not meet goal requirements or contract is still ongoing, please explain _____

If you performed as the Prime Contractor, please provide a description and value of all work subcontracted to other vendors.	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
Percentage of total contract value subcontracted to other vendors _____		___%

If you performed as the Subcontractor, please provide a description and value of work areas you self-performed. _____

_____ \$ _____

If the vendor was the prime contractor, they must list a **description** and **award value** for each **subcontracted scope** of work.

If the vendor was the subcontractor, they must list a **description** and **award value** for each **subcontracted scope** of work.

Schedule B: New Part 3- Waiver Requests (Vendor Certification)

Vendor Certification

Identify/list all the work areas you intend on subcontracting on the current anticipated contract for which you are submitting this waiver request.

I hereby affirm that the information supplied in support of this waiver request is true and correct, and that this request is made in good faith. I further affirm that the work that I did not list as work that will be subcontracted on this contract for which I am submitting this waiver request is work that I have performed on past contracts and will not subcontract if awarded this contract.

Signature _____ Date _____

Print Name _____ Title _____

Approvals (for Agency completion only)	Waiver Determination
ACCO Signature _____ Date _____	<input type="checkbox"/> Full Waiver Approved
CCPO Signature _____ Date _____	<input type="checkbox"/> Waiver Denied
	<input type="checkbox"/> Partial Waiver Approved
	Revised Participation Goal _____ %

Page 5 of 5

The Vendor Certification section includes both a subcontracting identification section. Vendors will be required to list all work areas they intend to subcontract. Upon signing the certification, they affirm that they will **self-perform all work not identified in the subcontracting section.**

Q & A Intermission

Thanks For Your Patience



Q & A Reading and Closing

Thanks for your interest in DOHMH's Invitations For Bids for Laboratory Analysis for Heavy Metal Testing of Consumer Products

Sign-in Sheet from the Pre-Bid Teleconference:

Name	Organization	Email
Jerry DeMenna	VTEC Laboratories, Inc.	jerry@vteclabs.com
Jame Milne	Intertek Testing Services	james.milne@intertek.com
Daniel B Kocher	EMSL Analytical	dkocher@emsl.com
Neil Schultz	VTEC Laboratories, Inc.	neil@vteclabs.com
Phil Worby	EMSL Analytical	pworby@emsl.com
Margaret Freudenrich	EMSL Analytical	mfreudenrich@emsl.com
Eugenia Mirica	EMSL Analytical	emirica@emsl.com
Ron Smith	EMSL Analytical	rsmith@emsl.com
Craig Chawla	STAT Analysis	cchawla@statanalysis.com
Scott Ross	EMSL Analytical	sross@emsl.com

ANNEX B

City of New York
Department of Health and Mental Hygiene (DOHMH)
Invitations for Bids (IFB) for
LABORATORY ANALYSIS FOR HEAVY METAL TESTING OF CONSUMER PRODUCTS
PIN: 21EN002100R0X00

Below are answers to the questions received by DOHMH at the Pre-Bid Teleconference and/or in writing by the Questions Due Date of May 6, 2020. Bidders are advised to read all questions and answers in order to have the most complete information.

Answers provided in writing herein should be considered the final and official responses to these questions.

Question 1: Can you provide annual and monthly workload for each of the materials that need to be tested?

Answer 1: As indicated in Section II.A.1. of the Bid, the Contractor will receive routine shipments of product samples, typically over 100 samples per month. Consumer product samples will include, but are not limited to cosmetics, religious powders, foods, health remedies, jewelry, toys and ceramic ware.

Question 2: Are there specific testing methods required?

Answer 2: As indicated in Section I.B.1.b. of the Bid, testing methods as required by DOHMH include various sensitive analytical methods such as:

- i. Consumer Product Safety Commission (CPSC) methods
- ii. American Society for Testing and Materials (ASTM) C738-94 or United States Environmental Protection Agency (EPA) Method SW3005A; and
- iii. Other appropriate methods as necessary and as requested by DOHMH for product testing, including but not limited to, EPA Method SW6020 and SW7471.

Question 3: Is there specific testing equipment required?

Answer 3: As indicated in Section I.B.2., the Bidder's must currently be a National Environmental Laboratory Accreditation Program (NELAP) accredited laboratory that performs analysis of solid and chemical materials. The Contractor's laboratory must have the necessary equipment to perform analysis as indicated in Section I.B.1.b. of the Bid.

Question 4: What kind of reports will be required? What information would you like captured in the reports?

Answer 4: As indicated in Section II.A.3. of the Bid, the Contractor will provide to DOHMH reports on results of the laboratory analysis in both pdf and CSV format to

allow for data transfer and will indicate the following information, including but not limited to, the lab work order number, the DOHMH sample IDs, case IDs, dates of analyses, analytical methods used, and chain of custody. The Contractor will also provide detailed Analytical Quality Control Reports whenever requested by DOHMH, which must contain quality control data for testing conducted, including but not limited to, analytical quality control summary, run sequence details, and calibration data, as specified in Section IIA.4. of the Bid.

Question 5: Is this a new contract? If this is a follow through on contract, who is the current awardee?

Answer 5: The Agency does not currently have a large-scale multiyear contract in place for these services. There is currently a one-year (small purchase) contract for similar services in place,

Question 6: Please advise if Bid #21EN002100R0X00 testing for metal products is an innovative procurement?

Answer 6: No

Questions 7: Can the ISO 17025 accreditation be acceptable to you in place of the NELAP accreditation requirement?

Answer 7: No.

Question 8: Date of the last award?

Answer 8: The small purchase contract is effective as of 9/1/2019.

Question 9: Awarded unit price?

Answer 9: The total award amount of the current contract is \$90,380.

Question 10: Awarded quantity?

Answer 10: The number of tests stipulated in the current contract are estimates only and quantities vary by analysis method.

Question 11: Awardee?

Answer 11: The current contract was awarded to HI-Tek Environmental, Inc.

Question 12: Total amount spent on prior award?

Answer 12: See Question 9.

Question 13: Is the vendor who won last time solicited this time?

Answer 13: This is an open competitive bid available to the public; any eligible vendor is invited to apply.

Question 14: Is the manufacturer/suggested vendor solicited on this solicitation?

Answer 14: See Question 13.

Question 15: What amount has been encumbered for this project?

Answer 15: No amount has been encumbered for this contract. The contract will be awarded to the lowest responsive and responsible bidder.

Question 16: Is this an open market bid or an innovative bid?

Answer 16: Open market bid.

Question 17: What is the protocol on how to procure bids?

Answer 17: For general information on contracting with the City, please refer to this site: www.nyc.gov/mocs. For this solicitation, please refer to entire bid document, specifically in Sections II and III.

Question 18: Is there any particular Limit of Detection required for these Tests for the specific Metals; since that will determine what Method/Technique will be used?

Answer 18: Yes. Limits of detection can vary depending on the type of product. The Contractor must be able to test products using various sensitive analytical methods as specified in Section I.B.1.b. of the Bid.

Question 19: Is there a specific Action Limit for specific Products; such as Religious Powders, etc? I ask this because the Standard Methods you referenced all have different Reporting Limits, Sample Preparation Techniques, Test Instrumentation, etc.

Answer 19: Yes. Action limits can vary based on the type of product. The Contractor must be able to test products using various sensitive analytical methods as specified in Section I.B.1.b. of the Bid.

REVISED ITEM 3: ACKNOWLEDGMENT OF ADDENDA

Complete Part I or Part II, whichever is applicable, and sign your name in Part III:

PART I: LISTED BELOW ARE THE DATES OF ISSUE FOR EACH ADDENDUM RECEIVED IN CONNECTION WITH THIS IFB:

- ADDENDUM # 1, DATED **April 22, 2020**
- ADDENDUM # 2, DATED **May 14, 2020**
- ADDENDUM # 3, DATED _____ , 20__
- ADDENDUM # 4, DATED _____ , 20__
- ADDENDUM # 5, DATED _____ , 20__
- ADDENDUM # 6, DATED _____ , 20__

PART II: ____ NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS INVITATION FOR BIDS.

PART III:

BIDDER (NAME) _____ DATE __/__/__

BIDDER (SIGNATURE) _____