REQUEST FOR BID FOR DENTAL LAB SERVICES

AT THE IOWA VETERANS HOME

MARSHALLTOWN, IA 50158

The State of Iowa, Iowa Veterans Home is soliciting bids to provide services for Dental Lab Services for the Dental Clinic on the Iowa Veterans Home campus at 1301 Summit Street, Marshalltown, IA 50158. Bids will be accepted until 2:00 p.m. local Iowa time, Friday, June 28th, 2024. Bids shall be accepted in person, by courier or US Mail. Faxed bids, e-mailed bids and bids provided on forms printed off the internet are also acceptable.

1. **BACKGROUND:**
	1. The Iowa Veterans Home (IVH) Marshalltown, IA Dental Clinic provides preventive and restorative dental services to the residents at IVH.
	2. The Dentist at the Iowa Veterans Home will issue work orders to the successful Dental Laboratory contractor for requested services.
	3. The purpose of this request for bid is to secure **Dental Laboratory Services** from a qualified Vendor to provide prosthodontic services to the home’s residents. These would include, but not be limited to, all laboratory fabrication aspects of complete dentures, removable partial dentures, fixed partial dentures and crowns.
2. **SCOPE OF SERVICES:**

It is the intention of these specifications that the Vendor hereunder shall provide all necessary goods and services to provide dental laboratory services for the Iowa Veterans Home residents. All services shall be billed to and paid by IVH.

* 1. All services performed under this Request for Bid shall be in accordance with all applicable State and Local laws governing the operation and provision of a Dental Laboratory. The laboratory shall meet OSHA’s standards for infection control.
	2. The Contractor shall provide all labor, clerical support, furniture, office space, utilities, ancillary equipment and supplies necessary for prosthodontic services of the Dental Laboratory.
	3. The Contractor shall maintain all required certifications and licensure within the State of Iowa for their professional staff providing services as described.
	4. The Contractor shall provide services during normal business hours. No pick up or deliveries are required on weekends or State holidays.

2.4.1 - Once weekly ship – out and delivery Monday through Friday in the Dental Clinic, to include but not limited to:

* + - * 1. All impressions
				2. All necessary procedures relating to prosthodontic care
				3. One-week turnaround time required for dentures
				4. One – two-week turnaround required for crowns and bridges
	1. The Contractor shall maintain all records related to the professional services and duties pursuant to the Request for Bid. These records are the property of the Iowa Veterans Home Dental Program or designated representative.
	2. The Contractor’s facility shall have a capacity to handle the volume of work expected. In FY19, the Department orders amounted to approximately $15,000.

3. **TERM OF CONTRACT:** The term of this contract shall be for one (1) year beginning July 15th, 2024. IVH reserves the right to renew this contract for up to five (5) additional one-year renewal options under the same terms and conditions based on the written agreement of both parties. IVH will automatically renew this contract on each option year unless notice is given to the Contractor that the contract is not renewed.

1. **PRICES:**
	1. Prices quoted must remain firm for the period covered by this agreement, unless price escalation is herein specified. Prices quoted shall include shipping and delivery costs and charges for all items listed in the scope of services.
	2. If price adjustments are requested pursuant to the terms of the contract, the Contractor must notify the Iowa Veterans Home Purchasing Department sixty (60) days prior to the current terms expiration date.
2. **STATE HOLIDAYS:**

New Year’s Day Veterans’ Day

MLK, Jr. Birthday Thanksgiving Day

Memorial Day Friday following Thanksgiving Day

Independence Day Christmas Day

Labor Day

1. **ESCALATION:**
	1. All prices offered herein shall be firm against any increase for one (1) year from the effective date of the contract. Prior to commencement of subsequent renewal terms, the Iowa Veterans Home may entertain a request for escalation in accordance with the current Consumer Price Index at the time of the request or up to a maximum 2% increase on the current pricing, whichever is lower.
	2. For purposes of this section, “Consumer Price Index” shall mean the Consumer Price Index-All Urban Consumer-United States Average-All Items (CPI-U), as published by the United States Department of Labor, Bureau of Labor Statistics.
	3. IVH reserves the right to accept or reject the request for a price increase within fourteen (14) days. If the price increase is approved, the price will remain firm for one (1) year from the date of the increase.
2. **CONTRACTOR PERSONNEL REQUIREMENTS:**

7.1 Statement of Qualifications: The Statement of Qualifications must include a description of organizational and staff experience, education, licensing, and relevant experience and specialized training received by staff.

**Please include “Statement” with the bid.**

7.2 Experience: The Contractor shall possess a minimum of three (3) years’ experience in providing Dental Laboratory services for similar programs/facilities.

**Please provide details with the bid.**

7.4 References: The bidder shall provide a minimum of two (2) references for services performed within the last three (3) years with the same scope of work. References must include organizational names, addresses, names of contact persons, and telephone numbers, detailed description of service, term of contract, and estimated yearly annual dollar amount.

**Please include with the bid.**

1. **CONTRACTOR RESPONSIBILITIES:**
	1. The successful Dental Laboratory shall provide the following prosthodontic services for the Dental Clinic clients:
		1. Full upper dentures – manufacture and/or repair.
		2. Full lower dentures – manufacture and/or repair.
		3. Acrylic partial upper dentures – manufacture and/or repair.
		4. Acrylic partial lower dentures– manufacture and/or repair.

* + 1. Cast metal partial upper dentures – manufacture and/or repair.
		2. Cast metal partial lower dentures – manufacture and/or repair
		3. Production of crowns and bridges for restorative care.
		4. Set-up, models, articulations – formation of custom mouth trays and/or relines
		5. Repair of partials and dentures
		6. Manufacture of mouth guards
		7. Implant supported dentures
	1. Materials
		1. Ivoclar teeth or agency approved equivalent.
		2. Lucitone 199 acrylic or agency approved equivalent.
		3. Emax, All Zircomia, PFM, cast crowns
	2. The following conditions shall be followed. Deviation from adherence to these conditions may jeopardize the Contractor’s continued provision of services.
		1. Quality control inspection shall be performed before returning lab work to clinic.
		2. The contractor shall notify IVH if any deviation from the work order is indicated. The Contractor shall have prior written approval by IVH before any changes are implemented. Contractor agrees to absorb any increase in charges as a result of any changes in subcontracted laboratories.
		3. Bites are not to be opened or closed unless requested by the dentist.
		4. Questions concerning the work order are to be directed to the dentist who wrote the work order.
		5. Dental clinic shall be called if the case will not be back at requested time.
			+ 1. A mutually agreeable time for shipping and delivery.
				2. Telephone numbers and contact persons to be used by the using service at IVH to inquire about specific dental laboratory orders.
1. **QUALITY OF WORK:**
	1. Remakes: If it is found that any laboratory items are not compliant with the Standard of Acceptable Deliverables of the Dental Laboratory procedures, the contractor shall remake the item at no additional cost to IVH.
	2. IVH will notify the vendor in writing on a monthly basis any issues concerning quality complaints of dental laboratory items providing detailed information for the vendor to correct identified discrepancies.

1. **DENTAL CLINIC LOCATION:**

Iowa Veterans Home

Dental Clinic

1301 Summit Street

Marshalltown, IA 50158

Ph: 641-753-4210

1. **INVOICES:**
	1. Invoices are to be mailed monthly to the Purchasing Office and include the name of the client(s); service(s) provided; contract # (resulting Contract Agreement #).
2. **RECORDS:**

IVH reserves the right to examine any clinical records and related billing material to insure the terms of this Request for Bid are being met. This examination of records can be made without notice and the Contractor must cooperate with the examination.

1. **REPAIRS:**

The contract will need to be able to perform repairs to dental devices such as denture, crowns, bridges, inlays and other dental prosthetics.

Contractor will need to provide same day shipment/pick up, one week turnaround for removables and return of partial and full dentures that require repair. Including, but not limited to repair of plastic denture, replacement of teeth and repair of metal brackets on partial dentures.

14. **SCHEDULE**:

Bids are due by 2:00 p.m. (CST) on Friday, June 28th, 2024

 Iowa Veterans Home

 Attn: Stacie Sorenson or Sarah Kehoe

 1301 Summit Street

 Marshalltown, IA 50158

 641-753-4310

Stacie.sorenson@ivh.state.ia.us

 sarah.kehoe@ivh.state.ia.us

Bids submitted after the closing date and time will not be accepted.

All bids submitted become the property of the Iowa Veterans Home and will be considered a statement of commitment by the contractor.

The State of Iowa reserves the right to reject any and all bids if deemed necessary.

The State of Iowa is exempt from state and local sales tax and use taxes.

Taxes shall “not” be included in your bid response.

Bid Form shall be signed by an officer of the company with authority to bind in a contract.

For further information regarding the Request for Bid or to submit pricing, contact:

 Sarah Kehoe

 Purchasing Agent II

 Iowa Veterans Home

 1301 Summit Street

 Marshalltown, IA 50158

 641-753-4310

 Fax: 641-844-6336

 sarah.kehoe@ivh.state.ia.us

**Base Pricing 04/01/2020-03/31/2023**

**Removable Prosthetics**

|  |  |  |  |
| --- | --- | --- | --- |
| ***PROCEDURE*** | ***Year 1*** | ***Year 2*** | ***Year 3*** |
| Denture Process Consisting of: Pour Cast Boxed Final Cast Custom Tray Shellac Base Plate & Bite Block Articulation |  |  |  |
| Full Denture Set-up |  |  |  |
| Full Denture Finish |  |  |  |
| Heat Cured Reline Full Denture |  |  |  |
| Repair Partial |  |  |  |
| Partial Denture Frame Lingual Bar |  |  |  |
| Partial Denture Frame Horseshoe |  |  |  |
| Partial Denture Frame Full Palate |  |  |  |
| Partial Denture setup 1-4 teeth each |  |  |  |
| Partial Denture Finish 1-4 teeth each additional tooth |  |  |  |
| Soft Night Guard |  |  |  |
| Hard Night Guard |  |  |  |
| Repair Complete denture |  |  |  |
| Add tooth to denture |  |  |  |
| Denture Process Consisting of: Pour Impression Die Master CastArticulation |  |  |  |
| Gold Full Cast Crown |  |  |  |
| Ceramic Maryland Bridge Frame |  |  |  |
| Single Porcelain Fused to Metal Crown |  |  |  |
| 3 Unit bridgeAll zirconia and PFM (HN) and Emax  |  |  |  |

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Name of Firm

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

 Signature of Bidder \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Typed or Printed Name of Signer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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