





**University of Massachusetts Amherst  
Department of Procurement  
Request for Bids:**

**Contact Lenses  
per the attached specifications or approved equal**

**RFB# AA10-RH-3406**

**Bid Opening Date – July 15, 2009 @ 1:00 p.m.**

The Department of Health Services at the University of Massachusetts Amherst is seeking bids to provide Contact Lenses per the following specifications or approved equals.

1. The University Health Services reserves the right to reject any or all bids, wholly or in part, and to make the award in a manner deemed to be in the best interest of the University.
2. Bidders are to indicate warranty and return policy on contact lenses.
3. The quantities are representative totals for annual usage of contact lenses. No guarantee of volume is made.
4. Service is to include shipment of lenses within seven working days of phone order to the University Health Services at the University of Massachusetts, Amherst.
5. Bid prices shall remain firm for the term of the contact.
6. Bidders are asked to indicate the percentage of discount that may be applied to lenses not specifically asked for in the attachment. Please attach a copy of your current price list and indicate the percentage of discount that may be applied. List prices and discounts shall remain firm throughout the term of the contract.

We offer University Health Services a discount of \_\_\_\_\_ % from our list prices for those lenses not specifically priced in the attachment.

7. The University Health Services may require that contact lenses be sent directly to the patient's home address, with all invoicing to be sent to University Health Services. Please include a full description of this service, including any written agreements with full cost for this service.
8. All lenses will be ordered on an "as-needed" basis.
9. Contract Term: date of award to June 30, 2010.
10. No substitutions on product once the order has been placed.
11. **Shipping of any number of revenue boxes to University Health Services via courier.**

The cost for shipping is \$ \_\_\_\_\_ per shipment

OR put an x here \_\_\_\_\_ is there is no charge for revenue boxes shipped to UMass Health Services.

Delivery: FOB Destination, Amherst, MA

Prices must include delivery to the University of Massachusetts, Amherst, MA.

**Special Note: If you are submitting a bid on an “approved equal” all detailed information on the product must be included within the bid. Failure to include this information may disqualify the bid.**

All responses to this bid shall be made on the following Bid Response Sheet or an exact facsimile thereof. Responses on a form which significantly deviates from the stated response parameters will not be reviewed and may be grounds for disqualification at the University’s sole discretion.

Each bidder is solely responsible for the accuracy and completeness of its bid. Errors or omissions may be grounds for rejection, or may be interpreted in favor of the University. The University will not increase the purchase order to the successful vendor for omissions or oversights not due to the fault of the University or its agents. All changes must be approved in writing.

The successful bidder will be required to provide original signed W-9 form to the University if they are not already a recognized University vendor. A copy of this form can be accessed at: [www.umass.edu/procurement](http://www.umass.edu/procurement) - Click on “Forms” – Click on “University of Massachusetts Substitute W-9 Form”.

Bidders shall deliver **two (2) copies** of their bid response to the following address by **Wednesday, July 15, 2009 at 1:00pm, at which time the bids will be opened and publicly read.** Bids shall be clearly marked and addressed to:

**University of Massachusetts  
Procurement Department  
407 Goodell Bldg. ~ 140 Hicks Way  
Amherst, MA 01003  
Fax 413-545-1643**

***Attention: RFB AA10-RH-3406***

It is the sole responsibility of the bidder to insure that its bid is delivered to the Procurement Department in its entirety by the due date and time. Late bids will not be considered, and will be placed, unopened, in the bid file. Faxed bids will be accepted, provided the original is received within 5 working days after bid deadline submission date.

All questions from prospective vendors regarding this Request for Bid shall be referred to the Purchasing Manager in the Procurement Department by email or fax only, by Wednesday, July 8, 2009 at 2:00 PM. No telephone calls will be entertained. Inquiries received after the specified date and time will not be accepted. The University will E-Mail its response to all questions to all bidders of record by formal addendum by Thursday, July 9, 2009. The contact information for this individual is:

**University of Massachusetts Amherst  
Rosemary A. Hassay, Purchasing Manager  
Fax: (413) 545-1643  
Email: [procurement@admin.umass.edu](mailto:procurement@admin.umass.edu)**

The University will extend the due date by written addendum if such information significantly amends this request for bid or makes compliance with the original proposed due date impractical.

**University of Massachusetts Amherst**

**Bid Response Sheet**

**RFB# AA10-RH-3406 - Contact Lenses**

**per the following specifications or approved equal**

**Bid Opening Date: July 15, 2009 @ 1:00 pm**

All responses to this bid shall be made on this Bid Response sheet or an exact facsimile thereof. Responses in a form which significantly deviate from the stated response parameters will not be reviewed and may be grounds for disqualification by the University.

<b>Quantity</b>	<b>Unit of Measure</b>	<b>Description</b>	<b>Unit Price</b>	<b>Total Price</b>
350	Box	Acuvue 2		
60	Box	Acuvue Advance		
25	Box	Acuvue Advance Toric		
2,200	Box	Acuvue Oasys		
300	Box	Acuvue Oasys Toric		
60	Box	Acuvue Oasys Presbyopic		
600	Box	Acuvue 1-Day Moist		
60	Box	One-Day Acuvue 1-5		
120	Box	One-Day Acuvue 6-12		
20	Box	Freshlook Colorblends		
20	Box	Focus Dailies 90-pack		
20	Box	Dailies Aqua Comfort 90-pack		
130	Box	Air Optix		
50	Box	Air Optix Toric		
150	Box	O2Optix		
32	Box	Precision UV		
24	Box	Biomedics 55		
36	Box	Biomedics Toric		
36	Box	Proclear		
30	Box	Proclear Toric		

15	4-pack	Preference Toric XR		
30	4-pack	Preference Toric		
90	Box	Vertex Toric		
10	Box	Vertex Toric XR		
20	Box	Frequency 55 Toric		
10	Box	Frequency 55 Toric XR		
60	Box	Soflens Multifocal		
85	Box	Soflens Toric		
<b>Total Bid Price</b>				

**Delivery lead-time after receipt of order:** \_\_\_\_\_

**Vendor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Name of Person Submitting Bid:** \_\_\_\_\_

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