

Addendum 1

IFB 2020-11, Drug Testing Services

April 27, 2020

The following are official modifications which are hereby incorporated into IFB 2020-11 – Drug Testing Services. The information contained in this amendment prevails over the original IFB language for all amendments below, deleted language appears in strikethrough (“~~xxx~~”) and added language appears in underline (“xxx”).

Page 4-5: Checklist for IFB #2020-11:

- See Attached Revised Checklist

Page 6: Key Events/Dates:

The table below outlines the schedule for important action dates. If the State finds it necessary to change any of these dates, notification will be accomplished through an addendum to this IFB.

Invitation for Bids (IFB) Issued	April 2, 2020
Written Bidders’ Questions Deadline	April 17, 2020 @ 3:00 pm
DOCCS Issues Answers to Questions (estimated)	April 22 <u>27</u> , 2020
Bids Due to DOCCS	May 6 <u>15</u> , 2020 @ 3:00 pm
Tentative Award Made (estimated)	May 14 <u>20</u> , 2020
Contract Start Date	July 2,2020 - July 1,2025

Page 25 Scope Of Services:

- II. DOCCS anticipates approximately 500 tests statewide per month. The term is expected to be for 5 years.

Specimens will be collected Twenty-four (24) hours a day 365 days a year.

- V. A basic four-drug screen must be provided that uses immunoassay methodology. All positive basic screens must be confirmed by Gas Chromatography/Mass Spectrometry (GC/MS) or Liquid Chromatography Tandem Mass Spectrometry (LCMSMS).

The basic four-drug screen will test for Opiates, Marijuana (THC), Buprenorphine and Cocaine. **The list of Opiates required for testing are; Opium, Morphine, Codeine Heroin.**

A separate single screen will test for either Opiates or Marijuana (THC). A single screen for either Opiates or Marijuana may be ordered in conjunction with a separate synthetic screen or exclusively.

Separate synthetic screens will test for Synthetic Cannabinoids-2 and K2 (Synthetic Cannabinoids-3). Tests for synthetics must be done using LCMSMS. A synthetic drug screen may be ordered in conjunction with one basic 2-drug screen, single screen or exclusively. An alcohol screen may be ordered exclusively

All “cut off levels” must be consistent with established National Institute of Health’s National Institute on Drug Abuse (NIDA) standards; for more information please visit their website at www.nida.nih.gov.

The contractor will have to provide DOCCS with customized test order forms that reflect the above requirements and such forms must be to the total satisfaction of the Department.

Please note: Additional screens may be requested by DOCCS throughout the term of the agreement resulting from the IFB.

Page 28: Cost Sheet:

- See Attached Revised Cost Sheet

All other terms and conditions remain the same.

Please sign and return this Addendum with your bid verifying receipt and that you acknowledge and accept these changes of the IFB.

“Accepted and Agreed To”:

_____/_____/_____/_____
Signature Name Title Date

Applicants should monitor the following Web sites for posted updates or information:

NYS Contract Reporter: <http://www.nyscr.ny.gov>

NYS DOCCS’ Web site: <https://doccs.ny.gov/procurement-opportunities>

REVISED

CHECKLIST FOR IFB #2020-11

All bidders must complete the checklist presented below and submit the following forms listed in the checklist as required for each bid submission.

SUBMISSION DOCUMENTS PACKAGE (SIGNATURES REQUIRED)

- This Checklist
- One electronic copy of all documents in PDF format on an electronic Medium (i.e.USB flash drive, CD, etc.)
- Completed Bid Signature Page (pages 2-3)
 - Bidder's Federal Tax Identification Number
 - NYS Vendor Identification Number
 - Bidder's Signature
 - Individual, Corporation, Partnership, or LLC Acknowledgement (*must be notarized*)
- MWBE / EEO / SDVOB Forms as applicable (see pages 8-10)
Forms available at: <https://doccs.ny.gov/procurement-opportunities>
- Vendor Responsibility Questionnaire – Check one of the following:
 - Paper Submission
 - OR**
 - Electronic Filing – Certified Date: _____
(*Must be certified within the last 6 months*)
- Certificate of Insurance
- Proof of Compliance with Workers' Compensation Coverage Requirements
- Proof of Compliance with Disability Benefits Coverage Requirements
(*Note: If the above 3 items are not submitted with bid, a tentative awardee shall provide this upon notification from DOCCS*)
- All necessary required licenses from the New York State Department of Health, and/or certification required from the appropriate out-of-state Health Department to perform the specified urine drug testing (i.e. CLIA Certification). **A copy of such license or certification must be submitted with bid.**
- Qualification of Bidder – Provide Dun & Bradstreet Report or other evidence showing the organization has been in continuous operation for at least three (3) years and capable of performing the work described in the IFB. (see page 17).**
- Define batch testing process and circumstances as described in section VI of the Scope of Services.
- Chain of Custody and documentation of procedure as described in section X of the Scope of Services
 - example of forms of documentation/certification that you propose to use **must be submitted with bid.**
- Revised** Bid Cost Sheet (page 27)

RETURN THIS PAGE AS PART OF THE BID

- Notes to Bidders and Questions (pages 28-30)
- Procurement Lobbying Certification (page 31)
- NYS Required Certifications: EO 177 & State Finance Law § 139-I (page 32)
- Vendor Assurance of No Conflict of Interest or Detrimental Effect (page 33)
- Contractor Certification Forms *(Must Be Notarized)* (page 34)
 - Form ST-220-CA
- Non-Disclosure Agreement *(a tentative awardee shall provide this documentation upon notification from DOCCS)*

Signature: _____

Date: _____

Print Name: _____

Name of Company: _____

RETURN THIS PAGE AS PART OF THE BID

******REVISED COST SHEET**

Revised cost sheet must be submitted. No other cost sheet will be accepted

PLEASE USE BLACK INK OR TYPEWRITER WHEN PREPARING YOUR BID. BE SURE YOU HAVE INSERTED YOUR COMPANY'S NAME IN THE BOX

Bidder

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******REVISED COST SHEET**

	Screen / Confirmation Type	**Estimated Annual Quantity (a)	Price (b)	Total (a x b)
1.	<u>Basic 4-Drug Screen</u>	2,500	\$ _____	\$ _____
2.	<u>Basic 4-Drug Screen Confirmation*</u>	***2,500	\$ _____	\$ _____
3.	<u>Buprenorphine Screen</u>	1,000	\$ _____	\$ _____
4.	<u>Buprenorphine Confirmation*</u>	***1,000	\$ _____	\$ _____
5.	<u>Opiates Screen</u>	120	\$ _____	\$ _____
6.	<u>Opiates Confirmation*</u>	***120	\$ _____	\$ _____
7.	<u>THC</u>	1,000	\$ _____	\$ _____
8.	<u>THC Confirmation*</u>	***1,000	\$ _____	\$ _____
9.	<u>Cocaine Screen</u>	120	\$ _____	\$ _____
10.	<u>Cocaine Confirmation*</u>	***120	\$ _____	\$ _____
11.	<u>Synthetic Screen: Canabanoids-2</u>	600	\$ _____	\$ _____
12.	<u>Canabanoids -2 Confirmation*</u>	***600	\$ _____	\$ _____
13.	<u>Synthetic Screen Canabanoids -3</u>	600	\$ _____	\$ _____
14.	<u>Canabanoids -3 Confirmation*</u>	***600	\$ _____	\$ _____
15.	<u>Alcohol</u>	60	\$ _____	\$ _____
16.	<u>Alcohol Confirmation*</u>	***60	\$ _____	\$ _____
GRAND TOTAL = (Items 1 through 16)				\$ _____

*Positive screens will automatically be confirmed

******REVISED COST SHEET**

** The cost breakdown above is an annual estimate. Actuals may be higher or lower. **There is no historical data** and there is no guarantee of the number of tests that will be requested. Payment will be based on actuals.

***** Up to the number of positive results.**

Bidders should set up and provide the most cost-effective drug panels for the testing of urine specimens provided by DOCCS.

Bid price shall be inclusive of all costs of providing testing, including but not be limited to labor, materials, shipping, parts, supplies, travel, training, licenses, insurance, administrative, profit, ancillary costs, transportation, handling and miscellaneous charges such as any applicable taxes or fees, supplies, mailing costs, and services not explicitly stated in these specifications, but necessarily attendant thereto. Note: Prices must be rounded to the nearest cent.

****** Revised cost sheet must be submitted by bidders. No other cost sheet will be accepted.**

SIGNATURE: _____

PRINTED NAME: _____