



PHILADELPHIA CORPORATION FOR AGING

Enriching lives, preserving dignity.™

REQUEST FOR PROPOSAL

HOUSING DEPARTMENT

FY 2018

(JULY 1, 2017 – JUNE 30, 2020)

DURABLE MEDICAL EQUIPMENT

RETURN TO:

Dorian Harris
Housing Services Manager
PCA-Housing Department
642 North Broad Street
Philadelphia, PA 19130-3409
Tele: (215) 282-6585
Fax: (215) 282-6616
dharris@pcaphl.org

Proposals are due by 12:00 PM (noon) on Friday, June 2, 2017 and must be submitted in two (2) complete legible copies. Any proposals arriving after 12:00 PM (noon) or in less than two complete copies will be rejected without consideration. Faxed proposals are not accepted.

This Request for Proposals (RFP) will provide potential applicants with information to prepare and submit proposals for consideration by the Philadelphia Corporation for Aging (PCA) to satisfy the need for durable medical equipment for consumers in Senior Housing Assistance Repair Program (SHARP), Caregiver Support Program (CSP), Bravo Health (BRAVO) and Health Partners.

Response Date

In order to be considered, quotations must be received by Dorian Harris, Philadelphia Corporation for Aging, 642 North Broad Street, 5th floor, Philadelphia, PA 19130-3409, on or before **12:00 Noon on Friday, June 2, 2017**. ***Any proposals arriving later than 12:00 noon on the above date will be rejected. No responsibility will be taken by PCA for failure of a delivery service to deliver proposals on time, regardless of the reason.***

Pre-Response Question & Answer Session

A **mandatory** question and answer session, to allow for clarification of the specifications will be held on **Friday, May 19th, 2017 at 2:00 P.M. in 2nd Fl. Classroom** at the address listed above. Applicants are requested to submit questions by mail, fax to 215-282-6616 or email dharris@pcaphl.org to PCA by **noon on May 15th**, to ensure a complete response. Five (5) points will be deducted from any applicant submitting a proposal who did not attend the mandatory Q&A session.

Proposals

Two complete copies of the proposal, including the following forms, must be submitted:

1. Cover Sheet / Applicant Profile
2. Assurances
3. References
4. Insurance Checklist
5. DME Price List
6. Required documents listed on the coversheet (pg. 10)
7. Current Insurance Certificate (COI)

For convenience, the pages have been numbered. Pages 10 - 18 must be returned. These pages can be edited, printed and returned to PCA. Responses with missing pages will be rejected as incomplete. Applicants are requested to not use vellum, spiral or other types of edge binding on their proposals. The proposals submitted become the property of PCA.

Applicants must enter a unit price for every item on the Housing DME List, except for air conditioners. Providing and installing air conditioner units is requested, but not required. **If a manufacturer is indicated, prices must be submitted for the specific manufacturer.** No substitutions are to be made. Where no manufacturer is indicated, you must list the manufacturer and model number. If an item is discontinued, provide the manufacturer's name of a comparable item. **Please do not change the listed manufacturer information on the PCA Housing DME List.**

PCA reserves the right to verify any item that appears inconsistent, unclear or erroneous. Any applicant willingly providing false information, as verified by PCA, will be immediately disqualified from consideration.

An official authorized to bind the applicant to its provisions must sign proposal. The prices quoted must remain firm through **June 30, 2020**. PCA does not accept any responsibility for accuracy in pricing. Since provider selection is based, in part, on the lowest total price score, no changes in pricing can be accepted from the applicant once the proposal is submitted to PCA.

Rejection of Proposals

PCA reserves the right to reject any and all proposals received as a result of this RFP, or to negotiate separately with some or all competing applicants for all or any part of the services described herein.

Conditional bids will not be accepted. However, PCA reserves the right to waive minor errors or irregularities in the proposals that are submitted.

Type and Quantity of Equipment

PCA orders equipment according to recommendations of an occupational therapy consultant and PCA's Housing Department to meet the needs of individual consumers.

PCA does not guarantee any minimum or maximum volume of service to be provided during the contract period.

Selection of Providers

PCA will select two providers from among qualified applicants by determining a Score for the DME list based on the unit prices submitted by the applicant for certain items on the list, determined in advance by PCA. PCA will not designate which items might be selected for scoring.

The applicant with the lowest price score will be awarded points delineated below. If the applicant scores less than 75 points, the applicant will be disqualified and PCA will select the applicant with the next lowest price score who receives at least 75 points.

- References – up to 25 points each
Note: Any applicant that has contracted with PCA at any time must list PCA as one of its references. References will address timeliness of estimates and job completions, quality of work, communication, cleanliness and the manner in which consumers were treated. Any unfavorable reference from PCA will automatically disqualify applicants from further consideration.
- Years in business – up to 15 points
- Prior year's sales volume – up to 10 points

PCA reserves the right to select additional providers from qualified applicants as workload warrants throughout the year.

Contract Due Date

Successful applicants must have signed contracts and proof of insurance meeting PCA requirements delivered to PCA before any work can be awarded.

Assembling of Equipment

Assembling of equipment means putting together any parts of an item and placing it in the designated area where it is to be used (e.g. the raised toilet seat is to be assembled and placed over the toilet per the instructions of the specific order). **All Housing programs require assembling of equipment.** Consumers of Housing programs are functionally impaired and are not in a position to assemble medical equipment.

Assembling of equipment will be provided at no extra charge to PCA or the consumer. If in the process of assembling an item, it is apparent that the item does not fit or work, the applicant is not to leave the item at the consumer's home, but to take it back or call the appropriate Housing Department staff person from the consumer's home to discuss the problem.

Delivery

The applicant must have the capacity to deliver and install DME, including seat lift chairs, **within ten (10) business days** after receipt of a purchase order from the Housing Department to the homes of PCA consumers in the City of Philadelphia. **PCA requires a receipt signed by the consumer or the consumer's representative for every item delivered to a PCA consumer.** No payment will be made without a signed receipt for each individual item.

Delivery charges are included in the price quotes. If applicant is temporarily out of stock of an item, the PCA staff person ordering the item(s) must be notified within 24 hours of receipt of the purchase order from PCA. The applicant may substitute a comparable item of the same or higher quality for the same price, but must first discuss this with the PCA staff person placing the order.

PCA requires that applicants make **no partial deliveries.**

Delivery of the item(s) shall be delivered to the specified location in the consumer's home, including assembly or installation of the equipment. If the equipment is delivered and refused for any reason, PCA needs to know why the equipment was refused (for instance: cosmetic reason, consumer no longer wants item, etc.).

Ordering

All orders will be placed by purchase order by PCA personnel. No substitution in brand or variety shall be made without prior approval by PCA.

Invoicing

Invoices for equipment ordered by PCA are to be submitted with **signed receipts for equipment on no less than a weekly basis** and are to include the name and address of the consumer, the equipment description, the Program (SHARP, CSP, BRAVO), job number, purchase order number and delivery

date. Consumer's signature must be on a document. Invoices may be submitted by U.S. mail, e-mail, hand delivered or faxed.

Pennsylvania Contractor Registration; U.S. EPA's Lead Repair, Renovation and Painting Rule

Applicants will have the training, certifications and licenses required to perform the services described in this RFP and will provide proof of same to PCA with the Response to this RFP. Without limiting the requirement in PCA's contract that mandates that all contractors comply with all applicable law, and without limiting PCA's right to determine for any reason that a potential contractor is not qualified or otherwise permitted to be a contractor for PCA, the following is required:

1. All applicants will be registered with the Bureau of Consumer Protection in the Office of Attorney General of Pennsylvania under the Pennsylvania Home Improvement Consumer Protection Act ("Act") before performing any home improvement work in Pennsylvania and will maintain the registration throughout the term of an agreement with PCA, if awarded, and otherwise remain in compliance with the Act and any regulations promulgated under the Act. Applicant is required to immediately report to PCA in writing if (a) its certificate issued under the Act is suspended or revoked, (b) any disciplinary action is taken against it under the Act, or (c) any disciplinary action is taken against it under a similar law in another state, which is required to be reported under the Act.

2. All applicants that perform services regulated under 40 CFR 745, commonly known as the Lead Repair, Renovation and Painting Rule (the "Rule"), and any of applicants' subcontractors, shall be EPA certified per the Rule, and will maintain any such certification throughout the term of an agreement with PCA, if awarded, and otherwise remain in compliance with the Rule. Applicant is required to immediately report to PCA in writing if its certificate issued under the Rule is suspended or revoked or if any disciplinary action is taken against it under the Rule. To the extent applicable, applicants must also maintain any other certifications required by the U.S. Department of Housing and Urban Development, the Commonwealth of Pennsylvania and local laws such as those issued by the City of Philadelphia related to lead-based paint, or under any similar law in any other jurisdiction, and will immediately report to PCA in writing if its certificate issued under any of those laws is suspended or revoked or if any disciplinary action is taken against it under any of those laws.

Warranty

Contractors will warrant that all materials, work, services and modifications, including, but not limited to, labor and installation, shall be free from defects in material and workmanship for a period of at least one year from the date of completion. All products installed by contractors shall be warranted by contractor to be free from defects in material and workmanship for a period of one year, except that mechanical equipment (stairway elevators, wheelchair lifts and telecabs) shall be warranted by contractor for a period of three years (the longer period being the "Warranty Period"). For all mechanical equipment and products that are major appliances, the contractor will obtain a copy of the manufacturer's and/or seller's warranty that the mechanical equipment and/or product(s) will be free from defects in material and workmanship for a period of at least one year. The written warranty from the manufacturer and/or seller shall be provided to the end user/consumer by the contractor.

The work is to be done in and to premises that are not owned by PCA, but by an owner, and there may be a tenant in the premises. Therefore, all obligations under an agreement with PCA, including but not limited to warranty obligations, shall also run in favor of the owner and, if any, the tenant, (who are

agreed to be third-party beneficiaries of the agreement), and may be enforced by PCA, the owner, or the tenant. All violations hereof shall be repaired without cost to PCA, the owner or tenant, and if the violation cannot be repaired to the reasonable satisfaction of PCA, the owner and tenant, then the work, material or equipment shall be replaced to the reasonable satisfaction of PCA, the owner and tenant.

Insurance

1. PCA's insurance requirements for fiscal year 2017-2018 will be substantially as stated below. (A Sample Certificate of Insurance ("COI") is included in this RFP.)

2. Before submitting a response to this RFP, an applicant should verify through its insurance carriers that it would be able to obtain the necessary insurance coverage.

3. A successful applicant must provide PCA with a current COI evidencing compliance with PCA's insurance requirements within fourteen (14) days of receipt of the award letter from PCA or its award status will be in jeopardy.

4. An applicant selected to be a provider will be required to provide a current COI evidencing compliance with PCA's insurance requirements at the time the contract is signed.

5. Insurance Requirements:

Contractor shall, at its sole cost and expense, procure and maintain in full force and effect, throughout the term of the Agreement, the following insurance from companies licensed or approved to do business in the Commonwealth of Pennsylvania, or through a qualified self-insurance program approved or registered by or with the Commonwealth and acceptable to PCA, in the forms and on the terms and conditions specified herein. All insurance companies must maintain a Best's Insurance Guide rating of at least "A-" and a financial size of at least Class VII for companies licensed in the Commonwealth or Class X for companies approved but unlicensed in the Commonwealth. Except as specifically provided herein, all such insurance shall be written on an occurrence basis.

A. General liability insurance with no self-insured retention, and with no endorsements excluding or limiting coverage, including, but not limited to, contractual liability coverage, naming PCA and the Commonwealth of Pennsylvania and their directors, officers, employees and agents as additional insureds, with an endorsement stating that the coverage afforded the additional insureds shall be primary and non-contributory to any other coverage available. Such coverage shall have limits of coverage, on a stand-alone basis or in combination with excess or umbrella coverage, of not less than \$1,000,000 combined bodily injury and property damage per occurrence and \$2,000,000 per annual aggregate. All such policies shall expressly include coverage for products-completed operations hazard with limits of at least \$1,000,000 per occurrence and \$2,000,000 in the aggregate. The coverage for products-completed operations hazard shall remain in effect for four (4) years following completion of all work contemplated in the Agreement or the period of the warranty for the work, whichever is longer. Applicants shall evidence coverage for contractor's pollution and/ or lead paint based risk consistent with the scope of work contemplated, in such amounts as PCA may reasonably require, whether by endorsement to the required general liability policy or other means acceptable to PCA.

B. Automobile liability insurance written on the current Insurance Services Office's commercial auto form or its equivalent, with no self-insured retention, naming PCA and the Commonwealth of Pennsylvania and their directors, officers, employees and agents as additional

insureds, with an endorsement stating that the coverage afforded the additional insureds shall be primary and non-contributory to any other coverage available, and with limits of coverage, on a stand-alone basis or in combination with excess or umbrella coverage, of not less than \$1,000,000 per occurrence combined single limit for bodily injury and property damage, covering owned, non-owned and hired vehicles;

C. Workers compensation insurance (with statutory limits of coverage and no deductible) and employers liability insurance (with limits of coverage of not less than \$100,000 per accident, \$100,000 per employee by disease and \$500,000 policy limit by disease and no deductible) endorsed for all states in which work is to be performed under the Agreement (including, without limitation, Pennsylvania);

D. Professional liability insurance naming PCA and the Commonwealth of Pennsylvania and their directors, officers, employees and agents as additional insureds (except with respect to Health Care Providers under the Medical Care Availability and Reduction of Error (MCARE) Act), with an endorsement stating that the coverage afforded the additional insureds shall be primary and non-contributory to any other coverage available, and with no endorsements excluding or limiting coverage, as follows:

(1) “Participating Health Care Providers” under the MCARE Act must have statutory limits and must participate in the MCARE Fund;

(2) “Non-participating Health Care Providers” under the MCARE Act and other providers of professional services (including, but not limited to, social and legal services providers and those health care providers who are not “Health Care Providers” under the MCARE Act) must have limits of coverage of not less than \$1,000,000 per occurrence and \$2,000,000 per annual aggregate and no-self insured retention.

(3) Professional liability insurance may be written on a claims-made basis, provided, however, that the policy permits Contractor to purchase extended reporting period coverage (“Tail Coverage”) upon termination of the policy.

(a) In the event that insurance is written on a claims-made basis, Contractor hereby agrees to maintain, following termination of such coverage or of the Agreement (whichever is earlier), professional liability insurance, covering claims arising out of occurrences during the term of the Agreement, whether by (i) purchasing additional policies of insurance with no exclusion for prior occurrences and the option of purchasing appropriate Tail Coverage, or (ii) purchasing the appropriate Tail Coverage. Tail Coverage for medical professional liability coverage shall be of unlimited duration. All other Tail Coverage shall be maintained for a period of not less than the greater of six (6) years or as required by law, following termination of the Agreement or of such claims-made coverage (whichever is earlier). In no event shall any such Tail Coverage provide limits of coverage lower than the limits of coverage required herein for professional liability.

(b) In the event that Contractor elects to maintain insurance written on a claims-made basis, these undertakings (and the provision of certificates or policies of insurance evidencing compliance with same, as further specified below) shall survive termination of the Agreement.

E. All-risk or special form property damage insurance, naming PCA and the Commonwealth of Pennsylvania as additional insureds and loss payees, insuring as they may appear the interests of Contractor, PCA and the Commonwealth of Pennsylvania in all personal property, fixtures and improvements to real estate funded or supplied by PCA, whether titled to Contractor or to PCA. Such coverage shall be written for the full replacement value of the property in question without penalty or deduction for coinsurance or deductible greater than \$500.00, and shall be amended as necessary to reflect changes in inventory.

If Contractor has contracted with PCA for any prior period(s) and has in force general liability or, if applicable, excess insurance, written on a claims-made basis, covering claims arising in connection with its performance under contract with PCA during such period(s), Contractor shall maintain said insurance during and for a period of not less than the greater of six (6) years or as required by law, following the term of the Agreement (whether by (i) purchasing additional policies of insurance with no exclusion for prior occurrences and the option of purchasing Tail Coverage, or (ii) purchasing the appropriate Tail Coverage); provided, however, that all other terms and conditions are otherwise met. In the event that Contractor elects to maintain insurance written on a claims-made basis, as provided in this paragraph, this undertaking (and the provision of certificates or policies of insurance evidencing compliance with same, as further specified below) shall survive termination of the Agreement. Whenever Contractor has insurance written on a claims-made basis, Contractor shall provide PCA with a copy of the policy's declaration page indicating the retroactive date of the coverage.

Contractor shall provide PCA with certificates of insurance evidencing compliance with PCA's insurance requirements prior to performance under the Agreement. All certificates shall evidence the agreement on the part of the insurer to provide PCA with prior written notice of any non-renewal, cancellation or modification of coverage, or of any impairment greater than \$100,000 of the aggregate insurance available as a result of loss no later than the time period for a notice of cancellation as set forth in the policy. Any language on the certificate which states that the insurer will "endeavor to" mail such notice and any language stating "but failure to do so shall impose no obligation or liability of any kind upon the insurer affording coverage, its agents or representatives, or the issuer of this certificate" shall be deleted.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/30/17

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER XYZ Company 123 Main Street Anytown, USA	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS:	INSURER(S) AFFORDING COVERAGE INSURER A: CBA12345 INSURER B: RST12345 INSURER C: XYZ12345 INSURER D: INSURER E: INSURER F:	NAIC #
INSURED ABC Provider, Inc. 1234 Centre Street Everytown, PA			

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADBL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>	X	CBA12345	7/1/17	6/30/18	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC									
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					X	CBA12345	7/1/17	6/30/18	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$									
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under SPECIAL PROVISIONS below	N/A	RST12345	7/1/17	6/30/18	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000				
C	Professional Liability		XYZ12345	7/1/17	6/30/18	Per Occ \$1,000,000/Aggregate \$2,000,000				
A	Property-All Risk/Special Form		CBA12345	7/1/17	6/30/18	Per Occ \$1,000,000/Aggregate \$2,000,000				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

PCA and the Commonwealth of PA and their directors, officers, employees & agents are hereby added as Additional Insureds with an endorsement stating that the coverage afforded the Additional Insureds shall be primary and non-contributory to any other coverage available. Certificate evidences the agreement on the part of the insurer to provide PCA with prior written notice of any non-renewal, cancellation or modification of coverage, or of any impairment greater than \$100,000 of the aggregate insurance available as a result of loss no later than the time period for a notice of cancellation as set forth in the policy.

CERTIFICATE HOLDER

Philadelphia Corporation for Aging
642 N. Broad Street
Philadelphia, PA 19130-3409
Attn:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE, THEREOF, THE ISSUING INSURER WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE

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**PCA HOUSING DEPARTMENT
REQUEST FOR QUOTATIONS
COVER SHEET / APPLICANT PROFILE**

FIRM NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

EMAIL: _____

FEDERAL EIN / TAX IDENTIFICATION NUMBER: _____

DATE OF INCORPORATION/INITIATION: _____

TOTAL NUMBER OF STAFF (This business only):

Administrative/Supervisory _____ Clerical _____ Delivery/Service _____ Total _____

TOTAL GROSS SALES FOR FY 2016, based on IRS Documents: \$ _____

Required documents: All previous awardees and new applicants must provide the items listed with the proposal or they will not be considered as a potential candidate.

1. Attach a copy of Philadelphia Business Privilege License
2. Attach MBEC certification if applicable.
3. Current Certificate of Insurance
4. Has your firm ever contracted with PCA? If yes, give program and dates:

If yes, provide name of Contract Manager _____

Contract Manager Phone Number: _____

SIGNED: _____ DATE: _____

PRINTED NAME & TITLE:

ASSURANCES

By the initials of applicant's Authorized Representative next to each statement that follows and their signature below, applicant certifies that:

_____ Applicant is familiar with the contents of this request for quotations and will commit the resources at their disposal to assure provision of the services described in the PCA Request for Proposals for DME. Applicant is willing to provide occasionally as needed, items in addition to those listed on the Housing DME List.

_____ Applicant recognizes the need for sensitivity in serving the elderly and people with disabilities and is committed to providing honest, thorough and responsive staff service in order to minimize consumer disruption and upset.

_____ Applicant recognizes that they must have the capacity to deliver **within ten (10) business days** of receipt of purchase orders from PCA to the homes of PCA consumers in Philadelphia.

_____ Applicant understands that the contracts to be awarded will be for a maximum dollar amount, but that the total amount of actual reimbursement will be based on jobs awarded by PCA and completed by applicant.

_____ Applicant recognizes that invoicing is to be done according to the specifications set forth in the Request for Proposals and that different invoicing and payment schedules are used by PCA.

_____ Applicant will carry insurance of the type and in the amounts required by PCA (and otherwise comply with PCA's insurance requirements) and will provide evidence of such insurance. Applicant will carry such insurance throughout the term of the contract.

_____ Applicant agrees to provide all services under this RFP in a first-class, workman-like manner.

_____ Applicant will warrant all equipment against defects in materials or workmanship for a period of one year from the date of delivery (or period of manufacturer's warranty, whichever is longer). Applicant agrees to make any necessary repairs or replacements under warranty at no cost to PCA or consumers.

_____ Applicant agrees to maintain and make available, for purposes of PCA monitoring and audit, documentation to verify service provision as invoiced and reimbursed.

Applicant Company

Signature of Authorized Representative

REFERENCES

Please list five references for equipment provided within the last year in the City of Philadelphia, indicating property address, description of equipment, monetary value of equipment, contact person and telephone number for each reference. PCA will contact three by telephone. Please notify each reference of the possibility of PCA calling. **Points will be deducted if reference is not notified of use on a reference. If applicant has provided services for PCA, PCA must be listed as the first reference.**

1. Name: _____

Address: _____

Phone: _____ Type of Work: _____

Date Completed: _____ Dollar Amount: \$_____

2. Name: _____

Address: _____

Phone: _____ Type of Work: _____

Date Completed: _____ Dollar Amount: \$_____

3. Name: _____

Address: _____

Phone: _____ Type of Work: _____

Date Completed: _____ Dollar Amount: \$_____

4. Name: _____

Address: _____

Phone: _____ Type of Work: _____

Date Completed: _____ Dollar Amount: \$_____

5. Name: _____

Address: _____

Phone: _____ Type of Work: _____

Date Completed: _____ Dollar Amount: \$_____

INSURANCE CHECKLIST
to be completed by insurance agent or broker

		Is Able to Comply	Can Not Comply
Carrier			
	PA Licensed or approved company		
	Best's rating of at least A-		
	Financial size of at least Class VII (if licensed) or Class XI (if unlicensed)		
General Liability			
	\$1 million combined minimum bodily injury and property damage per occurrence and \$2 million annual aggregate (umbrella coverage acceptable)		
	No deductible		
	PCA and its directors, officers, employees and agents named as additional insureds		
	Endorsement stating that coverage afforded additional insureds is non-contributory and primary to any other coverage available		
Automobile			
	\$1 million per occurrence combined single limit (umbrella coverage acceptable)		
	No self-insured retention		
	No deductible		
	Coverage for owned, non-owned and hired vehicles, except for vehicles titled to PCA.		
	PCA and its directors, officers, employees and agents named as additional insureds		
	Endorsement stating that coverage afforded additional insureds is non-contributory and primary to any other coverage available		
Workers Compensation			
	Statutory limits of coverage		
	No deductible		
	Employers liability coverage with limits of not less than \$100,000 per accident, \$100,000 per employee by disease and \$500,000 policy limit by disease		
	Endorsed for work to be performed in all states in which work is to be performed, including, without limit, Pennsylvania		
Professional Liability			
Certificate of Insurance			
	Insurer shall provide PCA with 30 days written notice prior to any non-renewal, cancellation or modification of coverage or of any impairment of the aggregate insurance available as a result of loss		
	No language on certificate stating that insurer will "endeavor to" mail such notice or language stating "but failure to do so shall impose no obligation of liability of any kind upon the insurer affording coverage, its agents or representatives, or the issuer of this certificate."		
General Requirements			
	Insurance written on an occurrence basis		

Please explain areas where applicant is unable to comply on reverse side.

Please refer to the "Insurance Requirements" set forth in the RFP for the precise insurance procurement obligations. Nothing contained herein on the "Insurance Checklist" obviates or negates any insurance procurement obligation, nor relieves the contractor from any insurance procurement obligation set forth in the "Insurance Requirements".

Insurance Company: _____

Agent/Broker Signature: _____ Phone: _____

Print Name: _____ Date: _____

**PHILADELPHIA CORPORATION FOR AGING
HOUSING DME LIST**

PART NUMBER	MANUFACTURER	DESCRIPTION	UNIT PRICE
Clamp On Grab Bars/Hand-held Shower			
A010010		Installation cost for 1 st grab bar	
A010020		Installation cost for additional grab bar	
A020030	Champion or Equal	18" chrome grab bar with knurled finish	
A020040	Champion or Equal	24" chrome grab bar with knurled finish	
A020050	Drive 12036 or equivalent	Molded Plastic Clamp On Grab Bar (modern tub)	
A020070	Invacare 1200-3 or equivalent	Tri-Grip Tub Rail, knurled	
A020090	Invacare 100-3 or equivalent	Tub Safety Rail (modern tub)	
A030010	Drive 12037 or equivalent	Hand held shower with diverter valve, pause control, "sleeve" type wall mount bracket at seated height, minimum 80" hose, installed	
Bathing Equipment			
A030041	Carex or equivalent	Tub mat "28 x 17.5"	
A030060	Drive 12002 or equivalent	Tub seat with adjustable legs and contoured back, square blow molded plastic seat. Capacity 250 lbs.	

A030070	Drive 12003 or equivalent	Tub Seat with adjustable legs and no back, blow molded plastic seat. Capacity 250 lbs.	
A030073	Carex B600	Tub stool, adjustable, narrow base, no back, 250 lbs capacity	
A030074	TFI 4322	Tub bench, no back, foldable, 300 lbs capacity	
A030075	Carex B650	Tub stool, adjustable, no back, weight capacity 300 lbs	
A030076	Carex B651	Tub seat, adjustable, w/back, narrow base, capacity 300 lbs	
A030078	Carex B671	Tub seat w/back, 400 lbs capacity. (Plastic Legs)	
A030130	Drive 12011	Transfer Bench with full back	
A030140	Drive 12005-2	Transfer Bench, padded, with back and armrest, 300 lbs capacity	
A030160	Invacare 9675-2	Bariatric transfer bench 400 lbs capacity	
A030180	Carex B217 or equivalent	Portable Tub Bench, rests on rim of tub	
A030183	Carex B170 Drive 12011	Tub Transfer Bench, full back, adjustable, capacity 350 lbs	

A030184	TFI 4312	Tub seat, with back, capacity 500 lbs.	
A030185	Invacare 9781	Tub seat, large seat w/back, adjustable, capacity 300 lbs	
A030190	Drive 12004	Tub Stool, old fashioned tub (round, adjustable legs) 300 lbs capacity	
Toileting Equipment			
A040050	Duro Med 1508 W or equivalent	Molded Raised Toilet Seat	
A040060	Drive 12008 or equivalent	Raised Toilet Seat with armrests	
A040070	Drive 12007 or equivalent	Raised Toilet Seat with clamps	
A040080	Drive 12001-4 or equivalent	Toilet Safety Frame, adjustable	
A040090	Drive 11125-2 or equivalent	Drop Arm Commode, not padded	
A040110	Drive 11105 or equivalent	3-in-1 Commode	
A040120	Invacare 6500 BHD	Bariatric commode	
A040130	Drive 11106 or equivalent	Commode Replacement Bucket	
A040140	TFI 3245 or equivalent	Extra Wide Commode, drop arms, capacity 850 lbs.	
Reachers			
A050010	Sammons Preston 4109 or equivalent	Reacher 26"	

Walkers			
A070010	Drive 10202 or equivalent	Walker, pick up, adjustable or fixed height	
A070040	Drive 10212 or equivalent	Walker with wheels, adjustable or fixed height, no seat	
Bed Equipment			
A100082	Sammons 6307	Bedside Valet	
A100083	Mobility Transfer Systems 2025	Bed Transfer Handle	
A100120	Drive 13008 or equivalent	Overbed table, adjustable, width of table 30"	
Wheelchairs & Equipment			
A120050	Drive TR-27E or equivalent	Companion Chair with foot rests, 17" wide	
A120060	Drive TR-29E or equivalent	Companion Chair with foot rests, 19" wide	
A120069	Golden Tech Monarch	Electric Seat Lift Chair, 375 lbs. Capacity, 3 positions, vinyl one color	
A120070	Golden Tech Monarch	Electric Seat Lift Chair, 375 lbs. Capacity, 3 positions, fabric. Specify three fabric colors	
A120080	Golden Tech Comforter Extra Wide	Electric Seat Lift Chair, 500 lbs. Capacity, 3 positions, vinyl or fabric. Specify three fabric colors.	
A120071	Lift Chair Service Call – Out of Warranty Period	Lift chair repair – Out of Warranty Period	

Miscellaneous			
A150010	Winco or equivalent	3-panel privacy screen	
D090020	Sammons C6587 or equivalent	Trolley Cart w/two trays	
D090025	Sammons C9206 or equivalent	Portable Kitchen Stool w/backrest. 275 lbs capacity	
D090073	Sammons 6104	Handrail Footstool	
VA0015		5,000 BTU Air Conditioner Provide minimum window dimensions	
VA0005		10,000 BTU Air Conditioner Provide minimum window dimensions	
		18,000 BTU Air Conditioner Provide minimum window dimensions	