



Bid Tab Summary

Chemistry, Biology, Physics and Anatomy Instructional Supplies & Services

RFP # 19-02

Description	Total Weighted Value	<i>Educational Innovations, Inc.</i>	<i>KAMICO Instructional Media, Inc.</i>	<i>Pocket Nurse Enterprises, Inc. dba Pocket Nurse</i>	<i>School Specialty Inc. dba Frey Scientific, LLC</i>
Products/Pricing	40	30	26	34	36
Performance Capability	30	16	21	25	25
Qualification & Experience	20	14	15	18	22
Value Add	9	7	9	5	4
Total	100	67	71	82	87

It is recommended that the following contract award be made:

Contract

Chemistry, Biology, Physics and Anatomy Instructional Supplies & Services

Award

Pocket Nurse Enterprises, Inc. dba Pocket Nurse
School Specialty Inc. dba Frey Scientific, LLC

EVALUATION COMMITTEE MEMBER STATEMENT

Solicitation No. RFP # 19-02

Chemistry Biology Physics and Anatomy Instructional Supplies and Services

Dear Committee Member:

You have been selected to participate in the evaluation of proposals that have been received as the result of the above referenced solicitation. Your selection was based upon your qualifications in this area and your ability to develop an objective analysis of each proposal.

It is essential that the integrity of the evaluation process be maintained to insure that each offeror is given fair and equal consideration. Familiarity with particular companies and/or individuals may tend to influence an evaluation; however, you are required in this specific instance to be particularly objective and guard against any tendency that might slant your evaluation in favor of a personal preference.

You are required to report to the Purchasing Cooperative Coordinator any actual or potential conflict of interest. In addition, you must report to the Purchasing Cooperative Coordinator the existence of any personal relationship with any other offeror or subcontractor of the offeror which could affect or give the appearance of affecting your objectivity.

An additional consideration is the need to maintain strict security regarding the content of any proposal and the proceedings of the Evaluation Committee meetings during the evaluation process. Once the evaluation process has started, it is essential that any contact with the offerors be through, and by, the Purchasing Cooperative Coordinator. In addition, the Evaluation Committee Member shall not communicate, except during formal Committee meetings, with any offeror or sub-contractor of the offeror prior to award. This requirement is mandatory.

To emphasize the importance of the above considerations, you are asked to sign the following statement:

I have read and understand the above and agree to be bound by the rules and principles represented. I know of no conflict of interest on my part nor have I committed any indiscretion or accepted any gratuities or favors that would compromise my impartiality. I will maintain all deliberations of the evaluation committee in strict confidence during the evaluation process. My recommendations shall be based upon an objective/subjective review of the offeror's proposal(s) and the appropriate award criteria.

[Redacted Signature]

Signature (followed by printed name)

12-18-18

Date

[Redacted Business Operations Specialist]

Business Operations Specialist

[Redacted Phone Number]

Phone Number

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Signature (followed by printed name) 12-18-18
Date

Evaluator _____
Phone Number

RFP # 19-02

Chemistry, Biology, Physics and Anatomy Instructional Supplies & Services

COMMITTEE MEMBER INDIVIDUAL VENDOR SCORING CHART

Each committee member will independently score each vendor listed as specified in the bid documents.
Email to: cwallace@esc4.net when complete.

VENDOR NAME _____ Pocket Nurse

	Rating Factors	Score %	Rationale for Score
1	Products/Pricing (40%)	35%	20% discount except for 4 manufacturers and refurbished equipment out of 294 products
2	Performance Capability (30%)	25%	
3	Qualification and Experience (20%)	18%	
4	Value Add (10%)	2%	
	Totals = 100%	80%	Notes:

Evaluator's Name

Date

RFP # 18-07

Language Service Providers

COMMITTEE MEMBER INDIVIDUAL VENDOR SCORING CHART

Each committee member will independently score each vendor listed as specified in the bid documents.
Email to: cwallace@esc4.net when complete.

VENDOR NAME Pocket Nurse

	Rating Factors	Score %	Rationale for Score
1	Products/Pricing (40%)	33%	Offers 20% on standard products, 8% on some equip; FOB; min. order \$100 or \$20 svc. charge; no vol. discounts; standard warranties, 1 yr.; 5,000 cat. Items; pricing guaranteed for 1 yr.; net 30, pay by ck. or ACH
2	Performance Capability (30%)	25%	Fill rate 97%; ship in 48 hrs.; no restock fee if merchandise is undamaged if damaged 20%; Cust. Svc., M-F, 8-6 EST; has updated website for purchasing; conform contract pricing by password
3	Qualification and Experience (20%)	18%	26 yrs. exper.; has exper. w/ Region 4; many coops and gov't exper.; adequate financially, '18 sales of \$45 million and grown last 4 yrs.
4	Value Add (10%)	9%	Supports simulation cntrs.in education; has 2 nurses on staff responding to questions on product use; quick ordeer system for setablished customers
	Totals = 100%	85%	Notes:

 2/5/2019
Evaluator's Name Date