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**Health and Human Services**

**REQUEST FOR PROPOSAL**

**Dental Equipment**

**OWNER: MILLE LACS BAND OF OJIBWE DATE ISSUED: April17th, 2025**

 **43408 OODENA DRIVE**

 **ONAMIA, MN 56359 BID DATE: June12th, 2025**

**PROJECT: DISTRICT 3 AAZHOOMOG/ LAKE LENA DENTAL EQUIPMENT**

 **45741 Grace Lake Road, Sandstone, MN 55072**

**TO: Qualified Dental Equipment Suppliers**

**THIS IS NOT A CHANGE ORDER NOR A DIRECTION TO PROCEED WITH THE WORK DESCRIBED HEREIN.**

The Mille Lacs Band of Ojibwe, Health and Human Services will be accepting proposals with sealed lump sum bids for equipment at the Aazhoomog Dental Clinic located at 45741 Grace Lake Road, Sandstone, MN 55072. Bids will be due June 10th, 2025 by 3:00 PM. Bids received will be opened and qualified by the Mille Lacs Band of Ojibwe on **June 12th, 2025,** at **10:00 A.M.**

**A pre-bid site is available upon request, at the District 3 Aazhoomog Lake Lena Dental Clinic. Please reach out to Ravi Gupta, HHS Dental or Curt Kalk Jr., HHS Facilities to coordinate a visit. Email** **ravi.gupta@hhs.millelacsband-nsn.gov** **OR** **kurt.kalkjr@hhs.millelacsband-nsn.gov**

General Notes:

The Mille Lacs Band of Ojibwe: Health and Human Services Dental Department is requesting proposals with sealed lump sum bids for new dental equipment. The chosen proposal must include equipment dimensions, operation manuals, warranties, delivery, assembly, installation, possible variations of a same or similar piece of equipment from a different manufacturer for comparison. Selected contractor will be expected to coordinate with the General Contractor for installation or equipment during the remodeling of the existing Aazhoomog Dental Clinic located at 45741 Grace Lake Road, Sandstone MN. The project will consist of two parts: (1) Dental Equipment and Installation and (2) Dental Space Remodel which will be managed by CMD Project Management. The selected dental equipment vendor is expected to work in coordination with the General Contractor and CMD Project Management to expedite all installations per code and this will be their responsibility. HHS expects the vendor to coordinate with General Contractor for installation scheduling. HHS Facilities, Dental, IT and CMD Project Management will help coordinate access and any other inputs where appropriate. A separate bid for the Community Development – Dental Clinic Remodel aspect will be posted separately.

Following clauses will be implemented where applicable:

1. It is the Vendors’ responsibility to identify all discrepancies in the scope of work.
2. All electrical wiring, apparatus and equipment for this bid shall comply with the rules of the Department of Commerce or the Department of Labor and Industry, as applicable, and be installed in conformity with accepted standards of construction for safety to life and property.
3. Vendor must reconnect all utilities, service panel or service feed. It also includes gas and propane. Include such equipment or materials identified in the pre-bid conference. Coordinate any disconnects, reconnects or service interruptions with HHS Facilities, CMD Project Management and select general contractors.
4. The vendor will secure all permits and fees.
5. Vendor is responsible for a thorough investigation of the scope of work.
6. Vendor will repair any damage to the property or structure created by the scope of work.
7. The vendor shall be responsible for all debris, garbage and rubbish removal related to all work performed under this work scope.
8. The vendor must make sure all equipment supplied meets the governing standards and regulations. All dental equipment must be installed correctly in coordination with CMD Project Management and to be selected general contractor as required.
9. NO WORK SHALL BE PERFORMED UNTIL ALL REQUIRED PERMITS HAVE BEEN ISSUED AND COPIES IN THE POSSESSION OF THE PROJECT COORDINATOR AND /OR MILLE LACS BAND BUILDING OFFICIAL.
10. There should be minimal disruption to other services housed in the building. A one-week advance notice is recommended for any planned disruptions.

**HEALTH AND HUMAN SERVICES WILL, TO THE GREATEST EXTENT FEASIBLE, GIVE PREFERENCE IN THE AWARD OF CONTRACT TO INDIAN ORGANIZATIONS AND INDIAN-OWNED ECONOMIC ENTERPRISES.**

**Scope of Work:**

DENTAL EQUIPMENT

The following dental equipment is required for successful completion of the District 3 Dental Clinic Remodel. The following equipment could require delivery, assembly, installation and coordination with the general contractor before installation.

1. Two (2) A- Dec 511 Dental Chairs **OR Equivalent/Similar**– same color as in existing chairs in District 1 Dental Clinic - site visit available upon request to note colors.
2. Two (2) A-Dec 532 Traditional Delivery Systems. **OR Equivalent/Similar** Must include syringe, standard 4-hole handpiece tubing, 6 pin optic handpiece tubing, built in electric handpiece tubing, built in electric handpiece motor, built in Cavitron\*.
3. Eight (8) NSK Ti-Max NSK Z95L electric high-speed handpieces **OR Equivalent/Similar**
4. Eight (8) Titan 3 Motor-to-angle adaptor **OR Equivalent/Similar**
5. Eight (8) Titan 3 Head handpiece attachments – Ball Bearing Auto Latch Angle Lubefree **OR Equivalent/Similar**
6. Two (2) NLZ Endo Handpiece Attachment **OR Equivalent/Similar**
7. Two (2) ACTEON SOPROLIFE Intraoral Camera **OR Equivalent/Similar**
8. Two (2) Inspire 591 Treatment Console, **OR Equivalent/Similar** Please review the site for any custom modifications. We need drawers
9. Two (2) A dec 545 12 O’clock worksurface & instrument **OR Equivalent/Similar**. Must include Built in curing light, dual HVE, Syringe, Saliva ejector valve.
10. One (1) A dec Inspire 595 **OR Equivalent/Similar** Wall-mounted cabinet
11. Two (2) A-Dec 577L LED Chair lights track mount **OR Equivalent/Similar** ed
12. Two (2) Ultra Sonic Cavitron Scalers-\* **OR Equivalent/Similar** Already included in item 2 as built in.
13. Two (2) A-Dec 421 short cylinder Dentist chair **OR Equivalent/Similar**: Cushion and color to match as in District 1 Dental Clinic. Cavitron and Endo attachments required. Electrical handpiece w/high speed setting
14. One (1) Mid Mark Brewer Series 9520BL with Left Support **OR Equivalent/Similar**. Color must match the rest of the equipment.
15. One (1) Preva DC **OR Equivalent/Similar** IO X-Ray 76” reach double stud mount Instructions for installation will be provided during the site visit. In operatory #1, the x-ray machine will be mounted on the left wall when facing the operatory.
16. One (1) Scanner Primescan connect **OR Equivalent/Similar**. Please include all mandatory software subscriptions, installation & add-ons required for optimal function in the initial cost.
17. One (1) M11 Sterilizer Midmark **OR Equivalent/Similar**
18. An upper cabinet on the wall in Operatory #1
19. Removal and disposal of existing Panoramic Xray unit, Xray developing unit, existing dental equipment *may be required* as per MLBO regulations. Please add any costs for recycling /disposal to bid.
20. The selected dental vendor will coordinate and identify the correct location of equipment and supply lines with CMD, Dental Staff and IT.

**Please include all terms and conditions & warranties in the bid.**

**Contacts:**

**Interested bidders shall contact Dr Ravi Gupta – HHS Dental Director via email only at** **ravi.gupta@hhs.millelacsband-nsn.gov** **to be included on the bidder’s list in the event that any addendums are issued for this project.**

**Any queries shall be asked only via this email and will be responded to via the same email.**

**Bidding notes where applicable:**

Submit signed proposal in lump sum (supply, install & warranties) not to exceed amount.

**All proposals MUST be mailed and labeled as follows:**

**Mille Lacs Band of Ojibwe**

**Commissioner of Health and Human Services**

**Sealed bid: Aaazhomog Dental Clinic Remodel Project**

**P.O. Box 509**

**Onamia, MN 56359**

\*\*Please note that the bids must be submitted via mail to the P.O. Box.

FedEx and UPS will not deliver to a P.O. Box and the Onamia post office will not accept hand-delivery items. Please plan accordingly to ensure the timely receipt of your bid submittal. **\*\***

**\*\*The Band reserves the right to reject any bid that it is unable to collect at the Onamia post office by the bid deadline date and time, provided that the Band has made diligent and reasonable efforts to collect the bid. The Band reserves this right even in the event that the bid has been postmarked before the deadline.**

**PROPOSALS NOT SUBMITTED IN THIS MANNER WILL BE REJECTED.**

**HEALTH AND HUMAN SERVICES RESERVES THE RIGHT TO REJECT ANY AND ALL BIDS FOR ANY REASON.**

**PERMIT AND VENDOR REQUIREMENTS:**

Permits: Vendors are responsible for attaining all necessary permits for all work, including Mille Lacs Band of Ojibwe (MLBO) Permits. MLBO permit fee $50.

**LICENSING:**

Firms must be licensed Dental Vendors in the United States.

SECTION II – BIDDING FORMS

Bidding Requirements and Contract Forms

HEALTH AND HUMAN SERVICES FACILITIES DEPARTMENT

FY 2025 CONSTRUCTION BID FORM

REQUIRED FOR ALL BIDS

**FIRM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**JOB/PROJECT: Aazhoomog Dental clinic Remodel.**

 **BASE BID –** (*Labor and materials*):

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 (Written Value) (Dollar Amount)

**ALTERNATE #1**

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 (Written Value) (Dollar Amount)

**ALTERNATE #2**

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**BID GUARANTEE PERIOD:**

I agree to hold this bid open for a period of **90 days** after the bid opening. If this bid is accepted I agree to execute a Contract and/or a Purchase Order with the Mille Lacs Band of Ojibwe along with furnishing all required bonding (if required) and insurances.

**TERO COMPLIANCE:**

I understand that this company, its sub-Vendors and all employees performing work on this project will be expected to comply with all Mille Lacs Band TERO Compliance Regulations. Upon being informed that I will be awarded a contract for this project, I will submit all required TERO Compliance Plans directly to the MLB TERO Office for review and approval.

**Acknowledgement of TERO Compliance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ATTACHMENTS REQUIRED: Failure to provide any of these attachments will result in bid disqualification.**

* MLB BID FORM (MUST BE SIGNED)
* MLBO VENDOR LICENSE
* COPY OF CURRENT INSURANCES
* BID BOND (REQUIRED)
* COPY OF MINNESOTA VENDORS LICENSE (if required)
* SUB-VENDOR/SUPPLIER LIST (Include values)

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FIRM NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**