

ENTITY INFORMATION
Richland Parish Hospital
407 Cincinnati St.
Delhi, LA 71232
Alex Jackson, Director of IT
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VENDOR INFORMATION	RESPONSES
Name of Vendor submitting proposal:	
Vendor Address:	
Vendor Contact Name:	
Vendor Telephone Number:	
Vendor Email Address:	
If you are a reseller, agent, etc., proposing an alternate equipment brand, indicate which brand you are proposing.	

PRICING

Location Name	Toner	Black & White Total Allowance	Color Total Allowance	Price Per Page	Estimated Annual Total	Value	Score	Reasoning
Richland Parish Hospital	OEM	136,000	50,000			15		
Delhi Community Health Center	OEM	60,000	1,600			15		

Supplies Brand Justification	Value	Yes/No	Score	Reasoning
RPH prefers OEM toner/supplies for all machines unless unavailable from manufacturer.	10			
Maximumization of machine life.	6			
Quality of Products based on machine performance.	6			

SERVICE & SUPPORT	Value	Yes/No	Score	Reasoning
RPH requires weekly or bi-weekly stock level and preventative maintenance visits.	8			
RPH requires emergency after hours support for critical machines.	4			
RPH requires that Toner, Supplies, Parts, Maintenance, Support, and Labor be included in the rate.	10			
RPH requires vendor takes support requests via phone or email.	4			
RPH requires vendor provide inventory reports annually.	4			
RPH requires vendor tag/label all print/copy machines with unique ID.	4			
RPH requires the service contract have a term period of no more than 12 months with a no penalty 30-Day out.	4			
RPH requires separate invoicing for Richland Parish Hospital and Delhi Community Health Center.	4			

INVOICING	Value	Yes/No	Score	Reasoning
Invoices must be provided by physical mail or E-mail, with the ability to pay on-line and/or by check.	6			

TOTAL VALUE	100	TOTAL SCORE	0
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