



**SPECIFICATIONS FOR**

**TENDER #0171-1421**

**SUPPLY OF SUPPLY OF MCAFEE ANTIVIRUS  
ANNUAL SUPPORT RENEWAL  
FOR WESTERN HEALTH**

**CLOSING DATE: May 12, 2014**

**CLOSING TIME: 11:00 AM (Newfoundland Time)**



## **Invitation to Tender for Supply of McAfee Antivirus Annual Support Renewal**

### **1.0 General Provisions**

#### **1.1 Intent**

This invitation to Tender for the supply of McAfee Antivirus Annual Support Renewal or the Western Regional Health Authority (Western Health).

This Tender is concerned with the acquisition of McAfee Antivirus Annual Support Renewal with consideration of the following:

- Ongoing service and maintenance support.
- All manuals, documents and initial supplies.
- The right to reproduce any printed materials supplied with the product for the purpose of using the product.
- Training and training manuals.
- Future enhancement availability.

1.1.1 Western Health reserves the right to order additional units at the same price for a period up to and including 31 December 2014. Other Health Boards within Newfoundland and Labrador may avail of this tender as needed.

#### **1.2 Client Background**

Western Health was established in 2005 and is responsible for the delivery of Health and Community Services in the Western Region.

#### **1.3 Vendor Response**

1.3.1 Vendor's tender must contain an Executive Summary which shall contain:

- a. A brief description of the product being quoted.
- b. The name, title and address of the Vendor's representative responsible for the preparation of the Tender.

1.3.2 All prices quoted for goods and services must be specified in Canadian dollars, FOB . All Tenders will be held to be valid for ninety (90) days following the Tender closing date.

1.3.3 Tenders must be received in full on or before the exact closing time and date indicated. **TENDERS RECEIVED AFTER THAT TIME WILL NOT BE CONSIDERED.**

1.3.4 All costs relating to the work and materials supplied by the Vendor in responding to this Invitation to Tender must be borne by the Vendor.

#### 1.4 **Release of Information**

##### 1.4.1 **While Tender is Open:**

The names of individuals or companies who have picked up the tender documents will be released for construction tenders only.

Individual Authorities may determine that this information will not be released in situations where it is not in the best interest of the Authority to do so.

Upon request, this information may be released to designate(s) of the Newfoundland and Labrador Construction Association (NLCA) only. The designate(s) will be agreed upon by the Authorities and the NLCA.

This information will be released upon request from the NLCA designate(s) at a maximum once per week.

No information will be released in the seven calendar days preceding tender opening.

##### 1.4.2 **At Tender Opening:**

1. The names of the bidders, and overall bid price(s) will be read out.
2. Where the overall bid price(s) cannot be readily determined, no pricing will be released.

### 1.4.3 After Tender Opening:

1. No further information will be released until after the contract is awarded.
2. After award, only the name and bid price of the successful bidder will be made available.
3. Information will be made available for a 90 day period only.
4. Successful Awards will be posted on Web Site.

## 1.5 Communication During Tendering

- 1.5.1 All communications with Western Health with respect to this invitation to Tender must be directed in writing to the attention of:

Mr. Paul Wight  
Regional Director Materials Management  
Western Health  
P.O. Box 2005  
1 Brookfield Avenue  
Corner Brook, Newfoundland  
A2H 6J7  
Tel: (709) 637-5386  
Fax: (709) 634-2649  
Email: paulwight@westernhealth.nl.ca

- 1.5.2 Western Health may, during the assessment period, request meetings with the Vendors to clarify points in the Tender. No changes by the Vendor will be permitted after the Tender closing date.
- 1.5.3 Faxed Tender responses will be accepted with the condition that the original Tender documents are received at Western Health's Materials Management Department no later than **Five** working days following the Tender closing date.
- 1.5.4 All bids must be sent in a sealed envelope clearly marked with Tender Name and Number to: Materials Management Department, Western Health, Western Memorial Regional Hospital, First Floor, P.O. Box 2005, Corner Brook, NL A2H 6J7.
- 1.5.5 Bids submitted by electronic transmission (e-mail) will not be accepted.
- 1.5.6 Companies submitting fax Tenders are doing so at their own risk and the fax Tender must be at the public opening as specified in the Tender information. This Authority will not be responsible for in-house courier services if companies submit quotations by fax

machine. The time stated on the fax Tender will become null and void since it is the responsibility of the company placing the Tender to have their Tender at the public opening, therefore, this Authority will not be responsible for any damages or liabilities.

1.5.7 In order to contribute to waste reduction and promote environmental protection, the Western Health will endeavour to acquire goods and services that support these principles, therefore, product(s) quoted should include:

- maximum level of post-consumer waste and/or recyclable content
- minimal packaging
- minimal environmental hazards
- maximum energy efficiency
- potential for recycling
- disposal costs

Without:

- reducing the quality of the product required or affecting the intended use of the product
- significantly impacting the acquisition cost

## 1.6 **Tender Acceptance**

1.6.1 Any acquisitions resultant from this invitation to Tender shall be subject to the Public Tendering Act.

1.6.2 The Tenders shall be opened in the Private Dining Room at The Western Memorial Regional Hospital on the scheduled date and time.

1.6.3 Any Tender may be accepted in whole or in part. The lowest Tender may not necessarily be accepted and Western Health reserves the right to cancel the Tender call. Western Health shall not be held responsible or liable for the payment of any costs that are incurred by the bidder in preparing a Tender in response to this invitation to Tender.

## 2.0 Product Specifications

### 2.1 Supply of McAfee Antivirus Annual Support Renewal (Grant# 6578549-NAI)

NOTE: Bidders must contact David Burns, McAfee Account Executive, for appropriate quotes. He can be reached at 902-222-3534 or email [David\\_Burns@McAfee.com](mailto:David_Burns@McAfee.com)

PART#	DESCRIPTION	QTY	UNIT COST	EXTENDED COST
EPAYFM-AA	ENDPT PRXTN ADV UPG P+:1YP+:1Y GL 5001-10000 NON Returnable	1600		
EPACDE-AA	ENDPT PROTECT ADV P:1 GL P+ 5001-10000 NON Returnable	100		
CDAYFM-AA	TOTAL PROTECT DATA P:1GOLD P+ 5001-10000 NON Returnable	45		

**TOTAL COST:** \_\_\_\_\_

## 3.0 Financial Considerations

3.1 All applicable taxes shall be indicated in the Tender.

### 3.2 Terms of Payment

The Authority agrees to pay the full invoiced amount within 30 days following acceptance of the installed system by Western Health. Acceptance testing will be completed within 30 days following the complete installation of the system.

4.0 **Vendor Confirmation** (please sign)

I confirm that our Tender meets or exceeds the specifications detailed in this invitation to Tender. I also confirm that all specifications are included in the quoted price. Any items that are optional are noted accordingly.

Signed \_\_\_\_\_

Title \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Tender Price \$ \_\_\_\_\_ Tax Extra Yes \_\_\_\_\_ No \_\_\_\_\_

## TENDER CHECKLIST

TENDER #0171-1420

DID YOU INCLUDE

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| HAS TENDER SUBMISSION BEEN SIGNED                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| COPY OF REQUIRED TENDER DOCUMENTS                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| COPY OF BROCHURES (IF REQUESTED)                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| COPY OF WCB LETTER OF GOOD STANDING (IF REQUIRED) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| COPY OF PROOF OF INSURANCE (IF REQUIRED)          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| AMOUNT OF TAX NOTED ON REQUEST FOR QUOTATION FORM | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| OPTIONAL PRICING FOR TRAINING INCLUDED            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**NOTE: TENDER RESPONSES MAY BE REJECTED IF YOU ANSWER "NO" TO ANY OF THE ABOVE QUESTIONS.**