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**HOPES**

Empowering people.  
Strengthening communities.  
Inspiring innovation.

**Copier Services Specifications  
Instructions/Information to Prospective Bidders**

# **REQUEST FOR PROPOSAL**

## **COPIER SERVICES**

### **Invitation to Bid**

HOPES Community Action Partnership, Incorporated (HOPES CAP, Inc.) is requesting proposals for Copier Services for the property specified above. If you are interested in bidding an intent to bid response is requested and due August 23, 2024.

**REQUESTED BY:** HOPES PROCUREMENT SPECIALIST, LOREDANA HARBAC

**PHONE:** 201-889-6641

**EMAIL:** LHARBAC@HOPES.ORG

### **Schedule of Events**

Release of RFP July 24, 2024

Deadline for submission August 24, 2024

### **Inquiries**

Questions regarding this RFP are to be submitted to [Lharbac@hopes.org](mailto:Lharbac@hopes.org) with “Copier Services” in the subject line. Questions regarding this RFP will only be accepted by email.

### **Process for Submitting Proposal**

Emailed proposals shall be sent to [Lharbac@hopes.org](mailto:Lharbac@hopes.org) with “Copier Services” in the subject line. Proposals received after the due date will be rejected. The proposal offer acknowledges the right of HOPES CAP, Inc. to accept or reject any or all proposals and to waive any informality in any proposal received.

**Information Required with Proposal**

The proposal should include the following:

- Estimated cost
- References
- W-9
- Certificate of Insurance

Vendor Name: \_\_\_\_\_

Contact information: \_\_\_\_\_

**TERMS AND CONDITIONS**

1.1 TERM OF AGREEMENT

The term of the lease agreement shall be no more than (3) years

1.2 PAYMENT TERMS

The payment terms for the lease payments shall be at least net 30 days.  
Payment by check or credit card must be available as a payment option.

1.3 DEVIATIONS AND EXCEPTIONS

Deviations and/or exceptions from terms, conditions, or specifications shall be described fully and submitted with the proposal. In the absence of such a description, the proposal shall be accepted as in strict compliance with all terms, conditions, and specifications and the vendor shall be held liable.

**PROPOSAL EVALUATION**

**2.1 QUALIFICATION CRITERIA**

Each proposal shall be evaluated first on whether the required qualification criteria are met on a pass/fail basis.

**2.2 EVALUATION PROCEDURE**

An evaluation team shall then evaluate all accepted proposals. Evaluation of vendors shall be based on the information submitted in the proposals. HOPES CAP, Inc. reserves the right to waive formalities in proposals and to reject any and all proposals. The award shall be made to the vendor with the proposal which HOPES CAP, Inc. determines is in its best interest. From the total information required, a determination shall be made by HOPES CAP, Inc. of the vendor’s demonstrated financial, managerial, and operational ability and resources to serve HOPES CAP, Inc. Only proposals from financially responsible organizations or individuals, as determined by HOPES CAP, Inc shall be considered.

**2.3 EVALUATION CRITERIA**

In addition to the required qualification criteria, all proposals shall be evaluated based on, but not limited to the following criteria:

Component	Points
Cost	25
Satisfaction of specifications and requirements	20
Guaranteed service time	20
Reference/Referral Information	15
Prior experience with the District	15
Number of years in business under current name	5
Total	100

**CONTRACT NEGOTIATION**

HOPES CAP, Inc. may, after the evaluation process, negotiate with any vendor who has been determined by the evaluation committee as being most apt to provide services that are in the best interest of the organization.

**INSURANCE**

The vendor shall be responsible for maintaining insurance coverage in force for the life of this contract of the kinds and adequate amounts listed below. The insurer shall provide HOPES CAP, Inc. with Certificates of Insurance signed by

an authorized representative of the insurance company at the inception of the contract and annually thereafter.

## **SPECIFICATIONS OVERVIEW**

HOPES CAP, Inc. is seeking a vendor to provide (1) multifunctional devices for use by staff within the HOPES CAP, Inc. school at **532 Jackson St Hoboken, NJ 07030.**

HOPES CAP, Inc. is seeking a vendor to provide (1) multifunctional devices for use by staff within the HOPES CAP, Inc. school at **110 - 128 W Front St Plainfield, NJ 07060.**

## **REQUIREMENTS AND SPECIFICATIONS**

1. The price quoted shall include all equipment, delivery, installation, initial and periodic training, service, parts, labor, supplies including staples (excluding paper), and all necessary licensing, software, and drivers including installation and configuration of the software and drivers on client devices. The proposal must also include any removal and return of old equipment.
2. The proposal should specify if the equipment is insured and/or at what cost.
3. B/W Printing
4. PPM 35 at minimum
5. The volume of monthly printing/copies allowed
6. Are printing finishers included on the equipment
7. Device manufacturer's brochures and descriptive literature for all proposed equipment must be included with the proposal.
8. The vendor must currently be an authorized supplier of all equipment proposed.

9. Each vendor submitting a proposal must include the number of years they have been in business under their current business name and structure and the number of years they have been certified to sell and service the proposed equipment.
10. Each vendor submitting a proposal must state their maximum response time for service calls. This may be stated as a response time to service calls placed before a specified time each day and for service calls placed after that time. Service must be available during normal business hours which are Monday through Friday 8:00 am through 3:45 pm except for state holidays.
11. Each proposal must include a reliability clause that addresses how the replacement of problem multifunctional devices will be handled. This is to address equipment with chronic performance issues that service and repairs cannot correct.
12. The vendor must include references from at least three (3) current clients.

## References

Provide at least three (3) references

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

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone & Fax Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone & Fax Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone & Fax Number: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ (Print  
or type name)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_