

# RFP 683075 - Electrical Equipment, Supplies and Services



*Lower Costs for Higher Ed*

## Online E&I Supplier RFP Response Questionnaire

### Supplier Information

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Company Name: \_\_\_\_\_  
Company Web Address: \_\_\_\_\_  
Respondents Name: \_\_\_\_\_  
Respondents Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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### A. PRICING AND TERMS

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**Please complete all questions and include with your proposal copies of the pricing schedules referenced below. All product and maintenance pricing to include FOB delivered pricing (supplier pays freight and delivery cost). Your response to Requirements (Part 6) will also be used in the evaluation of pricing.**

**A.1) Are you willing to extend your pricing and/or discount structures proposed to the following E&I members?**

	Yes	Yes with Exceptions	No
Higher Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K-12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching Healthcare Facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**If yes with exceptions provide pricing policy and pricing and/or discount structure which is being proposed below.**

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**A.2) Define and provide payment terms offered to E&I members.**

Net \_\_\_\_\_  
 Prompt Payment Discount \_\_\_\_\_  
 Late Charges\* \_\_\_\_\_  
 Other additional payment terms or options \_\_\_\_\_  
 (i.e. EFT, Online Payment)

**\*Late charges for public institutions may be regulated and limited by the laws of the governing state.**

**A.3) Please indicate which credit cards are accepted by your company.  
 (Note: E&I prohibits convenience fee's for transactions made using a credit card)**

- Master Card
- Visa
- Discover
- American Express
- Credit Cards Not Accepted
- Other (please specify)

If you selected other please specify

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**A.4) Pricing**

**A.4.1) Provide a single discount schedule from the most recent mfg. price list for all products.**

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**A.4.2) Date and reference number of pricing schedule:**

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**A.5) Expedited Delivery Pricing**

**A.5.1) If an individual member places an order and requires expedited delivery (near immediate delivery from existing inventory) is there an additional cost? If so, provide the single total discount schedule from most recent mfg. price list. Use of this discount requires advanced written authorization from the member.**

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**A.5.2) Date and reference number of pricing schedule:**

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**A.6) Large Order Pricing**

**If an individual member places one order of \$50,000 or more is there an additional discount? If so:**

**A.6.1) Please indicate the total discount from the most recent mfg. price list when one order is equal to or greater than \$50,000:**

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## **B. BREADTH OF PRODUCT LINE OFFERED**

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**B.1) Provide appropriate information that communicates the breadth of product line offered by the respondent. This should include a discussion of types of products offered and the applications you can address in Higher Education and K-12 e.g. for research, teaching and clinical laboratories and/or classrooms.**

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**B.2) Manufacturer Related**

**B.2.1) Is the entire product line being offered? If not provide a listing of those products not included.**

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**C. SERVICE, SUPPORT, PRODUCT WARRANTY & MAINTENANCE**

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**C.1) Samples**

**C.1.1) If applicable provide information on policies, procedures and any costs to customers associated with providing products for demonstration prior to sale.**

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**C.2) Warranty**

**C.2.1) If applicable, provide complete description of warranty terms and conditions for all products offered under this RFP (i.e. best use, warranty exceptions, claims) and any additional cost associated with warranty.**

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**C.3) Technical Support**

**C.3.1) What training and product in-service, including frequency, do you provide? Indicate any costs to the customer.**

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**C.3.2) Please detail support being offered, include the type of support, who will provide the support, hours support is available, and any additional cost to the customer associated with support.**

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**C.3.3) What is the toll free number available to Members who require support?**

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**C.3.4) Provide a list of all authorized service providers or service centers offered in this RFP.**

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## **D) Order Placement/Delivery/Installation**

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### **D.1) Order Placement**

**D.1.1) What is the toll free number available to Members to place orders?**

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**20) D.1.2) Does your company sell and distribute all products referenced in the RFP to:**

	Yes	No
Hawaii	<input type="radio"/>	<input type="radio"/>
Alaska	<input type="radio"/>	<input type="radio"/>

**D.1.3) Provide a list of US distribution locations (provide name, address and phone number) that would be used for distribution of the products in the resulting agreement.**

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**D.1.4) Please list your preferred US distributors who will be responsible if needed for executing this agreement if you are the manufacturer.**

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**D.1.5) Is there a minimum order requirement?**

- Yes (If yes describe in comments)
- No

Additional comments

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**D.1.6) What methods of order placement will your company accept from E&I Members? Select all that apply.**

- Telephone
- FAX
- E-Mail
- Original P.O.
- Secured Internet Online
- EDI
- E-Commerce Portal
- Other (please specify)

If you selected other please specify

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**D.1.7) Provide the return order authorization policies and procedures and time frame it takes to process return authorizations.**

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**D.2) Installation**

**D.2.1) If your company provides installation services, provide the detailed policy and procedures below.**

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**D.2.2) If your company does not provide installation services, will you assist in providing third party installations?**

- Yes
- No

**D.2.3) If yes, please describe how you will assist in providing third party installations below:**

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**D.3) Shipping, Delivery & Freight**

**D.3.1) Please list the standard delivery time for orders from the date of receipt of order?**

Delivery Time A.R.O. (After Receipt of Order): \_\_\_\_\_ days

Other:

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**D.3.2) Please detail all delivery options available and any additional costs to customers associated with delivery:**

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**D.3.3) What are the policies and procedures for damaged product, including visible and concealed damage?**

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**D.3.4) What are the policies and procedures for reconciliation of Overage or Shortage deliveries?**

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**D.3.5) What are the policies and procedures for informing the member of the reconciliation of problems associated with a Delayed or Late Delivery?**

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**D.3.6) How does the company assure timely deliveries to E&I members?**

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**D.3.7) How are backorders handled?**

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**D.3.8) Specify your company's normal business hours for receiving orders and providing customer service. Include a listing of all holidays and other days your company's closed for business.**

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**D.3.9) Provide the daily cutoff time for next day delivery.**

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## E. ADDED VALUE / INCENTIVE

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### E.1) Added Value

E&I encourages Respondents to become involved in our Supplier Diversity Program. Supplier Diversity includes businesses that qualify as Minority Business Enterprise (MBE), Small Disadvantaged Business (SDB), Women-Owned Business Enterprises (WBE), HUB Zone, Veteran-Owned Business Enterprises, or ADA (American Disability Act). To qualify as one of the above business classifications Respondent must be majority-owned and actively managed by a person meeting those requirements.

#### E.1.1) Business Class (Check all that apply)

- Large Business Concern
- Women Owned Business
- Small Business Concern
- Small Disadvantage Business
- Disabled Owned Business
- Disabled Veteran Owned Business
- Veteran Owned Business
- HUB Zone Business

#### E.1.2) Minority Business Status Business Ownership (51% owned, operated and controlled)

- MBE African American
- MBE Asian Pacific
- MBE Hispanic American
- MBE Native American
- MBE Asian Indian American
- Caucasian/Non-Minority
- Other
- Not Disadvantage

#### E.1.3) Does Respondent's business currently have a Supplier Diversity Program(s) in place?

- Yes (please describe in comments)
- No

Additional comments

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#### E.1.4) If respondent answered "Yes" to Supplier Diversity Program(s) in place, please provide the Supplier Diversity Program Coordinator:

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_



**E.1.5) Identify any and all First Tier and Second Tier Business Relationships Respondent has with Minority, Women, and Handicapped-owned and operated businesses.**

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**E.1.6) Small Business Program**

**Describe respondent's efforts to utilize an SBA defined small business in the performance of the agreement:**

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**E.1.7) Alternative Financing Programs**

**Describe flexible financing alternatives that respondent provides. Include the type of lease (operating or capital), lease agreement(s) forms inclusive of terms, conditions, and format. Indicate how the rates are determined.**

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**E.1.8) Value Added Services**

**Describe, in detail, other value-added services being offered which may not otherwise be disclosed herein. Respondent may wish to offer additional products, services, unique business features, sponsorship arrangements and special services, discounts or terms and conditions under this RFP.**

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**E.1.9) Environmental Sustainability**

**Provide information concerning respondent's purchase and use of recycled products including information concerning the use of "green" products or the elimination of production waste (i.e., fabrics, foams, paint, packing material, reduction in paper, reuse of production by product, etc.). Describe any additional programs and processes aimed at being environmentally responsible.**

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**E.1.10) Provide information in regards to product certification for "green" product lines. Indicate how "green" products are identified in your product line. Provide information on how "green" products are promoted and recommended.**

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**E.2) Incentives**

**E.2.1) Member Direct Rebates**

**Respondents are encouraged to propose direct rebates as means of generating revenue and increasing operating funds for members. Any and all rebates shall have no effect on the reporting and payment of the CAF. All rebate activity will be reported to E&I.**

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**F. RESPONDENT'S QUALIFICATIONS, REFERENCES, EXPERIENCE AND PAST PERFORMANCE**

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**F.1) RESPONDENT'S QUALIFICATIONS**

**F.1.1) Relevant Litigation/Investigations**

**Describe any current lawsuits, legal actions or governmental investigations including, but not limited to, parties of dispute, and equipment affected, cause of action, jurisdiction and date of legal complaint. Include in this section any problems that your firm or its personnel have experienced pertaining to training, licensing or certification in the past five (5) years.**

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**F.1.2) Provide the dollar amount of sales in Higher Education, Healthcare, and K-12 for each of the most recent three years periods.**

Year	_____	
Higher Education	\$ _____	.00
Healthcare	\$ _____	.00
K-12	\$ _____	.00
Year	_____	
Higher Education	\$ _____	.00
Healthcare	\$ _____	.00

K-12	\$ _____	.00
Year	_____	
Higher Education	\$ _____	.00
Healthcare	\$ _____	.00
K-12	\$ _____	.00

**F.1.3) What is the size and organizational structure of the sales force (designated or available) that will be assigned to sell under the Supplier Agreement?**

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**F.1.4) Please provide in detail your implementation, communication, and time line plan to introduce and inform your sales/marketing staff and the Members and their respective ordering departments of the terms and benefits of a Supplier Agreement with your company.**

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**F.1.5) Do you have a dedicated resources focus on Higher Education (i.e. GEM/SLED)?**

- Yes (Please describe in comments)
- No

**Comments:**

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**F.1.6) Please list all GSA, State, and GPO agreements that the company holds that are currently in effect.  
(Note: E&I reserves the right to request copies or access to any or all of these agreements)**

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**F.1.7) Can the company service all E&I member related needs?**

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**F.2) Respondent Client List/References**

**F.2.1) Provide at least three (3) references identifying clients from Higher Education with requirements similar to those of E&I for projects that have been completed in the past 24 months. At a minimum, please provide the name of the client, contact person, and telephone number for such references in the tables below. E&I reserves the right to contact additional references not provided by the respondent. Preference may be given to those references that are most similar in profile and type requested.**

**#1**

Institution: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**#2**

Institution: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**#3**

Institution: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**F.2.2) List any former Higher Education clients that have terminated a contracting relationship with respondent in the past 24 months. Please complete the tables below.**

**#1**

Institution: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Size of Account: \_\_\_\_\_  
Duration of Relationship: \_\_\_\_\_  
Date of Termination: \_\_\_\_\_  
Reason(s) for Termination: \_\_\_\_\_

**#2**

Institution: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Size of Account: \_\_\_\_\_  
Duration of Relationship: \_\_\_\_\_  
Date of Termination: \_\_\_\_\_  
Reason(s) for Termination: \_\_\_\_\_

**#3**

Institution: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Size of Account: \_\_\_\_\_  
Duration of Relationship: \_\_\_\_\_  
Date of Termination: \_\_\_\_\_  
Reason(s) for Termination: \_\_\_\_\_

**F.3) Respondent Experience & Background**

**F.3.1) Describe the respondent's prior experience in catering to the education market.**

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**F.3.2) Describe the respondent's existing business plan for current go to market strategy in: (1) Higher Education, (2) Related Health Care Facilities, and (3) K-12 in these regions. Describe any planned changes to the above go to market strategy if awarded an Agreement. This should include, but not be limited to a discussion of: (1) vertical market strategy, (2) number of dedicated sales representatives specializing in Higher Education, (3) corporate organization, etc. to support Higher Education marketing strategy. Describe the respondent's *growth* in Higher Education, Hospitals, and K-12 and Balance of the Line products over the past five (5) years.**

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**F.3.3) Provide respondent's qualifications to meet E&I member requirements for the products and/or services offered.**

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**F.3.4) Describe any specific restructuring, mergers and/or down sizing with respondent's firm that have occurred during the past three years or is anticipated in the next three years, noting potential impacts to the products and services contemplated by this RFP.**

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**F.3.5) Provide information relating to respondent bankruptcies or reorganizations with the last five (5) years.**

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**F.3.6) Sales Force**

**Describe the size, organizational structure and experience of the sales force (designated and dedicated) that will be engaged to promote, market, and sell to education.**

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**F.3.7 Respondent Relationships or Potential Conflicts with E&I**

**Describe any business relations that respondent currently has or has had with E&I. Include relationships with any parent, subsidiary, or other affiliate company may have with E&I.**

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**F.3.8) Indicate if any employees, officers, directors, members, agents or consultants of respondent are related to any employee, officer or director of E&I.**

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**G) ADMINISTRATION i.e. REPORTING CAPABILITIES**

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**G.1.1) Respondent's Information**

- 1. Legal name of Respondent's firm and corporate ownership \_\_\_\_\_
- 2. The legal status - i.e. corporation, partnership etc. \_\_\_\_\_
- 3. State or county where organized \_\_\_\_\_
- 4. Address of Respondent's principle place of business \_\_\_\_\_
- Address Line 2 \_\_\_\_\_
- City, State, Zip Code \_\_\_\_\_
- 5. Federal I.D. Number \_\_\_\_\_
- 6. Website Address \_\_\_\_\_

**G.1.2) Person responsible for the administration of this Agreement:**

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
ADDRESS1 \_\_\_\_\_

ADDRESS2 \_\_\_\_\_  
 CITY, STATE, ZIP CODE \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_  
 FAX \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_

**G.1.3) Provide the full contact information for the person responsible for this proposal:**

Same As Above \_\_\_\_\_  
 NAME \_\_\_\_\_  
 TITLE \_\_\_\_\_  
 ADDRESS1 \_\_\_\_\_  
 ADDRESS2 \_\_\_\_\_  
 CITY, STATE, ZIP CODE \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_  
 FAX \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_

**G.1.4) Provide the full contract information for the individual duly authorized to enter into the Agreement above:**

Same As Above \_\_\_\_\_  
 NAME \_\_\_\_\_  
 TITLE \_\_\_\_\_  
 ADDRESS1 \_\_\_\_\_  
 ADDRESS2 \_\_\_\_\_  
 CITY, STATE, ZIP CODE \_\_\_\_\_  
 TELEPHONE \_\_\_\_\_  
 FAX \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_

**G.1.5) Respondent Information and Order Placement**

Company Name: \_\_\_\_\_  
 Address 1: \_\_\_\_\_  
 Address 2: \_\_\_\_\_  
 City, State, Zip Code +4 \_\_\_\_\_  
 Ordering Phone: \_\_\_\_\_  
 Ordering Fax: \_\_\_\_\_  
 Ordering On-Line/Website: \_\_\_\_\_

**G.1.6)**

	Respondent	Servicing Dealer	Other (specify in comments)
Place Orders With:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Invoicing By:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**G.1.7) Respondent Information - Other Departments**

**President/CEO Contact Information**

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
ADDRESS1 \_\_\_\_\_  
ADDRESS2 \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

**National Accounts Contact Information for E&I Contract**

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
ADDRESS1 \_\_\_\_\_  
ADDRESS2 \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

**Sales Contact Information for E&I Contract**

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
ADDRESS1 \_\_\_\_\_  
ADDRESS2 \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

**Marketing Contact Information for E&I Contract (see x.x)**

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
ADDRESS1 \_\_\_\_\_  
ADDRESS2 \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

**Operations Contact Information for E&I Contract (see x.x)**

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
ADDRESS1 \_\_\_\_\_  
ADDRESS2 \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

**Customer Service Contact Information for E&I Contract (see x.x)**

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
ADDRESS1 \_\_\_\_\_



ADDRESS2 \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

**Literature Requests Contact Information for E&I Contract (see x.x)**

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
ADDRESS1 \_\_\_\_\_  
ADDRESS2 \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

**Contact Information for Person Responsible for Submitting Report for Member Purchases (see x.x)**

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
ADDRESS1 \_\_\_\_\_  
ADDRESS2 \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

**Contact Information for Person Responsible for Contract Administrative Fee (CAF) (see x.x)**

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
ADDRESS1 \_\_\_\_\_  
ADDRESS2 \_\_\_\_\_  
CITY, STATE, ZIP CODE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

**G.2) Reporting Capabilities**

**G.2.1) Please provide the method you will use to identify and track member purchases made through the supplier agreement.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G.2.2) E&I VENDOR REPORTING FILE (VRF)**

**The following table is the E&I preferred reporting method. In the question following the table please indicate whether your company has the capability to provide the reporting fields by checking "yes" or "no".**

**For any technical reporting issues or questions please contact Douglas Cox [dcox@eandi.org](mailto:dcox@eandi.org) 1-631-630-8280.**

Field	Label	Description	Type	Length	Justification
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1	vendor_report_file	E&I Vendor Report File (file name)	text	18	L
2	vendor_name	Name of Vendor Reporting	text	40	L
3	vendor_contact	name of individual to contact regarding this report	text	40	L
4	vendor_id	The Vendor Number Assigned by E&I	text	15	L
5	contract_id	The Contract Number Governing Transactions	text	10	L
6	period_start	Start Date of Reporting Period	date	8	R
7	period_end	End Date of Reporting Period	date	8	R
8	customer_id	Vendor/Supplier Customer ID#	text	12	L
9	member_number	E&I Member Number	text	12	L
10	member_name	E&I Member Name	text	40	L
11	member_address	E&I Member Address	text	40	L
12	member_city	E&I Member City	text	40	L
13	member_state	Member State	text	2	L
14	member_zip	Member Zip	numeric	10	R
15	po	Member Purchase Order #	text	15	L
16	invoice	Vendor Invoice #	text	15	L
17	ship_to	Member's Ship to	text	40	L
18	ship_to_address	Member's Ship to Address	text	40	L
19	ship_to_city	Member's Ship to City	text	40	L
20	ship_to_state	Member's Ship to State	text	2	L
21	ship_to_zip	Member's Ship to Zip Code	numeric	10	R
22	item	Supplier/Vendor ordered item #	text	40	L
23	um	Supplier/Vendor ordered item Unit of Measure	text	2	L
24	dexc	Description of Item Ordered	text	60	L
25	unspsc	United Nations Standard Products and Services Code	text	10	L
26	retail_price	Vendor/Supplier List Unit Price	numeric	9	R
27	contract_price	Vendor Supplier Agreed E&I Unit Mbr Pricing (Net sales price)	numeric	9	R
28	qty	Quantity Sold to Member	numeric	9	R
29	purchase_dollars	Total \$ of Purchases (Qty X E&I \$) --automatically calculated	numeric	12	R
30	caf	Contract Administrative Fee (CAF) Percent (Rebate %)	numeric	7	R
31	caf_dollars	CAF dollar amount	numeric	9	R

	Yes	No
Field #1 - E&I Vendor Report File	<input type="radio"/>	<input type="radio"/>
Field #2 - Name of Vendor Reporting	<input type="radio"/>	<input type="radio"/>
Field #3 - name of individual to contact regarding this report	<input type="radio"/>	<input type="radio"/>
Field #4 - The Vendor Number Assigned by E&I	<input type="radio"/>	<input type="radio"/>
Field #5 - The Contract Number Governing Transactions	<input type="radio"/>	<input type="radio"/>
Field #6 - Start Date of Reporting Period	<input type="radio"/>	<input type="radio"/>
Field #7 - End Date of Reporting Period	<input type="radio"/>	<input type="radio"/>
Field #8 - Vendor/Supplier Customer ID#	<input type="radio"/>	<input type="radio"/>
Field #9 - E&I Member Number	<input type="radio"/>	<input type="radio"/>
Field #10 - E&I Member Name	<input type="radio"/>	<input type="radio"/>

Field #11 - E&I Member Address	<input type="radio"/>	<input type="radio"/>
Field #12 - E&I Member City	<input type="radio"/>	<input type="radio"/>
Field #13 - Member State	<input type="radio"/>	<input type="radio"/>
Field #14 - Member Zip Code	<input type="radio"/>	<input type="radio"/>
Field #15 - Member Purchase Order #	<input type="radio"/>	<input type="radio"/>
Field #16 - Vendor Invoice #	<input type="radio"/>	<input type="radio"/>
Field #17 - Member's Ship To	<input type="radio"/>	<input type="radio"/>
Field #18 - Member's Ship to Address	<input type="radio"/>	<input type="radio"/>
Field #19 - Member's Ship To City	<input type="radio"/>	<input type="radio"/>
Field #20 - Member's Ship To State	<input type="radio"/>	<input type="radio"/>
Field #21 - Member's Ship To Zip Code	<input type="radio"/>	<input type="radio"/>
Field #22 - Supplier/Vendor ordered item #	<input type="radio"/>	<input type="radio"/>
Field #23 - Supplier/Vendor ordered item Unit of Measure	<input type="radio"/>	<input type="radio"/>
Field #24 - Description of Item ordered	<input type="radio"/>	<input type="radio"/>
Field #25 - United Nations Standard Products and Services Code	<input type="radio"/>	<input type="radio"/>
Field #26 - Vendor/Supplier List Unit Price	<input type="radio"/>	<input type="radio"/>
Field #27 - Vendor/Supplier Agreed E&I Unit Mbr Pricing (Net sales price)	<input type="radio"/>	<input type="radio"/>
Field #28 - Quantity Sold to Member	<input type="radio"/>	<input type="radio"/>
Field #29 - Total \$ of Purchases (Qty x E&I \$) - automatically calculated	<input type="radio"/>	<input type="radio"/>
Field #30 - Contract Administrative Fee (CAF) Percent (Rebate %)	<input type="radio"/>	<input type="radio"/>
Field #31 - CAF dollar amount	<input type="radio"/>	<input type="radio"/>

**G.2.3) Please indicate your company's capability to provide the above fields in the following reporting file formats.**

	Current Capability	Future Capability (please indicate in comments expected capability date)
XML	<input type="radio"/>	<input type="radio"/>
CXML	<input type="radio"/>	<input type="radio"/>
CSV	<input type="radio"/>	<input type="radio"/>
XLS	<input type="radio"/>	<input type="radio"/>

**Please describe any other File Type Capabilities that you may be able to provide below.**

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By clicking on the "Next Page" button your responses will be saved thus far. Should you find the need to leave the questionnaire and would like to resume at a later time you must reenter the questionnaire from the same PC in order for your responses to be repopulated.

If a printed copy of your responses are required for your records print prior to clicking on the next page button and again prior to the submit survey button.

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## **H. ONLINE CAPABILITIES**

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**H.1.1) \*Will your company have a dedicated web-site with an online catalog of products and special promotions included and available in this agreement with net**

**pricing that E&I members can access and place orders?**

- Yes
- No

\* A demonstration to E&I and the RFP Team of the proposers online ordering ability is required.

**H.1.2) If yes, please describe how this would work below:**

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**H.2.1) Present respondent's on-line capabilities by completing the below information. Include with the proposal any additional on line capabilities that may be provided as an attachment and may be used in evaluation of your proposal. All on line capabilities are to be provided/included at no additional charge to the E&I Cooperative members.**

	Yes	No
On-line catalog(s) with read and ordering access	<input type="radio"/>	<input type="radio"/>
Current product information	<input type="radio"/>	<input type="radio"/>
Current manufacturers list price	<input type="radio"/>	<input type="radio"/>
Access to other manufacturer current product line (for cross referencing/comparison)	<input type="radio"/>	<input type="radio"/>
Access to manufacturer's product specifications	<input type="radio"/>	<input type="radio"/>
Ability to check stock availability	<input type="radio"/>	<input type="radio"/>
Ability to verify contract prices	<input type="radio"/>	<input type="radio"/>
Ability to track ordered/shipped shipments	<input type="radio"/>	<input type="radio"/>
Access to customer invoice/billing information	<input type="radio"/>	<input type="radio"/>
Access to customer invoice/billing information	<input type="radio"/>	<input type="radio"/>
Ability to maintain a current list of authorized personnel with ordering responsibilities and the limits of delegation	<input type="radio"/>	<input type="radio"/>
Ability to accept electronic orders through procurement portal	<input type="radio"/>	<input type="radio"/>

**H.2.2) If available through Distributors, manufacturers should list distribution channels and their capabilities.**

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**H.3.1) If Members choose to place orders via a secured Internet online system, can they check inventory availability?**

- Yes
- No

**H.4.1) Are your companies' online ordering functions available through an e-commerce portal?**

- Yes
- No

**If yes, this service will be provided at no charge.**

**H.4.2) If No, please describe the cost associated with this process below.**

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**H.5.1) Which E-commerce portal partner(s) is your company linked to?**

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**If a printed copy of your responses are required for your records print prior to clicking on the next page button and again prior to the submit survey button.**

## **I. ADHERENCE TO RFP REQUIREMENTS**

**I.1.1) Are the terms and conditions contained in the Request for Proposal acceptable?**

- Yes
- No\*

**I.1.2) \*If not, indicate any and all exceptions as described in part 5 of the Request for Proposal and included in Tab 5 of your responses.**

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**I.2.1) Will the report in section Part 5, 5.4.1 be provided?**

- Yes
- No\*

**I.2.2) \*If not, indicate any and all exceptions as described in Part 5 of the Request for Proposal and included in Tab 5 of your response.**

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**I.3.1) Will the administrative fee in Part 5, 5.4.2 be provided as required?**

- Yes
- No\*

**I.3.2) \*If not, indicate any and all exceptions as described in Part 5 of the Request for Proposal and included in Tab 5 of your response.**

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**If a printed copy of your responses are required for your records print prior to clicking on the submit survey button.**

We thank you for your candid responses and look forward to working together with your company.