



**COCHISE COUNTY
PROCUREMENT DEPARTMENT**

1415 Melody Lane, Building C, Bisbee, AZ 85603
Phone: (520) 432-8390 | Fax: (520) 432-8397

19-14-HEA-02

Appendix A – Vendor Submission Cover Letter

Date of Pricing Doc: 1-9-19
Vendor Firm Name: CorrecTek
Authorized Point of Contact (POC): Christa Sullivan
Vendor POC Phone: 866-438-3671 ext 235
Vendor POC Email: csullivan@correctek.com

Vendor agrees to furnish the following materials and/or services according to the following pricing schedule:

Line Item	Description	Unit Price (excluding tax)
01	Software, Modules & Interface	\$ 27,930.00
02	Annual Maintenance	\$ 12,000.00
03	Hardware	\$
04	Professional Service/Training (end user)	\$ 3,640.00
05	Professional Service/Training (administrator)	\$

Include any additional expenses on a separate document and submit with this form. All travel expenses, lodging and meals are to be included in the price.

Freight: \$ _____

Estimated Taxes: \$ _____

Tax Rate: _____%

Required Delivery By: 45 days ARO

The Vendor agrees to hold pricing valid for 45 days from the date of the document unless otherwise annotated. Additionally, if no other payment terms are specified, it is agreed that Net 30 payment terms apply.

Valid for: 45 days

Payment Terms: Net 30 days

Discounted Terms: _____

PLEASE SEE THE PRICING ESTIMATE INCLUDED WITH RESPONSE FOR OPTIONS

Required Elements:

The below table shall be completely filled out indicating the Providers software capabilities addressing the elements listed.

	Required Elements	Currently Capable	Currently Not Capable
1.	Medical Record System interfaces with the current Spillman program (fingerprint verification for medication passes)	<input checked="" type="radio"/>	<input type="radio"/>
2.	Pharmacy interface with Contract Pharmacy Services	<input checked="" type="radio"/>	<input type="radio"/>
3.	Hardware (tablets for medication carts, and fingerprint readers),	<input checked="" type="radio"/>	<input type="radio"/>
4.	Go-live support & training (administrative and end-user)	<input checked="" type="radio"/>	<input type="radio"/>
5.	Lab interface with Center Disease Detection	<input checked="" type="radio"/>	<input type="radio"/>
6.	Booking module (medical),	<input checked="" type="radio"/>	<input type="radio"/>
7.	Assessment templates that meet National Correctional Standards for <u>medical, mental, and dental needs- Adult and Juvenile</u> Chronic Care Mental health visits and interventions Acute care needs	<input checked="" type="radio"/>	<input type="radio"/>
8.	Inmate demographics,	<input checked="" type="radio"/>	<input type="radio"/>
9.	Communicable disease flags	<input checked="" type="radio"/>	<input type="radio"/>
10.	Language Preference	<input checked="" type="radio"/>	<input type="radio"/>
11.	Alerts (please list what these include) Allergies Precautions Communicable disease Medical diets SMI / self-harm or harm to others watch Messaging alerts to team	<input checked="" type="radio"/>	<input type="radio"/>
12.	Chronological chart presentation Hospitalization History	<input checked="" type="radio"/>	<input type="radio"/>
13.	Electronic Order Entry Internal External CPS CDD	<input checked="" type="radio"/>	<input type="radio"/>

As an authorized agent of the Firm, the below signatory official has authority to contractually bind the Vendor as proposed throughout this Appendix.

Authorized Signature: 