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COST
PROPOSAL



Prepared by Omnicell exclusively for:
State of Nebraska, DAS, SPB

RFP #6097 Z1
Nancy Storant / Dianna Gilliland
June 19, 2019

Your Account Representative

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Legal Notices

Omniceil, Inc. (herein referred to as the "Vendor"), submits its response to your Request for Proposal dated June 19, 2019 and agrees to supply and furnish to you information as requested in said RFP.

Notwithstanding any provision to the contrary, State of Nebraska hereby acknowledges and recognizes that if Omnicell's proposal is accepted, such acceptance will require that terms and conditions will be, at that time, mutually negotiated and agreed to by both parties. As such and upon mutual resolution, both parties will be contractually obligated to carry out their respective responsibilities as described therein.

Thank you for the opportunity to participate in your bid proposal process.

Omniceil, Inc.

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Terms and Conditions

PERTAINING TO THIS REQUEST FOR PROPOSAL (RFP)

Disclaimer

Omnnicell, Inc. has responded to this RFP to the best of its ability and disclaims all warranties and representations with respect to accuracy and completeness of the responses contained herein due to the varied interpretations that can be applied to each question. Omnicell reserves the right to modify, if necessary, any errors to, or omissions of, information provided herein. All warranties provided are based solely on the extensive documentation provided and the RFP responses do not nor are they intended to alter the terms or information contained in our product documentation. Omnicell will not be liable for any damages in connection with or arising out of reliance on the responses contained in this RFP.

Terms & Conditions

Omnnicell hardware, software and services are covered by the terms and conditions of the mutually negotiated terms and conditions as based upon the form of agreement as provided to you within the response. If Omnicell's proposal is accepted, such acceptance will require that, if needed, specific exceptions to standard Omnicell agreement terms and conditions can be, at that time, mutually negotiated by both parties. As such and upon mutual resolution, both parties will be contractually obligated to carry out their respective responsibilities as described therein.

Non-Disclosure

By receiving this response to your RFP, you acknowledge that the material and information provided in such response may contain confidential or proprietary information. Therefore, you agree to hold such material and information in confidence, to be used only for the purpose of evaluating the response to your RFP and may only be released to those persons requiring access to this information for such purposes. Confidential Information does not include information, technical data or know-how that is: (a) already in your possession; (b) (or becomes) part of the public knowledge by means other than breach of agreement; (c) approved for release by Omnicell; or (d) otherwise part of the public record and subject to disclosure by applicable law.

Modifications to this Request for Proposal

Omnnicell has responded to your RFP based on technical information provided by you and any responses regarding performance of hardware or software are dependent upon the nature and scope of such technical information. As Omnicell receives additional technical information regarding your site(s), the RFP responses are subject to modification by us. Such modifications may result in an increase in Omnicell's pricing proposal to reflect such amendment to the RFP.

ATTACHMENT THREE COST PROPOSAL
RFP 6097 Z1
Automated Pharmacy Dispensing Machines

Bidder to complete the following cost proposal, including all costs associated with each section.

Table 1: bidder should list all Automated Pharmacy Dispensing Machines needed for this RFP.

Tables 2 – 4: bidder should list the Automated Pharmacy Dispensing Machine Model numbers, Quantity needed at that location, and the monthly leasing fee being proposed for each Automated Pharmacy Dispensing Machine.

Table 5: bidder should list all training and any additional fees.

Table 6: bidder should list all optional features that would be needed per section V.G of the RFP.

Table 7: bidder should list Job Titles and Hourly Rates for optional services that would be needed per section V.G of the RFP.

Tables 8 – 12: bidder should provide costs for optional renewal periods.

Bidder may add additional lines to any table as needed.

DHHS may implement awarded Contractor’s solution in separate phases by facility, with LRC being implemented first.

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Table 1: ADM Machines and all associated costs to meet the requirements of the RFP.

Machine Type – indicate names below	Initial Contract Period Year One	Initial Contract Period Year Two	Initial Contract Period Year Three	Initial Contract Period Year Four	Initial Contract Period Year Five
1. Model: XT NAC 1/4 Height Cabinet					
One-time Costs					
Delivery	Please reference #6 for entire project one time delivery cost				
Implementation	Included				
Monthly Costs					
Interfaces					
Lease Payment (Which includes Maintenance and Support)	\$438.80	\$438.80	\$438.80	\$438.80	\$438.80
Other (Please specify)					
Total Annual Cost	\$5,265.60	\$5,265.60	\$5,265.60	\$5,265.60	\$5,265.60

2. Model: XT NAC 1-Cell Cabinet					
One-time Costs					
Delivery	Please reference #6 for entire project one time delivery cost				
Implementation	included				
Monthly Costs					
Interfaces					
Lease Payment (Which includes Maintenance and Support)	\$747.41	\$747.41	\$747.41	\$747.41	\$747.41
Other (Please specify)					
Total Annual Cost	\$8,698.92	\$8,698.92	\$8,698.92	\$8,698.92	\$8,698.92
3. Model: XT NAC 2-Cell Cabinet					
One-time Costs					
Delivery	Please reference #6 for entire project one time delivery cost				
Implementation	included				
Monthly Costs					
Interfaces					
Lease Payment (Which includes Maintenance and Support)	\$766.88	\$766.88	\$766.88	\$766.88	\$766.88
Other (Please specify)					
Total Annual Cost	\$9,202.56	\$9,202.56	\$9,202.56	\$9,202.56	\$9,202.56
4. Model: XT CSM 1-Cell Cabinet					
One-time Costs					
Delivery	Please reference #6 for entire project one time delivery cost				
Implementation	included				
Monthly Costs					
Interfaces					
Lease Payment (Which includes Maintenance and Support)	\$1,674.79	\$1,674.79	\$1,674.79	\$1,674.79	\$1,674.79

Other (Please specify)					
Total Annual Cost	\$20,097.48	\$20,097.48	\$20,097.48	\$20,097.48	\$20,097.48
5. Model: NAC 2016 VMWare Server					
One-time Costs					
Delivery	Please reference #6 for entire project one time delivery cost				
Implementation	included				
Monthly Costs					
Interfaces					
Lease Payment (Which includes Maintenance and Support)	\$800	\$800	\$800	\$800	\$800
Other (Please specify)					
Total Annual Cost	\$9,600	\$9,600	\$9,600	\$9,600	\$9,600
6. Model: One-Time delivery costs for all cabinets, server for all 3 facilities					
One-time Costs					
Delivery	\$20,112.85				
Implementation	included				
Monthly Costs					
Interfaces	n/a	n/a	n/a	n/a	n/a
Lease Payment (Which includes Maintenance and Support)	n/a	n/a	n/a	n/a	n/a
Other (Please specify)	n/a	n/a	n/a	n/a	n/a
Total Annual Cost	n/a	n/a	n/a	n/a	n/a

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Table 2: Lincoln Regional Center -- main campus annual costs

Qty	Machine Type	Initial Contract Period Year One Extended Cost	Initial Contract Period Year Two Extended Cost	Initial Contract Period Year Three Extended Cost	Initial Contract Period Year Four Extended Cost	Initial Contract Period Year Five Extended Cost
1	NAC 2016 VMWare Server	\$9,600	\$9,600	\$9,600	\$9,600	\$9,600
11	XT NAC 1-Cell Cabinet	\$98,658.12	\$98,658.12	\$98,658.12	\$98,658.12	\$98,658.12
2	XT NAC 2-Cell Cabinet	\$18,405.12	\$18,405.12	\$18,405.12	\$18,405.12	\$18,405.12
1	XT CSM 1-Cell Cabinet	\$20097.48	\$20097.48	\$20097.48	\$20097.48	\$20097.48

Table 3: Lincoln Regional Center – Whitehall campus annual costs

Qty	Machine Type	Initial Contract Period Year One Extended Cost	Initial Contract Period Year Two Extended Cost	Initial Contract Period Year Three Extended Cost	Initial Contract Period Year Four Extended Cost	Initial Contract Period Year Five Extended Cost
2	XT NAC 1/4 Height Cabinet	\$9,680.40	\$9,680.40	\$9,680.40	\$9,680.40	\$9,680.40

Table 4: Norfolk Regional Center annual costs

Qty	Machine Type	Initial Contract Period Year One Extended Cost	Initial Contract Period Year Two Extended Cost	Initial Contract Period Year Three Extended Cost	Initial Contract Period Year Four Extended Cost	Initial Contract Period Year Five Extended Cost
2	XT NAC 1-Cell Cabinet	\$17,937.84	\$17,937.84	\$17,937.84	\$17,937.84	\$17,937.84
2	XT NAC 2-Cell Cabinet	\$18,405.12	\$18,405.12	\$18,405.12	\$18,405.12	\$18,405.12
1	XT NAC 1/4 Height Cabinet	\$5,265.50	\$5,265.50	\$5,265.50	\$5,265.50	\$5,265.50

Table 5: Additional Department-wide annual costs:

	First Optional Renewal Period Year One	First Optional Renewal Period Year Two	Second Optional Renewal Period Year One	Second Optional Renewal Period Year Two	Third Optional Renewal Period Year One	Third Optional Renewal Period Year Two
On-site training for Trainer the Trainers. All-inclusive cost; includes travel expenses.						
Rate per person per day						
Number of Days to complete the Train the Trainer course						
Other (Please specify below)						
Subscription Based 18 mos	\$0	\$0	\$0	\$0	\$0	\$0

OPTIONAL SERVICES:

Table 6: Please list all optional features and the fixed cost for each feature

Feature	Total Cost
External Return Bin	\$42.61
FlexLock	\$50.90
	\$
	\$
	\$
	\$
	\$
	\$

Table 7: Please list all Job Titles that pertain to this contract where DHHS would be charged an Hourly Rate for optional services within scope.

Description By Job Title	Rate Per Hour
n/a	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

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OPTIONAL RENEWAL PERIODS (Assumption that renewal period would be year 6,7, 8 after the original 5 year contract period)

Table 9: Lincoln Regional Center – Main Campus Annual Costs

Qty	Machine Type	First Optional Renewal Period Year One	First Optional Renewal Period Year Two	Second Optional Renewal Period Year One	Second Optional Renewal Period Year Two	Third Optional Renewal Period Year One	Third Optional Renewal Period Year Two
11	XT NAC 1-Cell Cabinet	\$59,194.87	\$59,194.87	\$59,194.87	\$59,194.87	\$59,194.87	\$59,194.87
2	XT NAC 2-Cell Cabinet	\$11,043.07	\$11,043.07	\$11,043.07	\$11,043.07	\$11,043.07	\$11,043.07
1	XT CSM 1-Cell Cabinet	\$1,004.87	\$1,004.87	\$1,004.87	\$1,004.87	\$1,004.87	\$1,004.87

Table 10: Lincoln Regional Center – Whitehall Campus annual costs

Qty	Machine Type	First Optional Renewal Period Year One	First Optional Renewal Period Year Two	Second Optional Renewal Period Year One	Second Optional Renewal Period Year Two	Third Optional Renewal Period Year One	Third Optional Renewal Period Year Two
2	XT NAC 1/4 Height Cabinet	\$5,808.24	\$5,808.24	\$5,808.24	\$5,808.24	\$5,808.24	\$5,808.24

Table 11: Norfolk Regional Center annual costs

Qty	Machine Type	First Optional Renewal Period Year One	First Optional Renewal Period Year Two	Second Optional Renewal Period Year One	Second Optional Renewal Period Year Two	Third Optional Renewal Period Year One	Third Optional Renewal Period Year Two
2	XT NAC 1-Cell Cabinet	\$10,762.70	\$10,762.70	\$10,762.70	\$10,762.70	\$10,762.70	\$10,762.70
2	XT NAC 2-Cell Cabinet	\$11,043.07	\$11,043.07	\$11,043.07	\$11,043.07	\$11,043.07	\$11,043.07
1	XT NAC 1/4 Height Cabinet	\$3,159.30	\$3,159.30	\$3,159.30	\$3,159.30	\$3,159.30	\$3,159.30

Table 12 Additional Department-wide annual costs:

	First Optional Renewal Period Year One	First Optional Renewal Period Year Two	Second Optional Renewal Period Year One	Second Optional Renewal Period Year Two	Third Optional Renewal Period Year One	Third Optional Renewal Period Year Two
On-site training for Trainer the Trainers. All-inclusive cost; includes travel expenses. (Omnicell does not cover travel expenses for state employees due to safe harbor)						
Rate per person per day	Included 18 months	Included 18 months	Included 18 months	Included 18 months	Included 18 months	Included 18 months
Number of Days to complete the Train the Trainer course	18 months	18 months	18 months	18 months	18 months	18 months
Other (Please specify below)						

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