



MEMORANDUM

TO: Prospective Bidders

FROM: William P. Gilliland, Purchasing Director

RE: Request for Bid - #027-15

DATE: July 04, 2015

Enclosed you will find the necessary information for preparing and submitting your bid for **Fire Emergency Education Trailer** for the City of Rome Fire Department.

The deadline for submitting your bid is **August 04, 2015 at 3:00 p.m. Local time.**

If you have further questions, please do not hesitate to call my office at 706-236-4410.

William P. Gilliland
Purchasing Director

INSTRUCTIONS FOR BIDDERS

I. Bids must be received by **August 04, 2015 at 3:00 p.m.**

II. Bids must be delivered to:

City of Rome
601 Broad Street
P.O. Box 1433
Rome, Georgia 30162

III. Bids must be sealed and marked:

“027-15- “Fire Emergency Education Trailer”

IV. Bids must be complete and include:

- A. Completed Bid Proposal Form
- B. Executed Affidavit of Non-Collusion
- C. Executed Certificate of Non-Discrimination
- D. Executed Bidder’s Declaration
- E. Prompt Payment Affidavit
- F. Request for Taxpayer I.D. Number
- G. E-Verify Affidavit
- H. SAVE Affidavit

All bids submitted shall be subject to acceptance or rejection and the City of Rome specifically reserves the right to accept or reject any or all bids, to waive any technicalities and formalities in the bidding.

Bidder shall submit all required forms and information simultaneously with sealed bids, which forms and information become a part of the property of the City of Rome and will not be returned to bidders unless a written request to withdraw is received prior to **August 04, 2015 @ 3:00 p.m.**

V. Payment:

When contracts are awarded, payment by the City of Rome will be the normal 30-day cycle. However, the City does make every effort to honor all discounts.

REQUIREMENTS FOR BIDDERS

These items apply to and become a part of the terms and conditions of the bidders bid. Any exceptions must be in writing.

Notice is hereby given that the City of Rome will receive sealed bids from interested parties until **August 04, 2015 at 3:00 p.m.** at its offices located at 601 Broad Street, Rome, Georgia 30162-1433.

Any bids received thereafter will not be considered.

Bids will be publicly opened and read at the City of Rome Purchasing Department located at 601 Broad Street on the day and at the hour specified.

The purchaser may be consider as non-responsive, any bid in which there is an alteration of, or departure from the bid form hereto attached.

The bid will be awarded to the lowest responsive and responsible bidder complying with the conditions of the invitation for bid. The bidder to whom award is made will be notified at the earliest possible date. The purchaser reserves the right to reject the bid of a bidder who has previously failed to perform properly or complete on time, contracts of a similar nature, or the bid of a bidder who, in the sole opinion and discretion of the purchaser is not in a position to perform the contract, or whose name appears on the United States Comptroller General's list of ineligible contractors.

Bids may be withdrawn by written or faxed request, provided such withdrawals are received prior to bid opening date.

NOTE: Unless stated on the bid form the bid submitted will assume all specifications will be met. Please note on the bid form all exceptions.

SPECIFICATIONS

BID# 27-15

FIRE SAFETY EMERGENCY EDUCATION TRAILER

The purpose of this specification is to describe a Fire Emergency Education Trailer for the City of Rome Fire Department. The trailer should be similar and equal to a BULLEX model ERTE 027. The use of a brand name does not indicate a preference for that brand. It is intended to establish the level of quality, function and durability expected to be provided for this bid.

Fire Safety and Emergency Training Trailer

The fire safety and emergency training trailer should allow the creation of at least 20 different interactive emergency response scenarios along with multiple additional hazard recognition training opportunities. The mobile training environment should provide three (3) interior rooms, including an Interactive Kitchen Emergency Training Room, Interactive Bedroom Training Room, and Pre-training Briefing Room.

The Interactive Kitchen Emergency Training Room should provide:

Bidder's Response

1. Fully Interactive Three-dimensional stove with oven and stovetop fire training scenarios. Integrated digital flame, smoke, with sound effects. The ability for fires to start and grow and respond in real time to the actions of the training extinguisher and response of the trainee. _____
2. Fully interactive trashcan fire prop with integrated digital flames, smoke, and sound effects. The ability of fire to spread from the stove to the trash can if left unchecked. The ability for fires to respond dynamically to the actions of the training extinguisher and response of the trainee. _____
3. Provide a 5 lb., rechargeable, laser driven, training fire extinguisher, on-board sound effects and rechargeable batteries, that interacts in real time with the stove and trash can props. _____
4. Provide central automated network control switch that allows the fire to Grow and spread to other linked smart props for realistic fire expansion scenarios. _____
5. Provide interactive smoke detector response scenario prop that responds automatically to the stove fire scenario in the room. _____
6. Provide a 911 phone with dial tone, working buttons, and voice message. Use pre-recorded emergency message or customize your own message. _____

Bidders Response

- 7. Provide overhead Heaters which vary automatically based on the intensity of the scenario fires to create a fire emergency scenario. _____
- 8. Provide wireless handheld remote for initiating or stopping emergency scenarios. _____
- 9. Provide cabinets and sink props. _____
- 10. Provide counter bar and stool props. _____
- 11. Provide mock window. _____
- 12. Provide training-smoke evacuation fan. _____
- 13. Provide a door to pre-training briefing room. _____

The Interactive Bedroom Emergency Training Room should provide:

- 1. Heated and smoking door prop with full door heating effects that vary the core temperature from top to bottom. Must provide interactive hazard recognition and evacuation lessons. _____
- 2. Provide adjustable temperature control on the door. _____
- 3. Provide a smoking outlet (in wall), allowing for electrical safety hazard recognition lessons. _____
- 4. Provide a smoke detector with alarm (switch operated). _____
- 5. Provide a towel rack and towel for smoking door scenario interactions. _____
- 6. Provide a sliding window with exterior mounted escape ladder for EDITH drills. _____
- 7. Provide a training-smoke evacuation fan. _____
- 8. Provide chair, bed, and lamp props. _____
- 9. Provide a door to pre-training briefing Room. _____

The Pre-Training Briefing Room should provide:

- 1. Exterior door with steps. _____
- 2. Doors to both kitchen and bedroom. _____

Bidders Response

Physical Specificatons

- 1. Approximately 27' overall body length plus tongue.
- 2. Width: Approximately 8' 6".
- 3. Exterior height: 11' approximately.

Construction

- 1. Exterior Finish: 0.050 white seamless aluminum or other products that may be equal in strength and durability .

Frame:

- 1. Two 6" X 2" all steel tube frame rails.
- 2. Steel tube wall posts and roof bows.
- 3. Sidewalls, Interior: 1 1/4" steel tube.
- 4. Floor: steel cross members.
- 5. All steel rated ATSM A36 carbon steel.
- 6. .032 seamless aluminum roof with a crown in center.
- 7. 5 year construction warranty on frame.

Wiring:

- 1. 14ga primary wiring (12V).
- 2. 14ga THHN (15A 120V circuits).
- 3. 12ga THHN (20A 120V circuits).
- 4. Electrical trailer receptacle: NEMA Style. 120/240 VAC.
- 5. 12V Power cut-off

Other:

- 1. Built in welded corner posts.
- 2. Stabilizing jacks on all four corners.
- 3. Tongue: A-frame hitch with 2 5/16" coupler and safety chains.

Bidders Response

- 4. Axles & Brakes: Two 5,200 lb. electric brake torsion axles. Brakes on all wheels. _____
- 5. Floor: Woodgrain flooring throughout. _____
- 6. High end trim and mounted interior furnishings. _____
- 7. Doors: 36" X 80" hinged entrance doors for each training room and and briefing area. Pull-out step. _____
- 8. Ventilation: Power exhaust fans above each training room with wall-mounted toggle switches for ease of operation. _____

Additional Smart Accessories

Interactive Kitchen Hazard Recognition Package

- 1. Provide a smoking toaster. _____
- 2. Provide a smoking outlet. _____
- 3. Chemical Cabinet. _____

Over Stove Cabinet Fire

- 1. Integrated digital Flame, sound and heat effects. Should have the ability for the fire to grow and spread to cabinets above the stove if fire is left unchecked or is not properly extinguished. A cabinet fire that responds to the actions of the training extinguisher and response of the trainee. _____

Extreme Weather Package

- 1. Provide a surround sound system and subwoofer, a strobe light for Lightning effects, a weather radio that reports severe weather, flickering overhead lighting, emergency lights and a video that plays on the TV, simulation of a tornado, earthquake, flood and hurricane weather emergency together with instructive messaging. Provide overhead lighting, sound, weather radio, emergency lights, and strobe lights are all automatically controlled by the simulation. _____
- 2. Hurricane weather emergency simulation. _____
- 3. Tornado weather emergency simulation. _____
- 4. Flood emergency simulation. _____
- 5. Earthquake emergency simulation. _____

Bidder's Response

Complete Generator Power Package

The Package should include:

- 1. 10KW Portable Wheeled Generator. The generator should power all electrical trailer features and fit within the external generator storage compartment.
- 2. Provide a 50 foot power cable with all required plugs and adaptors.
- 3. Provide UPS system battery backup system.

Camera and Wireless Video Display Package

Package includes:

- 1. Four (4) wall mounted digital color video cameras. State the brand and model number to be provided
- 2. Ipad or equal with pre-installed networked software for video display.
- 3. State the Ipad product code.

Exterior Television Package – Pre-wire package only

Package includes:

- 1. Mounting brackets.
- 2. Waterproof exterior power and cable outlets.
- 3. Internal storage and transport location for TV.
Do not include Televisions.

Air Conditioning System

- 1. Provide two (2) Roof-mounted premium 13,500 BTU A/C units.

Wheel Chair Ramp

- 1. Provide a folding ramp approximately, 29.2” wide X 8’ long with 600lb. capacity. Securing features for ramp during transport and while in use.

Remote Smoke Machines Operation

- 1. Provide wireless remote control for all Smoke Machines in trailer.

Awning

- 1. Provide a Red 21’ Awning; mounted on entry side of the trailer.

Bidder's Response

Hearing-Impaired Smoke Detector

- 1. Upgrade smoke alarm to hearing impaired model.

Shipping and on-site training

- 1. Delivery to site. FOB Rome Georgia
- 2. Provide a comprehensive (4) Four hour train- the- trainer session with a Trained technician.

BID FORM

TO: City of Rome – Purchasing Department
P.O. Box 1433
601 Broad Street
Rome, Georgia 30162-1433
ATTN: WILLIAM P.GILLILAND

BID PKG. “32-10 –“Fire Rescue Squad Apparatus w/Loose Equipment”

Quantity	Description	Total
1	Rescue Apparatus	_____
1 Lot	Loose Equipment	_____

TOTAL COST: _____

Expected Delivery Date: _____

Delivery: FOB – Rome, GA

All bids submitted shall be subject to acceptance or rejection and the City of Rome specifically reserves the right to accept or reject any or all bids, to waive any technicalities and formalities in the bidding.

The undersigned understands that any conditions stated above, clarifications made to the above or information other than that requested should be under separate cover and to be considered only at the discretion of the Purchasing Department.

Name of Individual, Partner
or Corporation

Company

Title

Address

Authorized Signature

City, State, Zip Code

Company phone number

BIDDERS DECLARATION

The bidder understands, agrees and warrants:

That the bidder has carefully read and fully understands the full scope of the specifications:

That the bidder has the capability to successfully undertake and complete the responsibilities and obligations in said specifications.

That the bidder has liability insurance and a declaration of insurance form is included in the bid package.

That this bid may be withdrawn by requesting such withdrawal in writing at any time prior to **February 19, 2015 at 2:00 p.m.** but may not be withdrawn after such date and time.

That the City of Rome reserves the right to reject any or all bids and to accept that bid which will, in its opinion, best serve the public interest. The City of Rome reserves the right to waive any technicalities and formalities in the bidding.

That by submission of this bid the bidder acknowledges that the City of Rome has the right to make any inquiry or investigation it deems appropriate to substantiate or supplement information supplied by the bidder.

If a partnership, a general partner must sign.

If a corporation, the authorized corporate officer(s) must sign and the corporate seal must be affixed to this bid.

BIDDER:

Name Title

Name Title

AFFIX CORPORATE SEAL (If Applicable)

CERTIFICATE OF NON-DISCRIMINATION

In connection with the performance of work under this contract, the bidder agrees as follows:

The bidder agrees not to discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, ancestry or disability. The vendor shall take affirmative action to insure that employees are treated without regard to their race, creed, color, sex, national origin, ancestry or disability. Such action shall include, but not be limited to the following: employment, upgrading, demotion, transfer, recruiting or recruitment, advertising, lay-off or termination, rates of pay or other compensation and selection for training, including apprenticeship.

In the event of the bidder's non-compliance with this non-discrimination clause, the contract may be canceled or terminated by the City of Rome. The bidders may be declared, by the City of Rome, ineligible for further contracts with the City of Rome until satisfactory proof of intent to comply shall be made by the vendor.

The bidder agrees to include this non-discrimination clause in any sub-contracts connected with the performance of this agreement.

BIDDER

SIGNATURE

TITLE

NON-COLLUSION AFFIDAVIT

The following affidavit is to accompany the bid:

STATE OF

COUNTY OF

Owner, Partner or Officer of Firm

Company Name, Address, City and State

Being of lawful age, being first duly sworn, on oath says that he/she is the agent authorized by the bidder to submit the attached bid. Affidavit further states as bidder, that they have not been a party to any collusion among bidders in restraint of competition by agreement to bid at a fixed price or to refrain from bidding; or with any office of the City of Rome or any of their employees as to quantity, quality or price in the prospective contract; or any discussion between bidders and any official of the City of Rome or any of their employees concerning exchange of money or other things of value for special consideration in submitting a sealed bid for:

FIRM NAME _____

SIGNATURE _____

TITLE _____

Subscribed and sworn to before me this _____ day of _____ 20_____

NOTARY PUBLIC

STATE OF GEORGIA PROMPT PAY ACT AFFIDAVIT

THIS AFFIDAVIT IS TO ACCOMPANY THE BID

GEORGIA PROMPT PAY ACT: The Georgia Prompt Pay Act was enacted by the General Assembly in 1994 and took effect January 1, 1995. This act requires owners to pay contractors within 15 days of receipt of a pay request by the owner or the owner's representative. If payment is not made the owner shall pay the contractor 1% per month interest on the delayed payment. Additionally, the contractor must pay subcontractors within 15 days of receipt of payment from the owner.

This Act is Code Section 13-11-1 (Georgia Laws of 1994, p. 1398 par. 4)

Firm Name: _____

Signature: _____

Title: _____

Subscribed and Sworn to before me this _____ day of _____, 20_____

Notary Public

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

CITY OF ROME

DRUG-FREE WORKPLACE CERTIFICATE

By signature on this certificate, the Bidder certifies that the provisions of O.C.G.A. Section 50-24-1 through 50-24-6 related to the “Drug-Free Workplace Act” will be complied with in full. The Bidder further certifies that:

1. A drug-free workplace will be provided for the Bidder’s employees during the performance of the contract; and
2. Each contractor who hires a subcontractor to work in a drug-free workplace shall secure from that subcontractor the following written certification: “As part of the subcontracting agreement with (contractor’s name), (subcontractor’s name) certifies to the contractor that a drug-free workplace will be provided for the subcontractor’s employees during the performance of this contract pursuant to O.C.G.A. Section 50-24-3(b)(7).”

By signature on this certificate, the Bidder further certifies that it will not engage in the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana during the performance of the contract.

Bidder: _____

By: _____

Name Printed: _____

Title: _____

Date: _____

CITY OF ROME, GEORGIA
E-VERIFY COMPLIANCE AFFADAVIT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the City of Rome, Georgia has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A., § 13-10-91 (b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification number
(Not Required if Less than 10 Employees)

Signature (if less than 10 employees)

Date of Authorization

Name of Contractor

Name of Project

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 20____ in _____(city) _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20_____

NOTARY PUBLIC
My Commission Expires:

CITY OF ROME, GEORGIA
SAVE COMPLIANCE AFFADAVIT
O.C.G.A § 50-36-1(e) (2) Affidavit

By executing this affidavit under oath, as an applicant for a (n) Contract or Services, as referenced O.C.G.A. C. § 50-36-1, from the City of Rome, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United State citizen.

- 2) _____ I am a legal permanent resident of the United States

- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.
My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e) (1), with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as:

_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Name of Applicant Printed

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

_____ DAY OF _____, 20_____

NOTARY PUBLIC

My Commission Expires: