

MEMORANDUM

TO:	rospective Bidders
10.	Tospective Didders

FROM: Johnna M. Allen, Purchasing Director

RE: Request for Bid - #004-19

DATE: January 29, 2019

Enclosed you will find the necessary information for preparing and submitting your bid for **Quint Apparatus Equipment for the City of Rome Fire Department**.

The deadline for submitting your bid is February 21, 2019 at11:00 a.m.

If you have further questions, please do not hesitate to call my office at 706-236-4410 or e-mail at jallen@romega.us.

Johnna M. Allen Purchasing Director

INSTRUCTIONS FOR BIDDERS

- I. Bids must be received by **February 21, 2019** at **11:00 a.m.**
- II. Bids must be delivered to:

City of Rome – Purchasing Department Attention: Johnna M. Allen 601 Broad Street P.O. Box 1433 Rome, Georgia 30162

- III. Bids must be sealed and marked: "004-19 Quint Apparatus Fire Equipment"
- IV. Bids must be complete and include:
 - A. Completed Bid Proposal Form
 - B. Executed Bidder's Declaration
 - C. Executed Certificate of Non-Discrimination
 - D. Executed Affidavit of Non-Collusion
 - E. Prompt Payment Affidavit
 - F. Request for Taxpayer I.D. Number
 - G. Drug-Free Workplace Certification
 - H. E-Verify Compliance Affidavit
 - I. SAVE Compliance 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 **February 21, 2019** @ **11:00 a.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 **February 21, 2019 at 11:00 a.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 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 reliable 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.

BID FORM

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

BID PKG. "004-19 Quint Apparatus Equipment"

TOTAL COST: Unit pricing should be provided on the Bid Price List included in this bid package. All pricing should be FOB Delivered—City of Rome Fire Headquarters-E 12 th St. Rome, Georgia 30161
Total Cost:
Expected Delivery Date:

Please attach contact's business card:

SPECIFICATIONS

Please provide pricing for the items listed below in the bidder's response area. Pricing should reflect the price of one unit of each item. A column is provided listing the quantity that will be ordered. Please make note that Rome Thread = 3-3/16" X 7tpi threads. If an equivalent brand is quoted, please indicate which brand is being quoted.

ITEM NUMBER	QUANTITY DESIRED	DESCRIPTION	BIDDER'S RESPONSE
AKRON			(each)
AKR-1720	10	Nozzle 1.5 NST turbo P/G	\$
AKR-1446	2	Shutoff plain tip w/pistol GR Rome Thread X 1"	\$
AKR-1446	2	Shutoff plain tip w/pistol GR Rome Thread X 1.125	\$
AKR-1725	4	Nozzle 2.5 turbojet Rome Thread	\$
KEY HOSE			\$
KEY-DP25-800ARN-50 YEL	84	Big 10 hose DJ 2.5 X 50 yellow Rome Thread or brand that is equivalent	\$
KEY-DP15-800ARN-50 YEL	48	Big 10 hose DJ 1.5 X 50 yellow or brand that is equivalent	\$
KEY-RC50-450STORZ 100	20	Pro flow 5" X 100 ft. CPL STORZ yellow or brand that is equivalent	\$
KEY-RC50-450STORZ 50	2	RC 5 X 50 CPL STORZ or brand that is equivalent	\$
KOCHECK		•	\$
KOC-70K60105	2	Piston intake 5" STORZ x 6" FEM or brand that is equivalent	\$
HARRINGTON			\$
HAR-HSFS50-25SP	2	Adapter 5" STZ X 2.5" Rome Thread or brand that is equivalent	\$
HAR-HHGV-25SP-25SP	2	Hydrant gate valve Rome Thread or brand that is equivalent	\$
HAR-H37-25SP-15NH	4	Adapt 2.5" Rome Thread X 1.5 NH or brand that is equivalent	\$
HAR-H37-25SP-25NH	2	2.5" Rome Thread fem X 2.5" NH male or brand that is equivalent	\$
HAR-H37-25NH-25SP	2	2.5" F NH X 2.5" male Rome Thread or brand that is equivalent	\$
HAR-H201-25SP-15NH	2		\$
TASK FORCE TIPS			\$
TFT-UE-095-NJ-NF	2	Eductor 95 GPM 2.5 Rome Special Thread X 1.5 NH	\$
MICS			\$
USC-144-4	4	STORZ Spanner set w/holder or brand that is equivalent	\$
USC-146-2	4	DBL Wrench set w/holder or brand that is equivalent	\$
FRH-RH-06	6	New York Hook 6 Foot \$	
NUP-36206	2	2 YPD-6 Pike Pole 6 Foot \$	
NUP- 36210	2	YPD10 Pike Pole 10 Foot	\$
NUP-36212	2	YPD12 Pike Pole 12 Foot Yellow	\$

ITEM NUMBER	QUANTITY DESIRED	DESCRIPTION	BIDDER'S RESPONSE
НЕВ-6НС	2	Hose clamp	\$
HEB-MNT	2	Mount BRKT for clamp	\$
CTC-HAL1P30	2	Dropped Forge Halligan 30"	\$
CTC-C60F	2	Flat Head Axe F/G	\$
FRH-MS1	2	Marrying Strap	\$
TOTAL PRICE			\$

ROME THREAD = 3-3/16" X 7tpi Threads

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 21, 2019 at 11:00 a.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 ensure 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 to submit the attached bid. Affidavit further states as bidder, that the collusion among bidders in restraint of competition by agreement to bid bidding; or with any office of the City of Rome or any of their employer in the prospective contract; or any discussion between bidders and any of their employees concerning exchange of money or other things of submitting a sealed bid for:	ey have not been a party to any at a fixed price or to refrain from ees as to quantity, quality or price official of the City of Rome or any
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 <u>15 days</u> 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 <u>15 days</u> 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.

	1 Name (as shown on your income tax return). Name is required on this line;	do not leave this line blank					_			
	Treating that are the series and the series are the series and the series are the	oo not heave in a min ballin.								
5.	2 Business name/disregarded entity name, if different from above									
Print or type See Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the importance of the individual/sole proprietor or individual/sole individual/sole proprietor or individual/sole individual/so	tion Partnership S=S corporation, P=partnersh sheck the appropriate box in		ove for	Eb Eb Co (As	ertain en struction cempt po cemption ode (if a optes to ac	counts mai	of indivige 3): de (if ar ATCA	riduals; ny) reportir	see ig
See	• City, state, and 2IP code									
1000	7 List account number(s) here (optional)	74								
Par	Towns and Identification Number (TIN)									
	Taxpayer Identification Number (TIN) your TIN in the appropriate box. The TIN provided must match the na	me diven on line 1 to avo	id Is	Social s	ecuri	tv num	ber			
backu	p withholding. For individuals, this is generally your social security nu	imber (SSN). However, fo	100	Т						T
	nt alien, sole proprietor, or disregarded entity, see the Part I instructions, it is your employer identification number (EIN). If you do not have a		.			-		1		П
	n page 3.	maniper, see now to get	0	r			_			
Note.	If the account is in more than one name, see the instructions for line	1 and the chart on page 4	for E	Employ	er ide	entificat	ion num	ber		
guidel	ines on whose number to enter.				-[П		1
Par	III Certification				- 9		- 5			_
	penalties of perjury, I certify that:									
	e number shown on this form is my correct taxpayer identification nur	mber (or Lam waiting for a	a number	r to be	issue	ed to m	ne): and	ĕ		
2. I a Se	m not subject to backup withholding because: (a) I am exempt from b rvice (IRS) that I am subject to backup withholding as a result of a fail longer subject to backup withholding; and	ackup withholding, or (b)	I have no	ot beer	not	ified by	the Int	ternal		
3. I a	m 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 exer	npt from FATCA reporting	is corre	ct.						
becau intere: gener	ication instructions. You must cross out item 2 above if you have be use you have failed to report all interest and dividends on your tax retust st paid, acquisition or abandonment of secured property, cancellation ally, payments other than interest and dividends, you are not required ctions on page 3.	um. For real estate transa n of debt, contributions to	ctions, it	em 2 d idual re	oes i	not app nent ar	oly. For rangem	morto nent (I	gage RA), ar	nd
Sign		290.4	100,000							
Here	U.S. person ►	Dat	e >							
	neral Instructions	 Form 1098 (home more (tuition) 	tgage inter	rest), 10	98-E	(studen	t loan in	terest)	, 1098-1	Г
200	n references are to the Internal Revenue Code unless otherwise noted.	Form 1099-C (canceler	50000000							
	developments. Information about developments affecting Form W-9 (such slation enacted after we release it) is at www.irs.gov/fw9.	Form 1099-A (acquisiti								
		Use Form W-9 only if	you are a l	U.S. per	rson (includin	g a resid	dent ali	ien), to	

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your cornect taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (TTN), 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
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

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
- 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 AFFIDAVIT

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 Ide (Not Required if Less than 10 Employ		number			
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 perj	ury that th	e foregoing	is true and	l correct.	
Executed on,, 20	in	(city)	((state).
Signature of Authorized Officer or Ag	gent	_			
Printed Name and Title of Authorized	l Officer or	r Agent			
SUBSCRIBED AND SWORN BEFOON THIS THE DAY OF		, 20	_		
NOTARY PUBLIC My Commission Expires:					

CITY OF ROME, GEORGIA

SAVE COMPLIANCE AFFIDAVIT

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
Printed Name of Applicant SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
DAY OF, 20
NOTARY PUBLIC My Commission Expires: