

ARLINGTON COUNTY, VIRGINIA

INVITATION TO BID NO. 20-253-ITB

REVISED BID FORM

SUBMIT ONE FULLY-COMPLETED AND SIGNED BID FORM ELECTRONICALLY VIA VENDOR REGISTRY

BIDS WILL BE OPENED AT 1:00 P.M., ON JUNE 30, 2020

FOR PROVIDING VERTIV PRODUCTS AND SERVICES PER THE TERMS, CONDITIONS AND SPECIFICATIONS OF THIS SOLICITATION

1. **Percentage Discount off Vertiv Products and Services:** Bidders shall submit a percentage discount for each category listed below to be deducted from its effective catalog and/or descriptive price list. The Bidder shall enter the highest average discount across all categories on the Bid Form below. The highest average discount will be determined by averaging the percentage discount for all categories listed below. **Bidders must bid on all Categories listed to be considered. The County reserves the right to add, delete, or adjust categories as deemed necessary by the County.**

Vertiv Products and Services Categories NO SUBSTITUTIONS	% Discount off List	Identification of published price list to include link
Single-Phase UPS – SP1		
Racks, RPDUs & Airflow Management – SP1		
Integrated Solutions – SP1		
Three-Phase UPS – SP1		
Thermal Management – SP1		
Services – SP1 – Power Assurance Package		
Communication Cards – SP1		
Management Systems – SP1		
Single-Phase UPS – SP2		
IT Management – SP2		
Management Systems – SP2		
UPS Service Level Agreement		
Average Discount		Discount percent

2. Credit Terms:

- 2.1 Contractor will provide full credit for the return of unused parts or supplies purchased during the period of contract: (check one)

Yes _____ No _____

- 2.2 If Bidder has checked NO, Credit terms (re-stocking fee) expressed in percentage:

2.2.1 For stocked items: _____

2.2.2 For Non-stocked items: _____

THE FULL LEGAL NAME OF THE ENTITY SUBMITTING THIS BID MUST BE WRITTEN IN THE SPACE BELOW. THIS BID FORM AND ALL OTHER DOCUMENTS THAT REQUIRE A SIGNATURE MUST BE FULLY AND ACCURATELY COMPLETED AND SIGNED BY A PERSON WHO IS AUTHORIZED TO BIND THE BIDDER, OR THE BID MAY BE REJECTED:

SUBMITTED BY:

(legal name of entity)

AUTHORIZED SIGNATURE:

PRINT NAME AND TITLE:

ADDRESS:

CITY/STATE/ZIP:

TELEPHONE NO.:

E-MAIL

ADDRESS:

THIS ENTITY IS INCORPORATED
IN:

THIS ENTITY IS A:

*(check the applicable
option)*

CORPORATION

LIMITED PARTNERSHIP

GENERAL PARTNERSHIP

UNINCORPORATED
ASSOCIATION

LIMITED LIABILITY COMPANY

SOLE PROPRIETORSHIP

IS BIDDER AUTHORIZED TO TRANSACT BUSINESS IN THE
COMMONWEALTH OF VIRGINIA?

YES NO

IDENTIFICATION NO. ISSUED TO THE ENTITY BY THE
SCC:

Any Bidder exempt from Virginia State Corporation Commission (SCC) authorization requirement must include a statement with its bid explaining why it is not required to be so authorized.

ENTITY'S DUN & BRADSTREET D-U-N-S NUMBER: *(if available)*

IS YOUR FIRM OR ANY OF ITS PRINCIPALS CURRENTLY
DEBARRED FROM SUBMITTING BIDS TO ARLINGTON COUNTY,
VIRGINIA, OR ANY OTHER STATE OR POLITICAL SUBDIVISION?

YES NO

BIDDER STATUS: MINORITY OWNED: WOMAN OWNED: NEITHER:

THE UNDERSIGNED UNDERSTANDS AND ACKNOWLEDGES THE FOLLOWING:

THE OFFICIAL COPY OF THE SOLICITATION DOCUMENTS, WHICH INCLUDES ANY ADDENDA, IS THE ELECTRONIC COPY THAT IS AVAILABLE ON THE [VENDOR REGISTRY WEBSITE](#) .

POTENTIAL BIDDERS ARE RESPONSIBLE FOR DETERMINING THE ACCURACY AND COMPLETENESS OF ALL SOLICITATION DOCUMENTS THEY RECEIVE FROM ANY SOURCE, INCLUDING THE COUNTY.

MINIMUM BIDDER QUALIFICATIONS:

- The Bidder certifies that they are a Certified Reseller. The County may request a copy of the certificate before an award.

_____ Yes or _____ No

The undersigned acknowledges receipt of the following Addenda:

ADDENDUM NO. 1 DATE: _____ INITIAL: _____

ADDENDUM NO. 2 DATE: _____ INITIAL: _____

ADDENDUM NO. 3 DATE: _____ INITIAL: _____

TRADE SECRETS OR PROPRIETARY INFORMATION:

Trade secrets or proprietary information submitted by a Bidder in connection with a procurement transaction will not be subject to public disclosure under the Virginia Freedom of Information Act. Pursuant to Section 4-111 of the Arlington County Purchasing Resolution, however, a Bidder seeking to protect submitted data or materials from disclosure must, before or upon submission of the data or materials, identify the data or materials to be protected and state the reasons why protection is necessary.

Please mark one:

No, the bid that I have submitted does not contain any trade secrets and/or proprietary information.

Yes, the bid that I have submitted does contain trade secrets and/or proprietary information.

If Yes, you must clearly identify below the exact data or materials to be protected and list all applicable page numbers of the bid that contain such data or materials:

State the specific reason(s) why protection is necessary:

If you fail above to identify the data or materials to be protected or to state the reason(s) why protection is necessary, you will not have invoked the protection of Section 4-111 of the Purchasing Resolution. Accordingly, upon the award of a contract, the bid will be open for public inspection consistent with applicable law.

CERTIFICATION OF NON-COLLUSION: The undersigned certifies that this bid is not the result of or affected by (1) any act of collusion with another person engaged in the same line of business or commerce (as defined in Virginia Code §§ 59.1-68.6 *et seq.*) or (2) any act of fraud punishable under the Virginia Governmental Frauds Act (Virginia Code §§ 18.2-498.1 *et seq.*).

CONTACT PERSON AND MAILING ADDRESS FOR DELIVERY OF NOTICES

Provide the name and address of the person who is designated to receive notices and other communications regarding this solicitation. Refer to the "Notices" section in the draft Contract Terms and Conditions for information regarding delivery of notices.

NAME: _____

ADDRESS: _____

E-MAIL: _____

BIDDER NAME: _____

REFERENCES

Bidders should provide three (3) references for similar services that have been provided by the Bidder within the past five (5) years. The County reserves the right to evaluate the quality of Contractor's work through site visits with Contractor's references.

REFERENCE 1: Contact Name: _____
Organization: _____
Phone Number: _____
E-mail Address: _____
Contract/Project Name: _____
Contract/Project Dates (from-to): _____
Contract/Project Description: _____

REFERENCE 2: Contact Name: _____
Organization: _____
Phone Number: _____
E-mail Address: _____
Contract/Project Name: _____
Contract/Project Dates (from-to): _____
Contract/Project Description: _____

REFERENCE 3: Contact Name: _____
Organization: _____
Phone Number: _____
E-mail Address: _____
Contract/Project Name: _____
Contract/Project Dates (from-to): _____
Contract/Project Description: _____

BIDDER NAME: _____

INSURANCE CHECKLIST

CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGE AND ENDORSEMENTS MARKED "X".

COVERAGES REQUIRED

COVERAGE MINIMUM(S)

- X_1. Workers' Compensation Statutory limits of Virginia
- X_2. Employer's Liability \$100,000 accident, \$100,000 disease, \$500,000 disease policy limit
- X_3. Commercial General Liability..... \$1,000,000 CSL BI/PD each occurrence, \$2 Million annual aggregate
- X_4. Premises/Operations \$500,000 CSL BI/PD each occurrence, \$1 Million annual aggregate
- X_5. Automobile Liability..... \$1 Million BI/PD each accident, Uninsured Motorist
- X_6. Owned/Hired/Non-Owned Vehicles..... \$1 Million BI/PD each accident, Uninsured Motorist
- X_7. Independent Contractors \$500,000 CSL BI/PD each occurrence, \$1 Million annual aggregate
- X_8. Products Liability \$500,000 CSL BI/PD each occurrence, \$1 Million annual aggregate
- X_9. Completed Operations \$500,000 CSL BI/PD each occurrence, \$1 Million annual aggregate
- X_10. Contractual Liability (Must be shown on Certificate) \$500,000 CSL BI/PD each occurrence,
\$1 Million annual aggregate
- X_11. Personal and Advertising Injury Liability. \$1 Million each offense, \$1 Million annual aggregate
- X_12. Umbrella Liability \$1 Million Bodily Injury, Property Damage and Personal Injury
- 13. Per Project Aggregate
- 14. Professional Liability
 - a. Architects and Engineers \$1 Million per occurrence/claim
 - b. Asbestos Removal Liability \$2 Million per occurrence/claim
 - c. Medical Malpractice \$1 Million per occurrence/claim
 - d. Medical Professional Liability \$ Limits as set forth in Virginia Code 8.01.581.15
- X_15. Miscellaneous E&O \$1 Million per occurrence/claim
- X_16. Motor Carrier Act End. (MCS-90)..... \$1 Million BI/PD each accident, Uninsured Motorist
- 17. Motor Cargo Insurance
- 18. Garage Liability \$1 Million Bodily Injury, Property Damage per occurrence
- 19. Garagekeepers Liability \$500,000 Comprehensive, \$500,000 Collision
- 20. Inland Marine-Bailee's Insurance \$ _____
- 21. Moving and Rigging Floater Endorsement to CGL
- 22. Crime and Employee Dishonesty Coverage \$ _____
- 23. Builder's Risk..... Provide Coverage in the full amount of Contract, including any amendments
- 24. XCU Coverage Endorsement to CGL
- 25. USL&H Federal Statutory Limits
- X_26. Carrier Rating shall be A.M. Best Co.'s Rating of A-VII or better or equivalent
- X_27. Notice of Cancellation, nonrenewal or material change in coverage shall be provided to County at least 30 days prior to action.
- X_28. The County shall be an Additional Insured on all policies except Workers Compensation and Auto and Professional Liability.
- X_29. Certificate of Insurance shall show Bid Number and Bid Title.
- 30. OTHER INSURANCE REQUIRED: _____

INSURANCE AGENT'S STATEMENT:

I have reviewed the above requirements with the Offeror named below and have advised the Offeror of required coverages not provided through this agency.

AGENCY NAME: _____

AUTH. SIGNATURE: _____

OFFEROR'S STATEMENT:

If awarded the Contract, I will comply with all Contract insurance requirements.

BIDDER NAME: _____

AUTH. SIGNATURE: _____