ARLINGTON COUNTY, VIRGINIA OFFICE OF THE PURCHASING AGENT

INVITATION TO BID NO. 20-253-ITB

ADDENDUM NO. 1

Arlington County Invitation to Bid No. 20-253-ITB for Provision of Vertiv Products and Services on an as needed basis is amended as follows:

<u>Reference Bid Form</u>: Replace Bid Form in its entirety with the attached <u>Revised Bid Form</u>. Bid response <u>Must</u> be on the "<u>Revised Bid Form</u>".

The following clarifications are made as a result of vendor inquiries:

1. From time-to-time, Vertiv will add or remove product categories. How can we address changes to the Vertiv portfolio throughout the life of a contract? Perhaps a semi-annual review with the awardee will provide a forum to review the contract for modifications such as adding or removing product categories.

Answer: Changes may be addressed via an amendment to the contract either at the renewal period or time of occurrence of the change. The County reserves the right to add, delete, or adjust the categories as deemed necessary by the County. Reference the Revised Bid Form.

The balance of the solicitation remains unchanged.

Arlington County, Virginia

Tomeka Price, VCA

Procurement Officer

tprice@arlingtonva.us

RETURN THIS PAGE, FULLY COMPLETED AND SIGNED, WITH YOUR BID:

BIDDER ACKNOWLEDGES RECEIPT OF ADDENDUM NUMBER 1.

FIRM NAME:	
AUTHORIZED	
SIGNATURE:	DATF:

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 <u>VERTIV PRODUCTS AND SERVICES</u> PER THE TERMS, CONDITIONS AND SPECIFICATIONS OF THIS SOLICITATION

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

	ACADO CO				
2. Credit Terr		l provide full credi	t for the return	of unused parts	or supplies purchased
		riod of contract: (c		0. aa.a.a. pa. a	от отрино ранонасо.
	Yes		No		
		hecked NO, Credit For stocked iten	•	king fee) expres	sed in percentage:
	2.2.2	For Non-stocked	d 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 SIGNATI	URE:							
PRINT NAME AND TIT	LE:							
ADDRESS:								
CITY/STATE/ZIP:								
TELEPHONE NO.:		E-M/	AIL RESS:					
THIS ENTITY IS INCORI IN:	PORATED							
THIS ENTITY IS A:	CORPORATI	ION			LIMITE	D PA	RTNERSHIP	
(check the applicable option)	GENERAL PARTNERS	HIP			UN		RPORATED SOCIATION	
	LIMITED LIABILITY COMPA	ΑNY			SOLE P	ROPR	RIETORSHIP	
IS BIDDER AUTHORIZE COMMONWEALTH OF	ED TO TRANSACT BUSINESS VIRGINIA?	IN TH	IE		YES		NO	
IDENTIFICATION NO. I SCC:	SSUED TO THE ENTITY BY T	HE						
	m Virginia State Corporationith its bid explaining why it is		=	-			equirement	must
ENTITY'S DUN & BRAD	OSTREET D-U-N-S NUMBER:	: (if av	ailable)					
DEBARRED FROM SUE	OF ITS PRINCIPALS CURRE MITTING BIDS TO ARLINGT HER STATE OR POLITICAL S	TON C	-		YES		NO	
BIDDER STATUS:	MINORITY OWNED:	V	VOMAN O	WNFD:			NFITHER:	

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 <u>VENDOR REGISTRY WEBSITE</u>.

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:

	dder certifies that they ate before an award.	are a Certified Resel	ller. The County may re	equest a copy of the
	_	Yes or	No	
The undersigne	ed acknowledges receipt	of the following Add	enda:	
ADDEN	DUM NO. 1	DATE:	INITIAL:	_
ADDEN	DUM NO. 2	DATE:	INITIAL:	_
	DUM NO. 3 S OR PROPRIETARY INFO		INITIAL:	_
transaction wil Pursuant to Sec protect submit	I not be subject to pu ction 4-111 of the Arling ted data or materials f	blic disclosure unde gton County Purchasi rom disclosure must	Bidder in connection or the Virginia Freedom ing Resolution, however, , before or upon submis state the reasons why pro	of Information Act., a Bidder seeking to ssion of the data or
Please	mark one:			
	, the bid that I have surmation.	ubmitted does <u>not</u> co	ontain any trade secrets	and/or proprietary
☐ Yes,	the bid that I have subn	nitted <u>does</u> contain tr	rade secrets and/or prop	rietary information.
	•	•	kact data or materials to contain such data or mat	
				<u></u>
				<u></u>

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 is necessary, you will not have invoked the protection of Section 4-111 of the Purch Accordingly, upon the award of a contract, the bid will be open for public inspection applicable law.	asing Resolution.
CERTIFICATION OF NON-COLLUSION: The undersigned certifies that this bid is not the resby (1) any act of collusion with another person engaged in the same line of business defined in Virginia Code §§ 59.1-68.6 et seq.) or (2) any act of fraud punishable un Governmental Frauds Act (Virginia Code §§ 18.2-498.1 et seq.).	or commerce (as
CONTACT PERSON AND MAILING ADDRESS FOR DELIVERY OF NOTICES	
Provide the name and address of the person who is designated to receive no communications regarding this solicitation. Refer to the "Notices" section in the draft Co Conditions for information regarding delivery of notices.	
NAME:	
ADDRESS:	
E-MAIL:	
BIDDER NAME:	

<u>REFERENCES</u>

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	n on Certificate)\$500,000 CSL BI/PD each occurrence,
	\$1 Million annual aggregate
_X_11. Personal and Advertising Injury Liab	ility\$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 Cove	erage\$
23. Builder's Risk Prov	vide 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.	
	Insured on all policies except Workers Compensation and Auto and
Professional Liability.	
_X_29. Certificate of Insurance shall show B	
30. OTHER INSURANCE REQUIRED:	
INSURANCE AGENT'S STATEMENT:	
	ith the Offeror named below and have advised the Offeror of required
coverages not provided through this agency	<i>(</i> .
ACENICV NIADAE.	ALITH CICNATURE.
AGENCY NAME:	AUTH. SIGNATURE:
OFFEROR'S STATEMENT:	
If awarded the Contract, I will comply with	all Contract insurance requirements.
The second secon	
BIDDER NAME:	AUTH. SIGNATURE: