

**SUPPLEMENTAL INFORMATION
ADDENDUM NO. 1**

PROJECT: RFP No 17-19-001
Purchase of One New Ambulance

CONTACT: Fiona Charleton, Purchasing Agent
912-754-2159 fcharleton@effinghamcounty.org

DATE ISSUED: May 31, 2017

RFP No. 17-19-001 dated April, 2017 is hereby amended as noted herein : BIDDER TO ACKNOWLEDGE RECEIPT OF ADDENDUM BY SIGNING ON THE SIGNATURE LINE BELOW AND INCLUDING A COPY WITH SUBMITTED BID. FAILURE TO DO SO MAY, AT THE OWNER'S DISCRETION, SUBJECT THE BIDDER TO DISQUALIFICATION

Specifications confirmed at pre-bid meeting on 05-17-17:

Chassis required : Change from 350 to 3500 to 450 or 4500

Box height 72"

Box length 153" to 156"

Box width minimum 95"

Box layout – as shown during mandatory pre-bid meeting and site visit – exact layout will be determined after bid award made.

Ducted air with external condenser.

Secondary external condenser or separate complete AC system for rear patient compartment.

Mounting location for secondary external compressor.

Digital thermostat in patient compartment – manufacturer's standard.

Alternators – Manufacturers' standard. Please show exact amperage capabilities of alternator. Please show if there is the possibility of higher amp. alternator.

No restocking cabinet doors.

No Zyko step – 2 step drop skirt.

Door hinges – manufacturer's standard.

2 sets of dual speakers – 2 sirens.

Add Vanner inverter

Add monitor bracket – County uses Physio 12's and 15's

Dump enable switch in rear door only – left to auto dump, right to manual dump. Dump activation NOT tied into parking brake.

Back up camera, manufacturer's standard - on a monitor, not in rear view mirror.

Vents in patient compartment manufacturer's standard – to be located towards the rear or in the back of the box.

Power distribution cable interface – no preference – manufacturer's choice.

NO fluorescent lights – ALL lights to be LED.

10 LED lights in patient compartment – 5 each side – 1 row to be on a timer.

NO man saver bar – a safety net to be used in place of the man saver bar.

No CPR seat required in box - actionary cabinets on top and bottom.

OPTION – all outside compartments to lock electronically at the same time.

REMOVE – keypad door entry.

REMOVE – temperature controlled cabinet.

REMOVE – three (3) light intercom.

Cab center console be built and cab to box wiring be routed in such a manner as to allow maximum storage space in console for gloves, maps etc. Exact specifications for center console will be discussed once the bid has been awarded.

Revised Fee sheets attached. There are two options, both include pricing for one, two and three ambulances.

- Option 1 is for an ambulance with stretcher included (please indicate which stretcher either the Power Flex by Ferno or the Power Pro XT by Stryker).
- Option 2 is for an ambulance with no stretcher included (for this option the County will determine the stretcher required once the bid has been awarded. The County may purchase the stretcher from a source other than the winning bidder).

Two (2) key fobs to be supplied with truck.

Vendor to submit representative drawings – subject to change when bid award made.

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The RFP schedule has been changed, pushing the closing date out a week. Revised schedule shown below:

1.3 RFP SCHEDULE:

Invitation to Bid	Date/ Time
Owner issues public advertisement of RFP	Tuesday April 25, 2017
Mandatory Pre-Bid Conference	10.00 AM (Eastern Time) Wednesday May 17, 2017
Deadline for submission of written questions: Fax : 912-754-8413 / Email : fcharleton@EffinghamCounty.org Hand deliver /regular mail : Effingham County Board of Commissioners, Purchasing Office, 601 N Laurel Street, Springfield, GA 31329	5.00 PM (Eastern Time) Tuesday May 23, 2017
Addendum issued to answer questions (if any) and posted online at www.effinghamcounty.org	5.00 PM (Eastern Time) Wednesday May 31, 2017
Deadline for submission of Bids	2.00 PM (Eastern Time) Wednesday June 7, 2017 2.00 PM (Eastern Time) Wednesday June 14, 2017

- 1) **QUESTION:** Pg. 14, 6.4 Warranty - Calls for a 48mo 48,000 mile on the conversion. Only one manufacture provides this number and it only covers the initial conversion. The other warranties, Electrical, Paint, Cabinets, etc. cover much more. Would this have to be an exception and will it be a negative?

ANSWER: On page 14 of the RFP, please strikethrough :

6.4 WARRANTY

~~The successful supplier shall provide ambulance or rescue vehicle conversion, which coverage shall, at a minimum include:-
A limited warranty on the ambulance conversion: Forty Eight (48) months or 48,000 miles from the date of original delivery.-
Paint: Seven (7) years from the date of original delivery-
Electrical: Six (6) years or 72,000 miles from the date of original delivery-
Modular Body Structural Integrity: Fifteen (15) years from the date of original delivery~~

AND REPLACE WITH:

6.4 WARRANTY

The successful supplier shall provide ambulance or rescue vehicle conversion. Supplier to provide a detailed list of all coverages and warranties that are included in their fee.

- 2) QUESTION: Pg.14, 6.3 Equipment - Calls for a qualified service center in the State of Georgia. We have just taken over the region after the unforeseen closure of Peach-State but we do have service trucks that respond to the agency in need. We can meet the 48 hr window with service and parts. Will this have to be an exception also and will it be a negative?

ANSWER: On page 14 of the RFP, please amend as below:

6.3 EQUIPMENT

Since the continuous operation of this ambulance is of the utmost importance and of an emergency nature, it is necessary that the successful vendor be in a position to render prompt parts and service. ~~The successful vendor shall have a qualified service facility and have access to parts inventory within the State of Georgia.~~ Parts or service shall be provided within 48 hours after receiving a request from Effingham County.

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ATTACHMENT A – OPTION 1

ONE AMBULANCE WITH STRETCHER (page 1 of 1)

WE HEREWITH SUBMIT AN OFFER AS FOLLOWS:

CHASSIS/MAKE: _____

MODEL/TYPE: _____

AMBULANCE BRAND: _____

DELIVERY DATE TO EFFINGHAM COUNTY: _____

TOTAL PRICE: COMPLETE AS SPECIFIED.

WORDS _____ **DOLLARS (\$** _____ **)**

DOES YOUR SUBMISSION COMPLY WITH ALL SECTIONS OF OUR RFP INCLUDING THE SPECIFICATIONS? IF YOUR ANSWER IS NO, USE THE EXCEPTIONS SHEET.

YES _____ NO _____

WE ACKNOWLEDGE THE RECEIPT OF ADDENDUMS (IF ANY) NUMBERED AS FOLLOWS:

It is agreed by the undersigned vendor that the signature and submission of this package represents the vendor's acceptance of all terms, conditions, and requirements of the RFP and, if awarded, the submittal package will represent the agreement between the two parties.

Company Name: _____

Company Address: _____

Company Representative: _____

Title: _____

Signature of Representative: _____

Printed Name of Representative: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Date: _____

ATTACHMENT A – OPTION 1

**TWO AMBULANCES WITH STRETCHERS (page 1 of 2)
(to be purchased before the end of 2019)**

WE HEREWITH SUBMIT AN OFFER AS FOLLOWS:

Ambulance #1

Ambulance #1: CHASSIS/MAKE: _____

Ambulance #1: MODEL/TYPE _____

Ambulance #1: AMBULANCE BRAND: _____

Ambulance #1: DELIVERY DATE TO EFFINGHAM COUNTY: _____

Ambulance #1: **TOTAL PRICE: COMPLETE AS SPECIFIED.**

WORDS _____ **DOLLARS (\$** _____ **)**

DOES YOUR SUBMISSION COMPLY WITH ALL SECTIONS OF OUR RFP INCLUDING THE SPECIFICATIONS? IF YOUR ANSWER IS NO, USE THE EXCEPTIONS SHEET.

YES _____ NO _____

WE ACKNOWLEDGE THE RECEIPT OF ADDENDUMS (IF ANY) NUMBERED AS FOLLOWS:

Ambulance #2

Ambulance #2: CHASSIS/MAKE: _____

Ambulance #2: MODEL/TYPE _____

Ambulance #2: AMBULANCE BRAND: _____

Ambulance #2: DELIVERY TIME AFTER ORDER PLACED (DAYS) _____

Ambulance #2: **TOTAL PRICE: COMPLETE AS SPECIFIED.**

WORDS _____ **DOLLARS (\$** _____ **)**

DOES YOUR SUBMISSION COMPLY WITH ALL SECTIONS OF OUR RFP INCLUDING THE SPECIFICATIONS? IF YOUR ANSWER IS NO, USE THE EXCEPTIONS SHEET.

YES _____ NO _____

WE ACKNOWLEDGE THE RECEIPT OF ADDENDUMS (IF ANY) NUMBERED AS FOLLOWS:

TWO AMBULANCES WITH STRETCHERS (page 2 of 2)
(to be purchased before the end of 2019)

It is agreed by the undersigned vendor that the signature and submission of this package represents the vendor's acceptance of all terms, conditions, and requirements of the RFP and, if awarded, the submittal package will represent the agreement between the two parties.

Company Name: _____

Company Address: _____

Company Representative: _____

Title: _____

Signature of Representative: _____

Printed Name of Representative: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Date: _____

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ATTACHMENT A – OPTION 1

THREE AMBULANCES WITH STRETCHERS (page 1 of 2)
(to be purchased before the end of 2019)

WE HEREWITH SUBMIT AN OFFER AS FOLLOWS:

Ambulance #1

CHASSIS/MAKE: _____

MODEL/TYPE: _____

AMBULANCE BRAND: _____

DELIVERY DATE TO EFFINGHAM COUNTY: _____

TOTAL PRICE: COMPLETE AS SPECIFIED.

WORDS _____ **DOLLARS (\$** _____ **)**

DOES YOUR SUBMISSION COMPLY WITH ALL SECTIONS OF OUR RFP INCLUDING THE SPECIFICATIONS? IF YOUR ANSWER IS NO, USE THE EXCEPTIONS SHEET.

YES _____ NO _____

WE ACKNOWLEDGE THE RECEIPT OF ADDENDUMS (IF ANY) NUMBERED AS FOLLOWS:

Ambulance #2

Ambulance #2: CHASSIS/MAKE: _____

Ambulance #2: MODEL/TYPE _____

Ambulance #2: AMBULANCE BRAND: _____

Ambulance #2: DELIVERY TIME AFTER ORDER PLACED (DAYS) _____

Ambulance #2: **TOTAL PRICE: COMPLETE AS SPECIFIED.**

WORDS _____ **DOLLARS (\$** _____ **)**

DOES YOUR SUBMISSION COMPLY WITH ALL SECTIONS OF OUR RFP INCLUDING THE SPECIFICATIONS? IF YOUR ANSWER IS NO, USE THE EXCEPTIONS SHEET.

YES _____ NO _____

WE ACKNOWLEDGE THE RECEIPT OF ADDENDUMS (IF ANY) NUMBERED AS FOLLOWS:

THREE AMBULANCES WITH STRETCHERS (page 2 of 2)
(to be purchased before the end of 2019)

Ambulance #3

Ambulance #2: CHASSIS/MAKE: _____

Ambulance #2: MODEL/TYPE _____

Ambulance #2: AMBULANCE BRAND: _____

Ambulance #2: DELIVERY TIME AFTER ORDER PLACED (DAYS) _____

Ambulance #2: **TOTAL PRICE: COMPLETE AS SPECIFIED.**

WORDS _____ **DOLLARS (\$** _____ **)**

DOES YOUR SUBMISSION COMPLY WITH ALL SECTIONS OF OUR RFP INCLUDING THE SPECIFICATIONS? IF YOUR ANSWER IS NO, USE THE EXCEPTIONS SHEET.

YES ____ NO ____

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Company Name: _____

Company Address: _____

Company Representative: _____

Title: _____

Signature of Representative: _____

Printed Name of Representative: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Date: _____

ATTACHMENT A – OPTION 2

ONE AMBULANCE WITHOUT STRETCHER (page 1 of 1)

WE HEREWITH SUBMIT AN OFFER AS FOLLOWS:

CHASSIS/MAKE: _____

MODEL/TYPE: _____

AMBULANCE BRAND: _____

DELIVERY DATE TO EFFINGHAM COUNTY: _____

TOTAL PRICE: COMPLETE AS SPECIFIED.

WORDS _____ **DOLLARS (\$** _____ **)**

DOES YOUR SUBMISSION COMPLY WITH ALL SECTIONS OF OUR RFP INCLUDING THE SPECIFICATIONS? IF YOUR ANSWER IS NO, USE THE EXCEPTIONS SHEET.

YES _____ NO _____

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Company Address: _____

Company Representative: _____

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Printed Name of Representative: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Date: _____

ATTACHMENT A – OPTION 2

**TWO AMBULANCES WITHOUT STRETCHERS (page 1 of 2)
(to be purchased before the end of 2019)**

WE HEREWITH SUBMIT AN OFFER AS FOLLOWS:

Ambulance #1

Ambulance #1: CHASSIS/MAKE: _____

Ambulance #1: MODEL/TYPE _____

Ambulance #1: AMBULANCE BRAND: _____

Ambulance #1: DELIVERY DATE TO EFFINGHAM COUNTY: _____

Ambulance #1: **TOTAL PRICE: COMPLETE AS SPECIFIED.**

WORDS _____ **DOLLARS (\$** _____ **)**

DOES YOUR SUBMISSION COMPLY WITH ALL SECTIONS OF OUR RFP INCLUDING THE SPECIFICATIONS? IF YOUR ANSWER IS NO, USE THE EXCEPTIONS SHEET.

YES _____ NO _____

WE ACKNOWLEDGE THE RECEIPT OF ADDENDUMS (IF ANY) NUMBERED AS FOLLOWS:

Ambulance #2

Ambulance #2: CHASSIS/MAKE: _____

Ambulance #2: MODEL/TYPE _____

Ambulance #2: AMBULANCE BRAND: _____

Ambulance #2: DELIVERY TIME AFTER ORDER PLACED (DAYS) _____

Ambulance #2: **TOTAL PRICE: COMPLETE AS SPECIFIED.**

WORDS _____ **DOLLARS (\$** _____ **)**

DOES YOUR SUBMISSION COMPLY WITH ALL SECTIONS OF OUR RFP INCLUDING THE SPECIFICATIONS? IF YOUR ANSWER IS NO, USE THE EXCEPTIONS SHEET.

YES _____ NO _____

WE ACKNOWLEDGE THE RECEIPT OF ADDENDUMS (IF ANY) NUMBERED AS FOLLOWS:

TWO AMBULANCES WITHOUT STRETCHERS (page 2 of 2)
(to be purchased before the end of 2019)

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Date: _____

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ATTACHMENT A – OPTION 2

THREE AMBULANCES WITHOUT STRETCHERS (page 1 of 2)
(to be purchased before the end of 2019)

WE HEREWITH SUBMIT AN OFFER AS FOLLOWS:

Ambulance #1

CHASSIS/MAKE: _____

MODEL/TYPE: _____

AMBULANCE BRAND: _____

DELIVERY DATE TO EFFINGHAM COUNTY: _____

TOTAL PRICE: COMPLETE AS SPECIFIED.

WORDS _____ **DOLLARS (\$** _____ **)**

DOES YOUR SUBMISSION COMPLY WITH ALL SECTIONS OF OUR RFP INCLUDING THE SPECIFICATIONS? IF YOUR ANSWER IS NO, USE THE EXCEPTIONS SHEET.

YES _____ NO _____

WE ACKNOWLEDGE THE RECEIPT OF ADDENDUMS (IF ANY) NUMBERED AS FOLLOWS:

Ambulance #2

Ambulance #2: CHASSIS/MAKE: _____

Ambulance #2: MODEL/TYPE _____

Ambulance #2: AMBULANCE BRAND: _____

Ambulance #2: DELIVERY TIME AFTER ORDER PLACED (DAYS) _____

Ambulance #2: **TOTAL PRICE: COMPLETE AS SPECIFIED.**

WORDS _____ **DOLLARS (\$** _____ **)**

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YES _____ NO _____

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THREE AMBULANCES WITHOUT STRETCHERS (page 2 of 2)
(to be purchased before the end of 2019)

Ambulance #3

Ambulance #2: CHASSIS/MAKE: _____

Ambulance #2: MODEL/TYPE _____

Ambulance #2: AMBULANCE BRAND: _____

Ambulance #2: DELIVERY TIME AFTER ORDER PLACED (DAYS) _____

Ambulance #2: **TOTAL PRICE: COMPLETE AS SPECIFIED.**

WORDS _____ **DOLLARS (\$** _____ **)**

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YES _____ NO _____

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Company Name: _____

Company Address: _____

Company Representative: _____

Title: _____

Signature of Representative: _____

Printed Name of Representative: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Date: _____

Addendum No.1
RFP No 17-19-001 - Purchase of One New Ambulance

All other terms and conditions in RFP 17-19-001 remain unchanged.

Effingham County reserves the right to reject any and all proposals, to waive any technicalities or irregularities and to award the offer based upon the most responsive, responsible submission.

Please sign receipt of this Addendum No. 1 below:

Print Name

Signature

Date

END OF ADDENDUM NO. 1

