

SPALDING COUNTY

November 24, 2017

**REQUEST FOR PROPOSAL
SELF - CONTAINED BREATHING
APPARATUS**



SPALDING COUNTY ADMINSTATIVE SERVICES

Terri Bass, Purchasing

119 East Solomon Street, Room 104

Griffin, GA 30223

770-467-4226

REQUEST FOR PROPOSAL
SELF CONTAINED BREATHING APPARATUS

Spalding County Board of Commissioners invites all qualified bidders to submit a cost proposal for the above captioned Project. Digital copies of the BID DOCUMENTS and Specifications may be obtained from Spalding County by contacting Terri Bass at tbass@spaldingcounty.com or on the Spalding County website at www.spaldingcounty.com. Hard copies of the BID DOCUMENTS may be obtained upon receipt of a non-refundable payment of \$10.00 for each set that is mailed or faxed.

Any questions and/or misunderstandings that may arise from this bid must be submitted in writing and forwarded to Terri Bass at the above address or by email. **NO PHONE CALLS**. It shall be the Bidder's responsibility to seek clarification as early as possible prior to the due date and time.

Final written questions are due by Wednesday, December 13, 2017 at 5:00 PM (EST).

Sealed Bids are due: Tuesday, December 19, 2017 at 10:00 AM (EST)

ENVELOPES MUST BE CLEARLY MARKED ON THE OUTSIDE AS "SELF-CONTAINED BREATHING APPARATUS." BIDS MUST BE SIGNED, AND MUST INCLUDE THE FOLLOWING COMPLETED DOCUMENT:

A RECENTLY SIGNED W-9 (within the past 6 months)

**Deliver Sealed Bids and Appendix Documents to:
Spalding County Board of Commissioners
SELF-CONTAINED BREATHING APPARATUS
119 East Solomon Street, Room 104
Griffin, GA 30223**

Announcement of award will be done upon evaluation of submitted bids and funding. Spalding County reserves the right to reject any or all bids.

William P. Wilson, Jr., County Manager

BID PROPOSAL FORM

Spalding County Fire Department

Company Name _____

Address _____

City, State, ZIP
Code _____

Phone Number _____

Fax Number _____

Having examined the specifications, the Contractor submits a Bid of for the following Equipment

<u>ITEM</u>	<u>MANUFACTURER</u>	<u>QTY</u>	<u>PRICE EACH</u>	<u>TOTAL PRICE</u>
SCBA (4500PSI) (includes face assembly, harness/backpack, no cylinder)		64		
Cylinder (60 minute)-2 per unit		128		
Additional face pieces		21		
TOTAL BID				

YES **NO**

SCBA comply with current NFPA Standards referenced	
Proposal includes a list of options, accessories, and service with pricing	
Warranties included	

Bidder certifies that this bid shall be good and may not be withdrawn for a period of 60 calendar days following the date of the bid opening.

Delivery days from date of order shall be: _____.

Bidder understands that the Department will select the most qualified bid in the best interest of the department and may reject any and all bids.

Submitted by: _____

Company Official Print Name

Signature

Title

INTENT OF SPECIFICATIONS

It is the intent of this specification to cover the general requirements for Self-Contained Breathing Apparatus.

1. SCBAs will meet or exceed the following Standards, where applicable.
 - a. *NFPA 1982-2013 Edition: Standard on Personal Alert Safety Systems*
 - b. *NFPA 1981-2013 Edition: Standard on Open-Circuit Self-Contained Breathing Apparatus for Emergency Services*
 - c. *NFPA 1500- 2013 Edition Standards in Fire Department Occupational Safety and Health Protection*
 - d. *NFPA 1983-2012 Edition: Standard on Fire Service Life Safety Rope and System Components (if equipped with emergency egress system)*
 - e. *National Institute for Occupational Safety and Health (NIOSH), under 42 CFR, Part 84 for Chemical, Biological, Radiological, and Nuclear protection (CBRN) with 30, 45, or 60 minute service life*
 - f. *FCC Part 15 and part 90 (if unit is equipped with Accountability System)*
2. Equipment must be certified by Third Party such as Underwriter's Laboratories, Inc.
3. Minor details of construction and materials where not otherwise specified are left to the discretion of the Bidder, who will be solely responsible for the design and construction of all features.
4. The Bidder shall provide a detailed description of the proposed SCBA with a full word for word written description and product literature.
5. Purchaser reserves the right to reject any and all bids, waive technicalities, and to be the sole judge of suitability of the equipment or services for its intended use and further specifically reserve the right to make the award in the best interests of the Department. All equipment listed is intended for a particular use in which it is to be utilized and must meet the requirements of the Department.
6. Other factors considered in awarding the bid will be price, quality, delivery time, and total cost of ownership.
7. Failure by the Purchaser to list the detailed specification does not preclude the contractor from compliance with the NFPA Standards listed.
8. Bidder meets all State and Federal safety standards and laws that are in effect on the date of the bid for the item(s) that are being specified and the particular use for which they are meant.

9. The Equipment must be NEW AND WARRANTED.
10. The successful bidder must be able to provide authorized repairs and service. A description of service capabilities will be included with this proposal.
11. The successful bidder will provide a minimum of 4 hours training, by a factory trained technician, at the date, time, and location specified by the Purchaser.
12. Proposals submitted shall include prepaid delivery.
13. Terms for delivery of the Equipment must be clearly stated on the bid form.
14. Should the Bidder be unable to comply with the proposed delivery date, the Department's Purchasing Contact shall be notified immediately with the reasons for non-compliance.
15. Ownership and responsibility of the Equipment will remain with the Contractor/Manufacturer until formal acceptance of the Equipment is made.
16. Copies of each warranty provided by the equipment manufacturer must be included
17. A contract will be awarded after an evaluation of all bids have been made, and in the interest of suitability to the Department's needs and/or economy, equipment, service other than the lowest in price may be selected.
18. The Bidder shall to the best of their ability, provide documentation and/or information regarding their SCBAs projected "cost of ownership" over a five, ten, and fifteen year period.

Any references to manufacturer or brand names are for reference purposes only and are not intended to exclude products from other manufacturers.

Self Contained Breathing Apparatus

General Specifications

Standard Features

1. Complete face assembly
 - a. Face piece includes integrated positive pressure breathing regulator
 - b. Face piece constructed of natural rubber/neoprene
 - a. Face piece and nose cup available in multiple sizes
 - b. Coated interior to prevent fogging
 - c. Hard coated exterior
 - d. Provisions for corrective lens wearer
 - e. NFPA 1981-2013 compliant for voice intelligibility and amplified voice intelligibility
 - f. Removable inhalation check valve
 - g. HUD integrated with regulator.
 - h. HUD removable and replaceable without use of special tools.
 - i. Analog and Digital display
 - j. EOSTI (audible and in HUD)
 - k. No exposed wiring
 - l. Continuous air supply hose from pressure reducer to regulator
 - m. Capable of submersion in water for cleaning and sanitizing.
2. Kevlar head harness.
3. Ability for Integrated Electronics (amplification, radio interface, wireless, etc) without affecting NIOSH approvals or NFPA compliance.
4. Integrated PASS device; equipped with buddy lights.
5. PASS and HUD will be immune to radio frequency interference.
6. Audible & Visual Low Air Alarms
7. Rapid Intervention Universal Air Connection
8. Standard Harness with padded, ergonomically designed shoulder straps
 - a. Adjustable without tools
9. Uses ONE SIZE Standard Batteries (non-proprietary)
10. Cylinder (2 per unit) – 60 minute, 4500 psig
 - a. CGA threads
 - b. Universal cylinder band to accommodate 30, 45, and 60 minute duration cylinders
 - c. Aluminum composite, Carbon wrapped cylinder
 - d. Low profile cylinder (as small as possible)

All components of the SCBA shall be arranged to minimize interference when maneuvering in confined spaces and when passing through small openings. Components of the SCBA shall be easily removed for routine service and maintenance.

1. A list of available OPTIONS and add-ons with proposed pricing must be included with proposal.
2. Alternative pricing for the following features/options:
 - a. Firefighter Accountability system
 - b. Integrated Thermal Imager
 - c. Telemetry
 - d. Cost to fit test each firefighter

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.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
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 the "Name" line to avoid backup withholding. For individuals, this is 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 chart on page 4 for guidelines on whose number to enter.

Social security number	Employer identification number												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>								

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below), and
- 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. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.