

SOLICITATION
18-36001-001

TYPE I AMBULANCE



Putnam County Board of Commissioners
117 Putnam Drive, Suite A
Eatonton, GA 31024

AUGUST 23, 2018

3:00 P.M.

PUTNAM COUNTY BOARD OF COMMISSIONERS



117 Putnam Drive, Suite A ♦ Eatonton, GA 31024
Tel: 706-485-5826 ♦ Fax: 706-923-2345 ♦ www.putnamcountyga.us

PUTNAM COUNTY SOLICITATION # 18-36001-001 Type I Ambulance

The Putnam County Board of Commissioners requests sealed bids, good for 60 business days, for a **Type I Ambulance**.

Prospective bidders must obtain a bid package from the Putnam County Board of Commissioners via one of the following methods:

- on the county website: www.putnamcountyga.us
- in person at 117 Putnam Drive, Suite A, Eatonton, GA 31024
- by email at putnamboc@putnamcountyga.us
- by fax at 706-923-2345
- by telephone at 706-485-5826

Proposals must be submitted on the proposal form issued by Putnam County and contained in the bid package.

Proposals must be received by **Thursday, August 23, 2018 at 3:00 p.m.** The proposals will be read at that time.

LOCAL AND MINORITY OWNED/OPERATED AND/OR WOMEN OWNED/OPERATED BUSINESSES ARE ENCOURAGED TO SUBMIT PROPOSALS.

PUTNAM COUNTY RESERVES THE RIGHT TO REJECT ANY AND ALL BIDS, TO WAIVE ANY AND ALL TECHNICALITIES AND TO AWARD THE BID BASED ON THE LOWEST AND/OR BEST INTEREST OF PUTNAM COUNTY.

08/02/2018 & 08/09/2018

PUTNAM COUNTY BOARD OF COMMISSIONERS



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Tel: 706-485-5826 ♦ Fax: 706-923-2345 ♦ www.putnamcountyga.us

**INSTRUCTIONS AND SPECIFICATIONS FOR BIDDERS:
SOLICITATION # 18-36001-001
TYPE I AMBULANCE
PUTNAM COUNTY, GEORGIA**

SECTION 1 – GENERAL NOTICE

Sealed proposals for a TYPE I AMBULANCE (SOLICITATION: 18-36001-001) will be received by the office of the Board of Commissioners of Putnam County, Georgia, up to the hour of 3:00 P.M. local time, on Thursday, August 23, 2018, at which time and place they will be publicly opened and read aloud. Bidders are invited to be present.

SECTION 2 – BID DOCUMENTS

Copies of the Proposal, Specifications, Plans (if required) and other document forms may be obtained from the office of the County Commissioners. Bidders are required to examine the same and satisfy themselves that all requirements are fully understood.

SECTION 3 – BIDDING PROCEDURE

Bids shall be presented in a sealed envelope with the bid number (18-36001-001) and the name of the company or firm submitting clearly marked on the outside of the envelope. **ONE (1) ORIGINAL (PAPER) AND ONE (1) COPY (PAPER) AND A PDF COPY OF THE BID ON A CD OR FLASH DRIVE MUST BE SUBMITTED.** Bids will not be accepted verbally, by fax or email. All appropriate blanks shall be completed. Any interlineations, alteration, or erasure on the specification document shall be initialed by the signer of the bid. Bidder shall not change the proposal form nor make additional stipulations on the specification document. Any amplified or qualifying information shall be on the bidder's letterhead and firmly attached to the bid document. Items in **RED** are requirements for bid consideration.

Bid prices shall be submitted on the Proposal Form included in the bid document.

Each bid must be legibly printed in ink or by printer, include the full name, business address, and telephone number of the bidder and be signed in ink by the bidder.

A bid by a firm or organization other than a corporation must include the name and address of each member.

A bid by a corporation must be signed in the name of such corporation by a duly authorized official thereof.

No bidder shall submit more than one proposal nor submit two or more proposals under different names.

In order to be considered, the outside of the sealed envelope must be clearly marked with - offeror's name, address and phone number, the project number, name of the project for which the proposal is being submitted, and the bid opening date and time of Thursday, August 23, 2018 at 3:00 p.m. All proposals shall be delivered by a delivery service or in person to Putnam County Board of Commissioners, 117 Putnam Drive, Suite A, Attn: County Manager, Eatonton, GA 31024, on or before the time and date prescribed above.

For your convenience, please use the label on the enclosed "Submittal Requirement" page.

Bids received after the time and date established for receiving bids will be rejected.

SECTION 4 – QUALIFICATION OF BIDDERS

All bidders shall provide a Work Resume and file it with their bid. The resume shall include projects which are similar to the type of work being bid for which the bidder had direct control over and was charged with full responsibility of the outcome.

SECTION 5 – ADDENDA

Addenda are written instruments issued by the County prior to the date for receipt of bids which modify or interpret the specification document by addition, deletion, clarification, or correction.

All who are known by the County to have received a complete set of specification documents will be notified of any addenda.

Copies of addenda will be posted on the county website (www.putnamcountyga.us) and will also be available for inspection at the office of the County Clerk.

No addendum will be issued later than forty-eight (48) hours prior to the date and time for receipt of bids, except an addendum withdrawing the invitation to bid or an addendum which includes postponement of the bid.

Bidders shall ascertain prior to submitting their bid that they have received all addenda issued and they shall acknowledge receipt of addenda on the proposal form.

SECTION 6 – BIDDER'S REPRESENTATION

Each bidder by signing and submitting a bid, represents that the bidder has read and understands the specification documents and the bid has been made in accordance therewith.

Each bidder for services further represents that the bidder is familiar with the local conditions under which the work is to be done and has correlated the observations with the requirements of the bid documents.

NON-COLLUSION AFFIDAVIT: By submitting a proposal, the bidder represents and warrants that such bid is genuine and not a sham or collusion or made in the interest or in behalf of any person not therein named, and that the bidder has not directly or indirectly induced or solicited any other bidder to put in a sham bid, or any other firm, person or corporation to refrain from bidding and that the bidder has not in any manner sought by collusion to secure to that bidder any advantage over any other bidder.

INTEREST OF: By submitting a proposal, the bidder represents and warrants that neither a commissioner, administrator, manager, employee, nor any other person employed by PUTNAM COUNTY or in any other way connected with the county has, in any manner, an interest, either directly or indirectly, in the bid or in the contract which may be made under it, or in any expected profits to arise therefrom.

CERTIFICATE OF INDEPENDENT PRICE DETERMINATION: By signing and submitting this bid, the bidder certifies that the prices in this bid have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor; unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder prior to bid opening directly or indirectly to any other bidder or to any competitor; no attempt has been made, or will be made, by the bidder to induce any person or firm to submit, or not to submit, a bid for the purpose of restricting competition.

Various professions within the building industry are required by state law to be licensed. These professions include electricians, plumbers, conditioned air contractors, low voltage contractors, utility contractors, and certain residential and general contractors. Putnam County will be complying with state laws and board rules regarding licensure. **No bid or proposal for projects that require a licensed professional will be accepted from unlicensed persons.** In addition, the licensed contractor must be the prime contractor on the project. It is not permissible for an unlicensed individual/firm to subcontract with a licensed contractor. The validity of all licenses will be checked.

SECTION 7 – BIDDER’S SECURITY

BID BOND: Not required.

PERFORMANCE BOND: Not required.

SECTION 8 – EQUAL OPPORTUNITY

Each bidder agrees that it shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, disability, national origin, age, or marital status. In the employment of persons, bidder shall take affirmative action to ensure that applicants are employed and that employees are treated during employment without regard to race, color, religion, sex, disability, national origin, age, or marital status.

SECTION 9 – CLARIFICATION OF SPECIFICATION DOCUMENTS

Bidders shall promptly notify the County Clerk or EMS Director of any ambiguity, inconsistency, or error which they may discover upon examination of the specification documents.

Bidders desiring clarification or interpretation of the Specification documents shall make a written request which must reach the County Clerk at least seven (7) calendar days prior to the date and time for receipt of bids.

Interpretations, corrections, and changes made to the Specification Documents will be made by written addenda. Oral interpretations or changes to the Specification Documents made in any other manner, will not be binding on the County; and bidders shall not rely upon such interpretations or changes.

SECTION 10 – SCHEDULE

The ambulance shall be delivered to Putnam County as soon as possible following the Notice of Award, but in no event later than that date which is 150 days from the date of the Notice of Award- unless delays from the specified chassis manufacturer. The bidder shall state the estimated delivery time on the Official Bid Form in the space provided. Putnam County shall be notified at least fort-eight (48) hours in advance of the delivery date and time.

SECTION 11 – BID EVALUATION AND AWARD

The signed bid proposal shall be considered an offer on the part of the bidder. Such offer shall be deemed accepted upon issuance, by the County, of purchase orders, contract award notifications, or other contract documents appropriate to the work.

No bid shall be modified or withdrawn for a period of sixty (60) calendar days after the time and date established for receiving bids and each bidder so agrees in submitting the bid.

Award will be made to the vendor submitting the lowest responsive and responsible bid. The Putnam County Board of Commissioners reserves the right to reject any or all bids, to waive technicalities and

to re-advertise or make an award as deemed in its best interest. The written bid documents supersede any verbal or written prior communication between the parties.

SECTION 12 – CONTRACT AND BOND

After the acceptance of the bid, the successful bidder must execute a written Contract between the bidder and the County; such contract will incorporate the County's contract documents and be on forms provided by the County.

SECTION 13 – INSURANCE

All bidders shall take special note of the attached insurance sheet titled "Insurance Clause for all County Contracts."

The successful bidder must provide proof of insurance in accordance with the contract documents.

SECTION 14 – INDEMNIFICATION

The bidder shall indemnify and hold harmless the County, its members, its officers, and employees from and against all claims, damages, losses, and expenses, including, but not limited to attorney's fees arising out of or resulting from the performance of the contract, provided that any such claim, damage, loss, or expense is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of tangible property other than goods, materials, and equipment furnished under this contract, including the loss of use resulting therefrom; is caused in whole or part by any negligent act or omission of the bidder, any subcontractor, or anyone directly or indirectly employed by any one of them or anyone for whose acts made by any of them may be liable, regardless of whether or not it is caused by a party indemnified hereunder.

In any and all claims against the County or its members, officers or employees by an employee of the bidder, any subcontractor, anyone directly or indirectly employed by any of them or by anyone for whose acts made by any of them may be liable, the indemnification obligation listed above shall not be limited in anyway by any limitation of the amount or type of damages, compensation, or benefits payable by or for the bidder or any subcontractor under worker's or workmen's compensation acts, disability benefit acts, or other employee benefit acts.

SECTION 15 – LAWS

The Laws of the State of Georgia shall govern the rights, obligations, and remedies of the Parties under this proposal and any agreement reached as a result of this process.

SECTION 16 – INDEPENDENT CONTRACTOR

It is the express intent of the parties that this Contract shall not create an employer-employee relationship, and the Contractor, or any employee or other person acting on behalf of Contractor in the performance of this Contract, shall be deemed to be independent contractor(s) during the entire term of this Contract or any renewals thereof. Contractor shall be responsible for all compensation and benefits payable to Contractor's employee(s) under this Contract and Contractor's employees shall not be entitled to any compensation from County or to any benefits made to their employees, including, but not limited to, overtime, vacation, retirement benefits, workers' compensation, sick leave, or injury leave. Contractor shall also be responsible for maintaining workers' compensation insurance, unemployment insurance, and for payment of all federal, state, local and any other payroll taxes with respect to the employee's compensation.

SECTION 17 – CERTIFICATION

By signing and submitting a proposal, the bidder certifies that they have carefully examined the plans for this project and the applicable federal, state, and local regulations and the special provisions included in and made a part of this proposal. If awarded, the bidder further proposes to execute the contract agreement described in the specifications as soon as the work is awarded.

SECTION 18 - DRUG-FREE WORK PLACE CERTIFICATION

By signing and submitting a proposal, the bidder certifies that the provisions of Code Sections 50-24-1 through 50-24-6 of the Official Code of Georgia Annotated, relating to the "Drug-free Work Place Act", have been complied with in full. The bidder further certifies that:

(1) A drug-free work place will be provided for the contractor's employees during the performance of the contract; and

(2) Each contractor who hires a subcontractor to work in a drug-free work place shall secure from that subcontractor a written certification that a drug free work place will be provided for the subcontractor's employees during the performance of this contract pursuant to paragraph (7) of subsection (b) of Code Section 50-24-3.

Also, they further certify that they 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.

SECTION 19 – SECURITY AND IMMIGRATION COMPLIANCE

It is further certified that pursuant to O.C.G.A. §13-10-91 I and all contractors and sub-contractors performing work under this Agreement are in compliance with the Federal Work Authorization Program. Prime contractors and sub-contractors may participate in any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 ("IRCA"). **Contractor Affidavit, Subcontractor Affidavit (if applicable), and Sub-subcontractor Affidavit (if applicable) must be completed and turned in with your bid.**

It is further certified that pursuant to O.C.G.A. §50-36-1 I am a United States citizen, a legal permanent resident of the United States, or 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. **Affidavit must be completed and turned in with your bid, along with a copy of your driver's license.**

SECTION 20 – PAYMENTS

Contractor shall be paid by and in accordance with Putnam County payment regulations. Putnam County will strive to take advantage of all discounts offered for prompt payment, therefore, indicate all discounts on monthly invoices. Invoices shall not be submitted more frequently than once a month.

SECTION 21 – SPECIFICATIONS

Putnam County is seeking proposals for a NEW Type I Ambulance as described below.

CHASSIS AND COMPONENTS

2018 or 2019 Ram 3500 HD Regular Cab – 4x2 – SLT Trim Level
167.5" Wheelbase, 84" Cab to Axle - 14,000# GVWR
6.7L I6 Cummins Diesel Engine - 325HP @ 42,900 rpm / 450 lb.-ft. Torque @ 1,600 rpm
6-speed Aisen Automatic Transmission
5,500 # front GAWR
9,850 # rear GAWR
3.73 Rear Axle Ratio
LT235/80R17.5E BSW All-season Radial Tires, including spare
40/20/40 Cloth Bench Seat (center section deleted)
52 Gallon midship fuel tank
Uconnect Multimedia for hands free

QUICK ORDER PACKAGE: Bright front bumper; bright grille; exterior mirrors with supplemental signals; exterior mirrors courtesy lamps; exterior mirrors with heating element; power black trailer tow mirrors; power locks; remote keyless entry; temperature and compass gauge.

AMBULANCE PREP GROUP: Dual alternators – 440 Amps total; electronic monitoring module; voltage monitoring with auto idle up.

COLD WEATHER GROUP: Engine block heater (wired to shoreline with switch in cab); winter front grille cover.

MIRRORS: Heated Power-Adjusted Vertical Trailing with Integrated Turn Signals

POWER WINDOWS

POWER DOOR LOCKS: with Remote Keyless Entry (chassis only)

CRUISE CONTROL / TILT STEERING WHEEL

RAM OEM STAINLESS STEEL WHEEL INSERTS

TIRE VALVE EXTENDERS: One pair of tire valve extenders shall be supplied and installed for each inside rear wheel. The tire valve extenders shall permit the user to check tire pressure and fill the inside rear tires without removing the outer tire. The extenders shall have a braided stainless steel outer jacket to resist abrasions and cuts. The filler end shall be supported by a valve bracket.

RUNNING BOARDS: The running boards shall be finished with bright aluminum diamond plate with Grip Strut inserts. All running boards shall be gusseted and provide brackets to prevent flexing, sagging and damage. Running board installation to conform to chassis manufacturer's recommendation.

SPLASH GUARDS / MUD FLAPS: There shall be provided a set of splash guards installed in the front wheel wells of the cab. The splash guards shall be constructed of aluminum and shall be securely fastened to the inside of the wheel well.

FRONT BUMPER/GRILLE GUARD: A Ranch Hand Legend Series, model FBD101BLRS combination bumper/grille guard can be listed as an option on the bid proposal form.

MODULE CONVERSION BODY CONSTRUCTION

OVERVIEW: The dimensions of the patient module shall be in accordance with manufacturer's specifications with minimum dimensions of 149" in length, 98" in width, and 72" headroom.

FENDERS: A polished aluminum fender flair shall be installed around the rear wheel well openings.

EXTERIOR COMPARTMENTS:

STREET SIDE – FORWARD: Shall be located on the street side, forward of the ambulance body. Compartment shall measure approximately 72" high x 20" wide x 22" deep and shall be "sweep-out" style. Compartment shall have a single, vertically hinged door. The compartment shall be designed to house either an "M" or "H" size medical oxygen cylinder and shall contain an approved oxygen cylinder retention system. There shall be provided access to this compartment from within the patient compartment through a hinged access door located in the Action Area adjacent to the Attendant's Seat. Compartment shall have one (1) vertical divider that will allow for storage forward of the oxygen cylinder storage area.

STREET SIDE – INTERMEDIATE: Shall be located on the street side, forward of the rear wheel area and aft of the street side forward compartment. Compartment shall measure approximately 40" high x 30" wide x 20" deep and shall be "sweep-out" style. Compartment shall have a single, vertically hinged door. There shall be provided one (1) adjustable shelf.

STREET SIDE – INTERMEDIATE UPPER: Shall be located on the street side, above the street side intermediate compartment. Compartment shall measure approximately 31" high x 37.5" wide x 7" deep. Compartment shall have a single top horizontally hinged door. Compartment shall be used for the electrical system circuit boards, relays, flashers, etc.

STREET SIDE – REAR: Shall be located on the street side aft of the rear wheels. Compartment shall measure approximately 40" high x 40" wide x 20" deep and shall be "sweep-out" style. Compartment

shall have a single, vertically hinged door. There shall be a bracket for the mounting of a Stryker Stair Chair on the compartment door. There shall be provided one (1) adjustable shelf.

CURB SIDE – FORWARD: Shall be located on the curb side, forward of the side patient compartment entry door. Compartment shall open into the Right Front ALS Cabinet and shall provide a pass-through opening approximately 55" high x 18" wide. Compartment shall have a single, vertically hinged door. There shall be provided two (2) adjustable shelves.

CURB SIDE – REAR FORWARD: Shall be located on the curb side, aft of the rear wheels. Compartment shall measure approximately 20" high x 24" wide x 16" deep and shall be "sweep-out" style. Compartment shall have a single, vertically hinged door.

CURB SIDE – REAR: Shall be located on the curb side, aft of the rear wheels. Compartment shall measure approximately 72" high x 16" high x 20" deep and shall be "sweep-out" style. Compartment shall have a single, vertically hinged door. Compartment shall have one (1) vertical divider

PATIENT COMPARTMENT INTERIOR MODULE

LEFT WALL CABINET: The left wall cabinet shall contain the forward Action-Area, rear Telemetry-Area and CPR seat. The cabinet shall be divided into multiple storage areas, which shall be maximized for equipment and supply storage.

SQUAD BENCH CABINET: The squad bench cabinet shall be on the curb side of the vehicle and shall run from the side entry door to the rear of the patient interior. There shall be provided a fixed backrest(s) and a split hinged cushion with storage underneath. The cushion shall have a gas-strut type hold-open device that will automatically hold the cushion in either the open or closed position.

SHARPS / WASTE DISPOSAL AT HEAD OF SQUAD BENCH: A sharps drop and waste container shall be provided in the squad bench lid. The opening shall align with sharps and trash container (specified elsewhere in this specification) installed beneath the bench lid.

UPPER SQUAD BENCH CABINET: A cabinet shall be located over the squad bench at the ceiling level, rearward of the entry/egress door opening. This cabinet shall be divided into two (2) separate sections. The cabinet shall be finished in the same material as the rest of the interior cabinets. These cabinets shall have sliding Plexiglas doors and full length extruded aluminum handles.

GLOVE BOX CABINET: A cabinet shall be built and installed above the side entry door to house three (3) boxes of disposal gloves. The cabinet shall have a single, clear Plexiglas door with three oval cutouts to allow gloves to be removed without opening the door.

RIGHT FRONT / BULKHEAD CABINET: A designated ALS cabinet shall be located on the front bulkhead adjacent to the side entry door. The main cabinet shall be accessible from both the patient compartment as well as through the curb side forward compartment door. The cabinet shall be divided into two (2) sections.

GRAB BAR ABOVE COT: One (1) 1.25" diameter x 72" long stainless-steel grab bar shall be provided and securely fastened to the ceiling over the primary cot. The grab rails shall be fastened with bolts, washers and nuts of the appropriate dimension, through the interior ceiling panel and through the .090" aluminum accessory plate welded into the roof structure.

ATTENDANT'S SEAT: A rear-facing, high back attendant seat shall be located at the head end of the primary cot. The seat shall incorporate a built-in Child Safety Seat equipped with a five (5) – point harness. An integrated three (3) – point, retractable adult lap/shoulder ALS seat belt shall also be provided.

COT EQUIPMENT AND MOUNTS

Stryker Performance Load 6392 fastener system will have to be installed. (provided by Putnam EMS)

MEDICAL EQUIPMENT AND COMPONENTS

IV HOLDER: There shall be provided two (2) each Cast Products 2008-1 recessed IV holders shall be supplied. These shall be located at the head and foot areas, two (2) over the primary cot. Each shall

have a rubber, foldaway storage when not in use. Each holder must have the capacity to hold two (2) bottles and have Velcro securing straps.

SUCTION SYSTEM: A RICO RS4X disposable aspirator will be installed in the action area and connected to the vacuum inlet by a quick connect coupler. A semi-rigid pharyngeal suction tip and 10 feet of transparent plastic tubing will be included.

SUCTION PUMP: An electric suction pump shall be supplied and installed in the intermediate compartment on the street-side compartment and protected by with an expanded metal cage.

ELECTRICAL COMPONENTS

FRONT CONTROL CONSOLE. A front floor mounted console will be constructed of aluminum or plywood and shall be finished with a three-component acrylic-reinforced aliphatic, aromatic polyurethane protective coating. Console shall replace the OEM console or center seat in a 40/20/40 front seat configuration. The console shall allow sufficient space for the future installation of customer installed radio(s), and other components. The console shall include a storage area for two (2) drink containers and shall have two (2) inboard arm rests.

INTERNAL 12 VOLT POWER SOURCE: The patient compartment shall be furnished with a 12-volt DC, 20 ampere capacity, separately protected circuit, with one (1) cigar lighter style outlet located in the curb side right front ALS cabinet and one (1) in the Action-Area. There shall also be one (1) outlet on the front console.

USB OUTLETS: There shall be two (2) industry standard dual USB outlets provided. Each outlet shall be designed to fit into the vehicle's switch panels. Each outlet shall have a 3-amp maximum output for charging a cellular telephone and a table computer at the same time. Each outlet shall have a built-in LED to indicate when the device is powered. There shall be one (1) dual outlet in the front switch panel and one (1) dual outlet in the rear switch panel.

120 VOLT AC UTILITY POWER: The vehicle shall be furnished with a 2-wire plus ground 120-volt AC wiring system that is separate and distinct from the vehicle's DC wiring system(s). Listing shall be by a nationally recognized testing laboratory, recognized by OSHA under Appendix A to 29 CFR 1910.7. The AC system is to be utilized while the vehicle is stationary for powering maintenance devices, medical equipment and battery chargers. The AC system shall not be utilized for operational ambulance interior lighting, such as dome and cot lights.

UTILITY POWER CONNECTOR: An automatic power line disconnect system shall be furnished for the vehicle shoreline. The outlet shall be located on the street side rear of the vehicle. The disconnect mechanism shall be sealed to prevent contamination by road dirt and to ensure a long and reliable life.

ELECTRICAL 120 VOLT AC RECEPTACLES: The crew compartment shall be furnished with four (4) each 3-wire plus ground duplex 120-volt AC receptacles. Receptacles shall be near flush, vertically mounted. All outlets shall have an indicator within each receptacle as a line monitor indicating a live (hot) circuit and shall be labeled with the following: "120 VOLT AC."

INVERTER: There shall be provided a combination battery charger and inverter for use with medical electronics.

VEHICLE LIGHTING AND WARNING REQUIREMENTS

VEHICLE EXTERIOR REQUIREMENTS: All FMVSS lights, except chassis OEM lights shall be LED.

PATIENT COMPARTMENT DOME LIGHTS: The patient compartment shall be provided with eight (8) overhead low profile "dual-intensity" LED dome lights.

CHECK-OUT TIMER: A 15-minute spring wound mechanical timer shall be provided and installed at the head of squad bench adjacent to the side entry door. Timer to control the curb side dome lights.

AUDIBLE WARNING SYSTEMS

SIREN: The ambulance shall be equipped with a Whelen model 295HFS hands free, remote siren amplifier.

SIREN SPEAKERS: Two (2) 100-watt speakers shall be installed through the front OEM bumper.

PAINT / LETTERING / DECALS

EXTERIOR PAINT SCHEME: The vehicle shall be painted to match the following photo. Paint codes will be furnished to the successful bidder.



LETTERING: The vehicle will be lettered by local company.

OPTIONAL LINE ITEMS

SUSPENSION: An optional hydraulic Liquid spring suspension system price shall be included as a line item with pricing

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INSURANCE CLAUSE FOR ALL COUNTY CONTRACTS

The Contractor shall indemnify and hold harmless, to the fullest extent allowed by law, Putnam County, Georgia, its members, its officers and employees from and against all losses, claims, damages and expenses, including court-ordered attorney's fees, arising out of or resulting from the performance of the contract that results in bodily injury, sickness, disease, death or injury to or destruction of tangible property, including the loss of use resulting therefrom and is caused in whole or in part by the Contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable.

Contractor shall not commence work under this contract until he has obtained all insurance required under this Section and such insurance has been approved by PUTNAM COUNTY, nor shall the Contractor allow any subcontractor to commence work on his subcontract until all similar insurance required of the subcontractor has been so obtained and approved.

A. Workers' Compensation Insurance and Employer's Liability Insurance:

The Contractor shall take out and maintain during the life of this contract the applicable statutory Worker's Compensation Insurance, and in the case of any work sublet, the Contractor shall require the subcontractor similarly to provide statutory Worker's Compensation Insurance for the latter's employees. Coverage shall be provided by an insurance company authorized to write such insurance in all states where the Contractor will have employees located in the performance of this contract, and the Contractor shall require each of his subcontractors similarly to maintain Employer's Liability Insurance similarly to the Contractor.

Worker's Compensation – Required limits:

Coverage A – Coverage will include Statutory requirements

Coverage B – Employers Liability

\$100,000 Each Person

\$100,000 Each Person by Disease

\$500,000 Policy Limit – Disease

B. General Liability Insurance

1. The Contractor shall maintain during the life of this contract, Commercial General Liability Insurance, naming and protecting him and Putnam County against claims for damages resulting from (a) bodily injury, including wrongful death, and (b) property damage which may arise from operations under this contract whether such operations be by himself or by any subcontractor or anyone directly or indirectly employed by either of them. The insurance requirements are:

Commercial General Liability with limits of:
\$1,000,000 Each Occurrence
\$1,000,000 Personal Injury
\$2,000,000 Products/Completed Operations
\$2,000,000 General Aggregate

2. Coverage shall include Contractual Liability coverage insuring the contractual exposure as addressed in this contract.
 3. There shall be no exclusion or limitation for the Explosion (X), Collapse (C) and Underground (U) hazards.
 4. **Putnam County shall be named as Additional Insured.**
 5. The Commercial General Liability coverage shall be endorsed with the Designated Construction Project(s) General Aggregate Limit endorsement.
- C. Automobile Liability Insurance: The Contractor shall take out and maintain during the life of the contract such Automobile Liability Insurance as shall protect him against claims for damages resulting from (a) bodily injury, including wrongful death, and (b) property damage which may arise from the operations of any owned, hired, or non-owned automobiles used by or for him in any capacity in connection with the carrying out of this contract. The minimum acceptable limits of liability to be provided by such Automobile Liability Insurance shall be as follows:

Bodily Injury and Property Damage \$1,000,000 Combined Single Limit

- D. Builder's Risk Insurance: ***(For Building Construction Contracts Only)*** Unless otherwise specified where buildings are to be constructed under this contract, the Contractor shall provide coverage for all direct physical loss (also known as "Special Causes of Loss"). Such insurance shall be written on a Replacement Cost basis covering such building in the amount equal to one-hundred percent (100%) of the contract amount (minimum) as specified herein. Losses, if any, shall be made payable to PUTNAM COUNTY and Contractor as their interest may appear. A certificate of insurance evidencing such insurance coverage shall be filed with PUTNAM COUNTY by the time work on the building begins and such insurance shall be subjected to the approval of PUTNAM COUNTY.
- E. Minimum Scope of Insurance: All Liability Insurance policies shall be written on an "Occurrence" basis only. All insurance coverage is to be placed with insurers authorized to do business in the State of Georgia.
- F. Certificate of Insurance: All Certificates of Insurance shall be filed with PUTNAM COUNTY on the standard ACCORD CERTIFICATE OF INSURANCE form showing the specific limits of insurance, coverage modifications and endorsements required by the preceding Sections A, B, C, D and showing PUTNAM COUNTY as an additional insured where required. Such certificate shall specifically state that insurance policies are to be endorsed to require the insurer to provide PUTNAM COUNTY thirty days notice of cancellation, non-renewal or any material reduction of insurance coverage.

The original certificate shall be provided to the Putnam County Board of Commissioners as designated and mailed to: 117 Putnam Drive, Suite A, Eatonton, GA 31024.

PUTNAM COUNTY BOARD OF COMMISSIONERS



117 Putnam Drive, Suite A ♦ Eatonton, GA 31024
Tel: 706-485-5826 ♦ Fax: 706-923-2345 ♦ www.putnamcountyga.us

PROPOSAL FORM SOLICITATION 18-36001-001 TYPE I AMBULANCE

To: The Putnam County Board of Commissioners

Pursuant to the invitation to bid and the instructions to Bidders and according to the specifications attached, the below stated bidder proposes the following prices for Building an Event Center at Oconee Springs Park:

_____ does hereby propose the following:
(Name of Bidder)

\$ _____ (Base Bid)

OPTIONS:

- | | |
|---|----------|
| a) Hydraulic Liquid Spring Suspension System | \$ _____ |
| b) Ranch Hand Legend Series model FBD101BLRS
Combination Bumper/Grille Guard | \$ _____ |
| c) _____ | \$ _____ |
| d) _____ | \$ _____ |
| e) _____ | \$ _____ |

Grand Total: \$ _____

Additional sheet may be attached for detailed breakdown.

MARK OUTSIDE OF BID ENVELOPE AS FOLLOWS:

The offeror's name, address, telephone number, the Solicitation # and name, the date Thursday, August 23, 2018 at 3:00 p.m. and addressed as follows:

Type I Ambulance
Attn: Paul Van Haute, County Manager

I hereby acknowledge receipt of the following checked amendments of the Proposal, Plans and/or Specifications, etc.:

Amendment No's: 1____, 2____, 3____, 4____, 5____, I understand that failure to confirm the receipt of amendments is cause for rejection of bids.

Signatures on the following page

The undersigned signatory for the bidder represents and warrants that he has full and complete authority to submit this proposal to the County and to enter into contract with Putnam County.

COMPANY NAME

BY (SIGNATURE)

STREET ADDRESS or P. O. BOX

(PRINT NAME)

CITY, STATE ZIP CODE

(TITLE)

TELEPHONE NO. FAX NO.

(DATE)

EMPLOYERS FEDERAL I.D. NO or
SOCIAL SECURITY NUMBER

Email

The Bidder(s) whose signature(s) appears on this document, having personally appeared before me, and being duly sworn, deposes and says that the above statements are true and correct.

Sworn to and subscribed before me this _____ day of _____, 20_____.

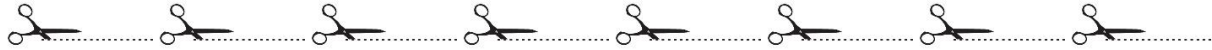
Notary signature: _____

My commission expires: _____ (seal)

IMPORTANT SUBMITTAL REQUIREMENT

Submittals must be properly labeled to ensure they are not inadvertently opened before the designated time. Affix the label below to the outside of the sealed submittal envelope or delivery package.

If this label is not used (i.e. in case of some delivery services), it is the bidder's responsibility to ensure that all required information (offeror's name, address and phone number, the project number, name of the project for which the proposal is being submitted, and the bid opening date and time) is on the OUTSIDE of the delivery package. Submissions that do not comply may be rejected.



FROM:
Company Name _____
Address: _____

Phone: _____

Bid/Proposal #: 18-36001-001
Bid/Proposal Name: Type I Ambulance
Bid Opening Date/Time: Thursday, August 23, 2018, 3:00 PM

TO:
PUTNAM COUNTY BOARD OF COMMISSIONERS
ATTN: COUNTY MANAGER
117 PUTNAM DRIVE
SUITE A
EATONTON, GA 31024

PUTNAM COUNTY BOARD OF COMMISSIONERS



117 Putnam Drive, Suite A ♦ Eatonton, GA 31024
706-485-5826 ♦ 706-923-2345 fax ♦ www.putnamcountyga.us

Contractor Affidavit Under O.C.G.A. § 13-10-91(b)(1)

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 Putnam County Board of Commissioners 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 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 Identification Number

Date of Authorization

Name of Contractor

Name of Project

Putnam County Board of Commissioners

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on the _____ day of _____, 20____ in

_____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

_____ DAY OF _____, 20_____

Notary Public Signature

My Commission Expires:

PUTNAM COUNTY BOARD OF COMMISSIONERS



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Subcontractor Affidavit Under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor 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 under a contract with _____ (name of contractor) on behalf of the Putnam County Board of Commissioners 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 subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice of receipt of an affidavit from any sub-subcontractor that has contracted with a sub-subcontractor to forward, within five business days of receipt, a copy of such notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Subcontractor

Name of Project

Putnam County Board of Commissioners

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on the _____ day of _____, 20____ in

_____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
_____ DAY OF _____, 20_____

Notary Public Signature

My Commission Expires:

PUTNAM COUNTY BOARD OF COMMISSIONERS



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Sub-subcontractor Affidavit Under O.C.G.A. § 13-10-91(b)(4)

By executing this affidavit, the undersigned sub-subcontractor 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 under a contract with _____ (name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract) and _____ (name of contractor) on behalf of the Putnam County Board of Commissioners 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 sub-subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned sub-subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the sub-subcontractor with the information required by O.C.G.A. § 13-10-91(b). The undersigned sub-subcontractor shall submit, at the time of such contract, this affidavit to _____ (name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract). Additionally, the undersigned sub-subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to _____ (name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract). Sub-subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Sub-subcontractor

Name of Project

Putnam County Board of Commissioners

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on the _____ day of _____, 20____ in

_____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
_____ DAY OF _____, 20_____

Notary Public Signature

My Commission Expires:

PUTNAM COUNTY BOARD OF COMMISSIONERS



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SAVE Affidavit

(U.S. Citizens are only required to provide this affidavit one time)

By executing this affidavit under oath, as bidder to Putnam County Georgia as referenced in O.C.G.A. § 50-36-1, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

Please check one box only

- 1) I am a United States 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: _____

Date _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
_____ DAY OF _____, 20_____

Notary Public Signature: _____

Affix Notary stamp/seal here

My Commission Expires: _____