



Jackson County Board of Commissioners

67 Athens Street
Jefferson, Georgia 30549
Phone: (706) 367-6309
Fax: (706) 367-1505
Email: lbernata@jacksoncountygov.com

INVITATION TO BID

January 19, 2017

Bid Number: ITB 7034-01

Bid Name: Skid Steers, purchase of two (2) each

The Jackson County Board of Commissioners is soliciting bids for the purchase of two (2) Skid Steers for the Solid Waste Department. Specifications, terms, and conditions are contained herein.

BID DUE DATE/TIME: February 3, 2017 at 10:00 am, local time pertaining

RETURN BID VIA: Sealed bid deliver to:

Jackson County Board of Commissioners
Attn: Purchasing Department – Bid # ITB 7034-01, Skid Steers
67 Athens Street
Jefferson, GA 30549

PUBLIC BID OPENING DATE/TIME: February 3, 2017 at 10:00 am, local time pertaining

LOCATION: 67 Athens Street, Jefferson, GA 30549

Direct all questions concerning this bid to:

Len Bernat

Jackson County Purchasing Manager

(706) 367-6309

lbernata@jacksoncountygov.com

1. GENERAL INFORMATION FOR BIDDERS:

A. From the issue date of this Invitation to Bid (ITB) until an award has been announced, vendors shall not communicate with any Jackson County elected official or employee, with the exception of the name stated above or the Director of Purchasing, concerning this ITB or any information herein.

B. Whenever the terms “shall”, “must”, “will”, or “is required” are used in the ITB, the item is a mandatory requirement of this ITB and failure to meet any mandatory requirement may be cause for rejection of the bid.

C. All amendments and or addendums will be announced on the Jackson County Purchasing Information website, www.jacksoncountygov.com and will be posted for vendors at www.vendorregistry.com. It is the bidder’s responsibility to register with this website (registration is free) and to check this site on a regular basis during the time the bid is open. The Board will not be responsible for any information not viewed by bidders.

2. QUOTATIONS

A. The Board of Commissioners reserves the right to:

- (1) waive formalities and technicalities in any quotation;
- (2) reject any and/or all quotations when in the Board’s judgment; it will be in the best interest of the County;
- (3) accept the quotation that in its judgment will be in its best interest of the County;
- (4) purchase from any source, in part or in whole any supplies, equipment or services;
- (5) at its option, award on individual items or on a lump sum basis;
- (6) award this bid to the vendor who in the Board's opinion is most responsive and responsible and will perform in the best interest of the County;
- (7) negotiate final product and final price.

B. Price alone will not be the determining factor in the award of this bid.

C. The bidder may give quotations on any one or more items and may offer alternatives where indicated. No substitutes will be accepted once the order is placed.

3. PRICE: Prices quoted shall include all costs and charges to include, but not limited to purchasing, packing, transporting the equipment and/or services described herein. The Jackson County Government is exempt from state sales tax. All fees shall be included in the bid price. Bidders must quote based on the bid unit listed.

4. SAMPLES: No samples are required with this bid.

5. AWARD: This bid will be awarded to one vendor.

6. TRADE NAME: Bidders are required to indicate the brands and models of merchandise and/or services quoted. Unless listed as “brand/model only”, brand names and models listed in specifications are used as a standard of quality and/or clarification of desired product.

7. MARKING: Merchandise in full cases shall have an identification marking on the outside of the case. Each case, shipping container, etc. shall be marked with the Purchase Order Number supplied by the Board.

8. SAFETY: Material Safety Data Sheets shall be provided for all applicable items.

9. DELIVERY: Delivery of all materials from this quotation must be FOB destination to the Jackson County Board of Commissioners, Solid Waste Department, 100 Landfill Drive, Jefferson, Georgia 30549. Delivery shall be made within the vendor’s quoted days after receipt of order. Any item(s) not delivered within the time limit may be canceled by BOC at no expense to same. No deliveries are accepted on Saturdays, Sundays or holidays. DELIVERY SHALL BE ACCOMPLISHED ON WEEKDAYS BETWEEN 8:00 AM AND 4:00 PM EASTERN TIME.

10. INSPECTION: All merchandise and services shall be subject to inspection after arrival at destination or completion of work. In case any items are found to be defective or otherwise not in conformity with specifications or statement of work, the Board has the right to reject such items and/or services and return them at bidder’s expense.

11. PAYMENT: The Jackson County Board of Commissioners shall make payment for goods and services within thirty (30) days upon receipt, inspection, and acceptance by BOC personnel and receipt of invoice. Payment may be made by check or by ACH. Vendors shall complete and return the vendor form, W-9, AP Affidavit, and Immigration Form with their bid package.

12. FACILITIES AND EQUIPMENT: The bidder shall be responsible for the protection of the Jackson County Government’s premises and property, and will be held liable for any damages caused by the bidder, bidder’s employee(s) or bidder’s agent(s) during the execution of this bid, resultant purchase orders or contracts.

13. INTERPRETATION: If a bidder contemplating submitting a price quotation is in doubt as to the true meaning of any part of these documents, submit a request for interpretation to the Purchasing Manager at (706) 367-6309. All such interpretations will be posted on the Jackson County Purchasing Information web page.

14. INDEMNIFICATION:

A. The bidder does hereby indemnify and shall hold harmless the Jackson County Government, it’s Board members, employees, agents, and servants (each of the foregoing being hereafter referred to individually as “Indemnified Party”) against all claims, demands, causes of actions, actions, judgments or other liability including attorney’s fees (other than liability solely the fault of the Indemnified Party) arising out of, resulting from or in connection with the Bidder’s performance or failure to perform this agreement, including but not limited to:

(1). All injuries or death to persons or damage to property, including theft.

(2). Bidder's failure to perform all obligations owed to the bidder's employees including any claim the bidder's employees might have or make for the privilege, compensation or benefits under any BOC benefit plan.

(3). any and all sums that are due and owing to the Internal Revenue Service for withholding FICA, and unemployment or other State and Federal taxes.

B. The bidder's obligation to indemnify any Indemnified Party will survive the expiration or termination of this agreement by either party for any reason.

15. FAILURE TO BID: If you do not wish to bid, please return this bid and state reason(s).

16. TERM OF CONTRACT: By submitting a bid in response to this ITB, the bidder is agreeing to guarantee bid prices for the period beginning with bid award and ending six (6) months after the award of the bid. The term may be extended for a period of six months upon agreement of both parties. During the term of the contract, other government agencies who desire the exact same equipment shall be allowed to purchase under this bid document at the same price and terms.

17. BID RECAP:

A. A bid summary shall be sent to all responding bidders.

B. A bid summary is available to all other requesters at no charge if requested within thirty days of bid award.

C. After thirty days of the bid award, bid documents are available under the Georgia Open Records Act. A written request must be made to the Jackson County Board of Commissioners.

18. OTHER CONSIDERATIONS: The undersigned offers and agrees to furnish any or all of the items upon which prices are quoted at the price set opposite each item, in the quantities described, delivered to the point(s) specified, in accordance with the terms and conditions set forth herein. The laws of the State of Georgia shall prevail concerning all purchases and services under this contract.

The bidder will be asked to provide a trade-in allowance for the two existing skid steers at the Solid Waste Department to help lower the price of this purchase. The bidder will be responsible for removing the existing equipment at the time the new skid steers are delivered to the facility. The bidder is responsible for inspecting the existing equipment to determine the trade-in value that will be honored as part of this bid process.

The bidder will be required to provide a warranty of at least 12 months and unlimited hours for the equipment.

I certify that I have read and understand the terms and conditions herein except as stated below. I further state that I am and/or my company is capable, able to, and will provide the requested products and/or service described herein. I am the owner or agent of the company stated below and am authorized and empowered to contract. By my signature on this ITB, I/we guarantee and certify that all items included in my bid meet or exceed specifications.

I certify that this quotation is made without prior understanding, agreement, or connection with any corporation, firm or person submitting a quotation for the same materials, supplies, equipment, or services and is in all respects fair and without collusion or fraud. I understand collusive bidding is a violation of State and Federal Law and can result in fines, prison sentences, and civil damage awards. I agree to abide by all conditions of the quotation and certify that I am authorized to sign this quotation for the Contractor.

SUBMITTED BY _____ DATE _____

TITLE _____ EMAIL: _____

COMPANY NAME _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

TELEPHONE NUMBER _____ FAX NUMBER _____

COMPANY WEBSITE _____

SIGNATURE _____

This page must be returned with your bid.

ATTACHMENT 1 -TECHNICAL SPECIFICATION
ITB 7034-01, TWO (2) SKID STEER LOADERS

<u>SPECIFICATIONS:</u>	<u>BIDDERS RESPONSE:</u>
CRITICAL CRITERIA:	YES or NO:

- | | |
|---|-------|
| <u>SKID STEER:</u> | |
| 1. Bobcat S630 or equivalent..... | _____ |
| 2. Solid Tires..... | _____ |
| 3. 74” Ind Grapple w/ cutting edge..... | _____ |
| 4. Backup Alarm..... | _____ |
| 5. 4 Cylinder, liquid cooled diesel, hp at
2400 governed RPM Engine must meet
EPA Tier II Emission Standards..... | _____ |
| 6. Rated Operating Capacity, 2200 lbs..... | _____ |
| 7. Tipping Load, 4561 lbs..... | _____ |
| 8. Battery shall be 12 Volt, minimum 950
cold-cranking amps..... | _____ |
| 9. Fully hydrostatic four wheel drive..... | _____ |
| 10. Key start system..... | _____ |
| 11. Vehicle Steering- forward, reverse,
travel speed and steering controlled by two
independent hand levers..... | _____ |
| 12. Engine Speed- Selectable Joystick Controls.... | _____ |
| 13. Fuel Tank Capacity-23 gal..... | _____ |
| 14. Cooling System-4.3 gal..... | _____ |
| 15. Engine Oil Filter-14 qts..... | _____ |
| 16. Hydraulic/ Hydrostatic Reservoir-4.7 gal..... | _____ |

17. Hydraulic/ Hydrostatic System-13 gal..... _____
18. Transmission (final drive)..... _____
19. Hydraulic Functions- advanced control
System. Allows operator to switch between
Advanced hand control and advanced foot
Control for lift and tilt functions..... _____
20. Hydraulic Functions-Selectable Joystick
Controls. Allows operator to switch
ISO and H-Pattern for lift and tilt function..... _____
21. Engine Speed- Controlled by a hand lever.
Selectable Joystick Controls will include had
lever and foot accelerator pedal..... _____
22. Vehicle Steering- Forward, reverse, travel
speed & steering controlled by two independent
hand levers..... _____
23. 24 Month, Unlimited Hours Warranty _____

COMPANY _____

Authorized Representative/Title (*print or type*)

Authorized Representative (*Signature*)

This page must be returned with your bid.

ATTACHMENT 2 - PRICE PROPOSAL FOR ITB 7034-01

1. Price Proposed on Specifications as Outlined: ___YES ___NO
2. Price Proposal Expires on: _____ day of _____, _____ (year)
(Prices **must** be held firm for a minimum of 60 days after submittal)
3. Purchase Price for Loaders: \$ _____ each
4. Trade-In Allowance for existing equipment: \$ _____ each
5. TOTAL AMOUNT FOR 2 Skid Steer Loaders (Item 3 minus item 4 times 2):
\$ _____

Make/Model#: _____

Delivery Time: _____ days

6. Brochures Enclosed: ___YES ___NO

7. Vendor:

Company: _____

Address: _____

Phone: _____

FAX: _____

Authorized Representative/Title
(Print or Type)

Authorized Representative (Date)
(Signature)

This page must be returned with your bid.

ATTACHMENT 3-ADDENDA ACKNOWLEDGEMENT

The Vendor has examined and carefully studied the Request for Proposals and the following Addenda, receipt of all of which is hereby acknowledged:

Addendum No. _____

Addendum No. _____

Addendum No. _____

Addendum No. _____

_____ Authorized Representative/Title (Print or Type)	_____ Authorized Representative (Signature)	_____ (Date)
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Offerors must acknowledge any issued addenda. Proposals which fail to acknowledge the offeror's receipt of any addendum will result in the rejection of the offer if the addendum contained information which substantively changes the Owner's requirements.

This page must be returned with your bid.



Jackson County Purchasing
67 Athens Street
Jefferson, Georgia 30549
Fax: 706-708-2505

Please complete the Vendor Master Form that will be compiled by the Purchasing Department to create a Bidder's List. By completing this form, your company will be added to the Jackson County Purchasing Vendor Master List.

VENDOR MASTER INFORMATION (Please check the box that applies) _____

VENDOR # _____ (Assigned)

Individual	Sole Proprietorship	Corporation	Partnership	Public Entity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VENDOR STATUS (Please check) _____

Principal Line of Business _____

Add	Active	Inactive	Change	Delete
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VENDOR ORDER ADDRESS _____

Name		Phone number	()
Address		Fax number	()
		DBE/WBE (Disadvantage Business Enterprise/Women Business Enterprise)	Yes _____ No _____
City		Contact person/Title	
State		1099 Vendor	Yes _____ No _____ If marked Yes, Certificate of Insurance and Workmans Compensation Form shall be required to be presented to Purchasing before work commences.
		W9 Completed	Yes _____ No _____ W9 shall be completed if 1099 Box is checked and return to Purchasing
Zip Code			
Federal ID #		Social Security #	
E-Mail Address		Web site address	

REMITTANCE ADDRESS (If different from order address) _____

Name		Phone number	()
Address		Fax number	()
		Contact person/Title	
City			
State		E-Mail Address	
Zip Code		Web site address	

PURCHASING AUTHORIZATION ONLY (For questions, please call **Beth White**, Purchasing @ 706-367-6309 or email:

bwhite@jacksoncountygov.com

Dept/Div that will use vendor		Date entered by Purchasing	
Commodity Code		Entered by:	

Accounts Payable Certification

As a vendor doing business with the Jackson County Government, I understand that all invoices are to be sent to the following address:

Jackson County Board of Commissioners
Attention: Accounts Payable
67 Athens Street
Jefferson, GA 30549

Failure to send your invoice to this address may result in the invoice not being processed in a timely manner. However, no late fees will be paid if your invoice was not sent in compliance with these instructions.

Name Business: _____

Signature: _____

Print Name/Title: _____

Phone Number: _____

Date: _____

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, if different from above

Check appropriate box: ☐ Individual/sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
☐ Other (see instructions) ▶

☐ Exempt
payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

Jackson County BOC

City, state, and ZIP code

67 Athens Street

Jefferson, GA. 30549

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 Line 1 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.

Social security number

or

Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below).

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 4.

Sign
Here

Signature of
U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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, 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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.

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Illegal Immigration Reform and Enforcement Act of 2011
CONTRACTOR AFFIDAVIT UNDER O.C.G.A. §13-10-91(b)(1)

The Jackson County Board of Commissioners and Contractor agree that compliance with the Illegal Immigration Reform and Enforcement Act of 2011 are conditions of this Agreement for the physical performance of services.

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 Jackson 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 the physical performance of services in satisfaction of such contract only with subcontractors who present and 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:

E-Verify Employment Eligibility Verification User Identification Number

Date of Authorization to Use Federal Work Authorization Program

NAME OF CONTRACTOR

Name of Project

Jackson County Board of Commissioners
Name of Public Employer

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

Executed on _____, _____, 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

My Commission Expires: _____